



# N DECODING IVF: CURRENT UPDATES

# Newsletter

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## EDITOR'S DESK



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Dear Readers,

It is indeed a great honour to introduce a Newsletter "Decoding IVF: Current Updates" and it is of immense pleasure to launch this first edition for January, 2024.

As we all know, Newsletter is the most popular type of serial publication. Among all these Newsletters, approximately two-thirds of Newsletters are distributed internally, targeting volunteers and staff, and approximately one-third are distributed externally, targeting advocacy or special interest groups (SIG). Newsletters were sent and received by friends and authorities in ancient Rome. They were traded amongst merchant families in the Middle Ages. Newsletters for traders, addressed a wide range of subjects that could affect trade, including political events, the availability and cost of items, etc. These for-profit newsletters served as the initial "serious" news publication platform, from which newspapers sprang. Thus, Newspaper was the sole evolution of Newsletter.

Currently there are many periodical Healthcare Newsletters that are being published PAN India by many Societies and Academies. Like other healthcare specialties, there are a handful of periodical Newsletters in the ART field. The reason I am introducing this Newsletter is, to fill the gap between Newsletter and Magazine in the Scientific field. This hand-booklet kind of Newsletter would have a wider circulation with a greater visual element and treat a wider range of themes and topics. Being a busy Clinical Embryologist, I felt that I may not be able to publish monthly or quarterly Newsletters. I am introducing this "Decoding IVF: Current Updates" Newsletter as a yearly Mega Newsletter, which will cover the theme subject in great depth, which will be rich in content, graphics and all visual elements.

As we all will agree to this point that, ART & Surrogacy Act was a much awaited one. Since 2003, Indian Council of Medical Research (ICMR) tried to synchronize the ART practice across India by drafting a Guideline under the leadership of many stalwarts. In 2021 ART & Surrogacy Regulation Act was first published on 20th and 25th December 2021 by the Department of Law and Justice. As per Section 42 (ART Act) & 50 (Surrogacy Act), later Rules got published as Gazette on 7th June 2022 named as ART Regulation Rule 2022 and Surrogacy Regulation Rule 2022. ART, should be provided all rights equivalent to a Biological Children. The cryopreservation of sperm, oocytes and embryo by the ART Banks are being strictly regulated for the benefit of the child born through assisted reproductive technology. Commercial surrogacy is now strictly prohibited including sale and purchase of human embryos and gametes, altruistic surrogacy to the Indian Married couple, Indian Origin Married Couple and Indian Single Woman (only widow or Divorcee) will be allowed on fulfilment of certain conditions. Surrogacy Regulation Act 2021 and Rules 2022 intends to strictly prohibit the unethical practices in surrogacy, prevent commercialization of surrogacy and potential exploitation of surrogate mothers and children born through surrogacy.



Short Explanation about the Painting: From Right to Left: Infinite Space.... Gene passing through Gametes ... Union of male and female Gametes... Human reproduction.... Technological Assistance.... Indian Judiciary System Regulations.... Blooming of Life like a flower .... Formation of Human Blastocyst.... Lighting a Lamp signifies Creation of Life.... Couple's most desired pregnancy achieved by the help of ART/Surrogacy under Regulation of Indian Judiciary System.  
Image Painting: Artist Jaydip Ghosh, Advocate.

## ART & SURGACY (REGULATION) ACT AND RULE: WHAT WE NEED TO KNOW?

**T**ill Date Total 35 Gazettes got Published. First Gazette i.e ART Regulation Act 2021 got published on 20th Dec 2021. 2nd Gazette i.e Surrogacy Regulation Act 2021 got Published on 25th Dec 2021. 3rd and 4th Gazettes Notified that, all provisions of both ART and Surrogacy Regulation Act will come into force on 25th January 2022. 5th Gazette announced the online website opening of ART & Surrogacy Registry. Details about all the 35 Gazettes are organized in the Table no.1.

### LEVEL 1 ART CLINIC

REGISTRATION FEES

50,000 INR  
FOR 5 YEARS



**Minimum Staff:** 1 Gynaecologist (*Qualification: The gynaecologist shall be a medical post-graduate in gynaecology and obstetrics*)

Semen can be procured from any Registered ART Bank and Stored in LN2).

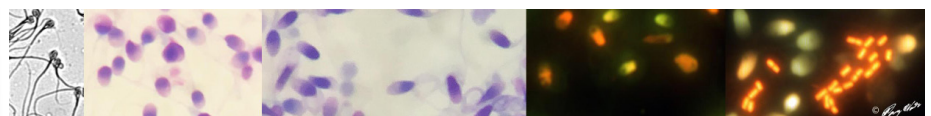
**Equipment & Infrastructures:** (i) Microscope, (ii) Centrifuge, (iii) Refrigerator (*These are minimum requirement to get Registered*)

**Cryopreservation Facility:** Husband Sperm Freezing for back up, 'Social' Sperm Freezing can be done for future use (*IUI by Husband's Sperm in future*), Minor's or Adult's Sperm Freezing can be done before any Malignancy treatment or Procedure.

**No mention about size/shape / orientation of sterile and Non sterile zone.**

**Don'ts :** Cannot perform Donor Gamete Cryopreservation or any ART Bank related work, IVF, ICSI, ET, PGT, Surrogacy and Research are prohibited.

**Dos:** Can perform OPD, Folliculometry by USG, Semen Preparation and IUI (including Donor IUI, hence, Donor



After a number of steps, each Act is first published in the Indian Gazette after passing both the Rajya Sabha and Lok Sabha and signed by the President of India. The Department of Law and Justice publishes all Acts in the Gazette of India. The Act contains sections that grant authority to create new rules, regulations, and to remove obstacles. Through the use of these powers, the specific department in question, is later able to publish the rules, make amendments, organize committees, appoint members to the committees, and occasionally even repair typographical errors before publishing the results in the Indian Gazette.

There are numerous structural and functional components to each given Act. Rules provide detailed information about the procedures. Anything that is changed in between the Act and Rules, is a proposal. Following a lengthy debate in the houses by a select committee, the proposal is published as a Rule. There are not many distinctions between the ART Surrogacy Act and the ART Surrogacy Rule. Actually, we ought to follow both of them. A gazette is an official document issued by the Indian Government that remains valid for life, unless the government issues a new gazette notification thereafter. Act supersedes Rule, but only certain Sections of the Act can form a Rule. Therefore, they must be properly read and put into practice. Anything that was not published in the Gazette is legally worthless.

Published by the Department of Publication, Ministry of Housing and Urban Affairs, with its headquarters located at Nirman Bhawan, New Delhi, "The Gazette of India" is essentially a public journal and an official legal document of the Government of India printed by The Government of India Press. Government official papers must be published in the Gazette in order for them to become legally binding and available to the public.

Gazettes are basically two types, i.e 'Ordinary' gazettes (regularly published weekly on a particular day of the week) and 'extraordinary' gazettes (published every day depending upon the urgency of the matters to be notified). Assisted Reproductive Technology (ART) and Surrogacy Regulation Act is 'Extraordinary' type because of its nature. The Ministry of Urban Development began publishing an electronic version of the gazette in 2008, since then all Gazettes of India gets electronically published in the Government website, vide <https://egazette.gov.in/>

In this Article, we have considered all the 35 published Gazettes of India, and few RTI Replies. Do not consider this Article as Legal document, as it is just an honest initiative to summarize all the 35 Gazettes (till date), which may be revalidated with the published printed Gazettes, before taking any decision in your daily clinical practice.



**DR PARAG NANDI, PhD**  
 Newsletter Editor In Chief  
 Decoding IVF: Current Updates

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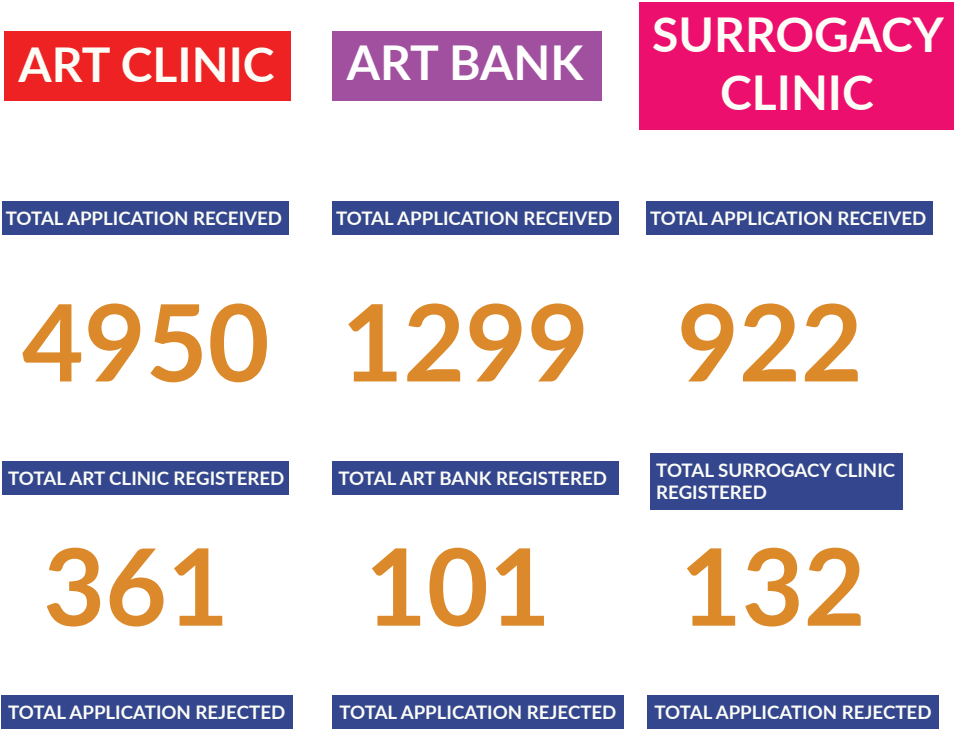
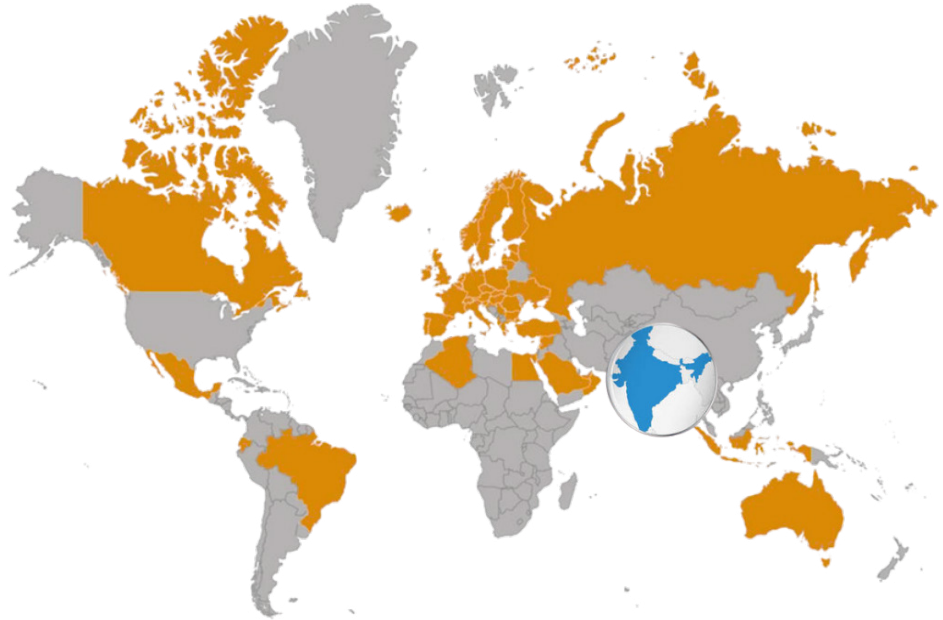
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## LEVEL 2 ART CLINIC

REGISTRATION FEES

2,00,000 INR  
FOR 5 YEARS



**Minimum Staff:** 1 Gynaecologist, 1 Anaesthetist, 1 embryologist and 1 Counselor.

The additional staff at the level of Director and Andrologist may be employed but not mandatory.

### Qualification:

**Gynaecologist:** PG in OG with at least 50 OPU along with 3 yrs Experience in Infertility or MD or FNB with at least 3 yrs experience.

**Anesthetist:** Anesthetist will be a medical post-graduate in Anesthesia.

**Embryologist:** Full time MCE with 3 yrs human ART laboratory experiences in handling human gametes and embryos; Full Time Ph.D (*Thesis related to Clinical Embryology or ART or fertility*) with additional one year of human ART laboratory experience in handling human gametes and embryos; MBBS or BVSc should have MCE (*full time*) with 2 yrs ART laboratory experience in handling human gametes and embryos; MSc in Biotech or Life Sciences minimum of one year of on-site, fulltime clinical embryology certified training in addition to four yrs experience in handling human gametes and embryos in a registered ART level 2 clinic.

**Counselor:** A person who is a graduate in Psychology or Clinical Psychology or Nursing or Life Sciences.

**Director:** The director shall have a post-graduate degree in Medical or Life Sciences or Management Sciences. This post is not a mandatory requirement.

**Andrologist:** The Andrologist shall be MCh/DNB in urology or MS General Surgery or FNB/MCh/DM in reproductive medicine with minimum 2 years experience and having hands-on experience of minimum 15 surgical sperm retrieval (*namely PESA / TESA / TESE / MESA / MICROTese procedures*). This post is not a mandatory requirement.

**For One time measure please refer to ART Regulation Rule Book 2022 Schedule 1, Part 1, A.c**

**Equipment & Infrastructures:** (a) Microscope; (b) Incubator (minimum 02 in number); (c) Laminar Airflow; (d) Sperm counting Chambers; (e) Centrifuge; (f) Refrigerator; (g) Equipment for cryopreservation; (h) Ovum Aspiration Pump; (i) USG machine with transvaginal probe and needle guard; (j) Test tube warmer and (k) Anesthesia resuscitation trolley. (*These are minimum requirement to get Registered, failure to have any of these equipment, Appropriate Authority may reject your Application*)

**No mention about size/shape /physical requirement/ orientation of sterile and non-sterile zone.**

**Dos:** Can perform OPD, Folliculometry by USG, IUI, IVF, ICSI, PGT, Any Surgical Sperm Extraction Procedure i.e TESA, PESA, TESE, Micro TESE and Research. They can perform any ART procedure including Donor IUI/IVF Cycles. Hence, Donor Sperm mandatorily be procured from any Registered ART Bank and Stored in LN2, if not used immediately. They either can procure Donor Oocytes from any Registered ART Bank or preferably can perform Donor Oocyte retrieval, post Controlled ovarian Stimulation (*as per ART Rule 2022, Section 13, sub section 1, clause c*), and make effort to retrieve up to 7 Oocytes, **provided that the clinics shall retrieve all formed follicles but utilise only 7 oocytes.** Those 7 Oocytes either be used for IVF/ICSI with Husband's Sperm of prespecified intending couple or can be fertilized with Donor Sperm if clinically intended (in case of Aspermia, Azoospermia or any Poor Sperm Quality) or those 7 Oocytes may be frozen for future use for that intending couple only. Single Mother can go for IVF/ICSI with Donor Sperm if she is clinically indicated to avail IVF.

**Cryopreservation Facility:** Donor Oocyte Freezing, Husband Sperm Freezing for back up, Wife's Oocytes Freezing for back up, 'Social' Egg or Sperm Freezing can be done for future self-use, Minor's or Adult's Sperm/Oocytes/Testicular / Ovarian tissue Freezing can be done before any Malignancy treatment or Procedure and can be used for self-ART Cycle, in future post recovery from the disease, as per patient's wish.

# Points Related to Oocyte & Sperm Donation

Any Women irrespective of her marital status, and/or history of pregnancy and/or motherhood (proven fertile is not mandatory by the said Act but preferred clinically) can become an Oocyte Donor if she falls under age category and free from any STDs or Genetical disease and/ medically fit.

- A bank shall not supply the sperm or oocyte of a single donor to more than one commissioning couple (Section 27, Sub Section 3). An oocyte donor shall donate oocytes only once in her life. The clinics shall ensure the controlled ovarian stimulation of woman in order to prevent ovarian hyperstimulation. For retrieving oocytes from the donor, clinics shall make efforts to retrieve not more than seven oocytes during one cycle: Provided that the clinics shall retrieve all formed follicles (ART Regulations, 2023, Gazette Published on APRIL 5, 2023)  
ART Bank can supply donated Sperm of a particular Sperm Donor only to single commissioning couple or Single Mother for as many time as required if pregnancy doesn't take place to that particular couple or single mother (if that couple or single mother wish to use that sperm donor sample only, but they have option to choose different Sperm donor each time), it means if an intending couple wish to get Oocytes from single donor more than once, it is not possible as oocyte donation is a surgical procedure, hence Oocyte donor can donate their Oocytes only once in Lifetime. But in case of same scenario an intending couple wants to get Sperm from a single Sperm Donor for multiple times, it is absolutely possible as the Sperm donor can donate their sperm multiple time by Masturbation, to that particular intending couple or Single mother whomsoever he donated first time, as Sperm donation does not involve any complicated surgical procedure, but he can not donate sperm to other couples in their lifetime.
- Donor information should be kept strictly confidential between 5 parties viz. i) Donor, ii) ART Clinic authorized personnel, iii) ART bank authorized personnel iv) Commissioning Couple and v) National Registry database only. No point of absolute Anonymity between Commissioning Couple and Oocyte Donor is nowhere mentioned in either ART Regulation Act 2021 or ART Regulation Rule 2022 and hence not considered as required to follow if not applicable in special circumstances. Hence it is to be clearly noted that, Donor (Sperm or oocyte) can be a known family member or friend of intending couple or single Mother. Only absolute Confidentiality to be maintained strictly. **No family member other than these 5 parties, are allowed to get this confidential information.** In future if it is required then this confidential information can be shared only in special circumstances at the request of the commissioning couple to whom the information relates, by an order of a court of competent jurisdiction (ART Regulation Act 2021, Section 21,e).
- Oocyte Donation for any commercial gain is strictly prohibited under the ART Regulation Act 2021. All Oocyte Donors must be insured by IRDA registered General Health Insurance company (Check in <https://www.irdai.gov.in>), of sufficient amount, before Ovum Pickup procedure, for 12 months and that to be purchased by Commissioning Couples and handover to the Donor.
- The Commissioning couple/woman shall sign an affidavit to be

sworn before Metropolitan Magistrate or a Judicial Magistrate of First Class or an Executive Magistrate or a Notary Public giving guarantee as per the section 22 (4) (ii) of the Assisted Reproductive Technology (Regulation) Act, 2021 [ART Act 2021: 22 (4) (ii) : "insurance" means an arrangement by which a company, individual or commissioning couple undertake to provide a guarantee of compensation for specified loss, damage, complication or death of oocyte donor during the process of oocyte retrieval;]

- Donor must be screened for HIV Type 1 and 2, HBV, HCV and Treponema pallidum (syphilis) through VDRL (As per ART Regulation Rule 2022, Section 10) along with Blood Group, Diabetes and Thalassemia (as per good clinical practice).
- Unused Donor Gametes or Embryos can be frozen and kept in Cryo facility for maximum of 10 years, post which such gamete or embryo shall be allowed to perish or be donated to a research organisations registered under this Act for research purposes with the consent of the commissioning couple or individual. (Section 28, Sub Section 2).
- The sale, transfer or use of gametes, zygotes and embryos, or any part thereof or information related thereto, directly or indirectly to any party within or outside India shall be prohibited except in the case of transfer of own gametes and embryos for personal use with the permission of the National Board (Section 29).
- Insurance amount is not mentioned anywhere, though in market, only a few Companies are offering 1 Lakh as minimum amount but others are offering 2 Lakhs Minimum insured amount with annual premium of the said Insurance is entirely depending on the age of the Donor and the corresponding Insurance company. **Till date, no General Health Insurance company, on papers, are promising to neither cover any Oocyte Retrieval related complications nor they promise to cover Ovarian Hyperstimulation Syndrome from Day 1 of Insurance Purchase.**
- Don'ts : Level 2 ART Clinic cannot perform Donor Sperm Cryo-preservation. They also cannot offer Surrogacy related any services if they don't have Surrogacy Registration along with ART Level 2 Reg.
- Maintain the following consent forms, namely;-
  - (i) consent form to be signed by the couple or woman as specified in Form-6;
  - (ii) consent for IUI with husband's semen or sperm as specified in Form-7;
  - (iii) consent for IUI/IVF/ICSI with donor semen as specified in Form-8;
  - (iv) consent for freezing of embryos as specified in Form-9;
  - (v) consent for freezing gametes as specified in Form-10;
  - (vi) assent for freezing of gametes sperm or oocytes and parental consent as specified in Form11;
  - (vii) consent for oocyte retrieval as specified in Form-12;
  - (viii) consent from oocyte donor as specified in Form-13.



## ART BANK

REGISTRATION FEES

50,000 INR  
FOR 5 YEARS



**Minimum Staff:** 1 Registered Medical Practitioner (trained in the handling, preparation and storage of Semen samples).

**Equipment & Infrastructures:** (a) Centrifuge machine; (b) Incubator; (c) Microscope and (d) Laminar Air Flow. (These are minimum requirement to get Registered)

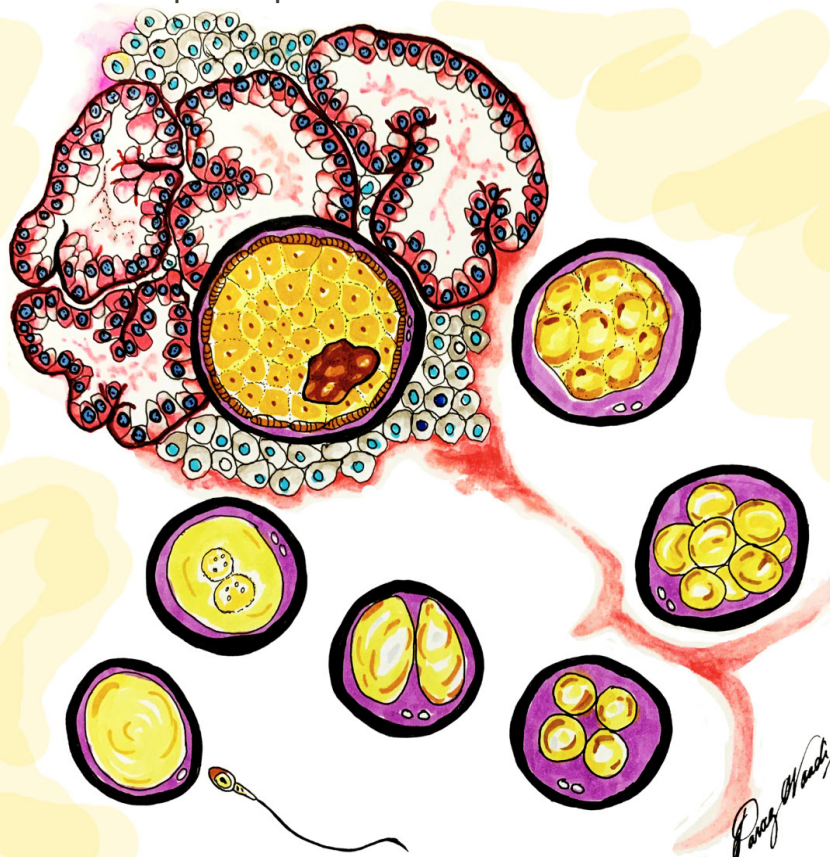
No mention about size/shape / physical requirement / orientation of sterile and Non sterile zone.

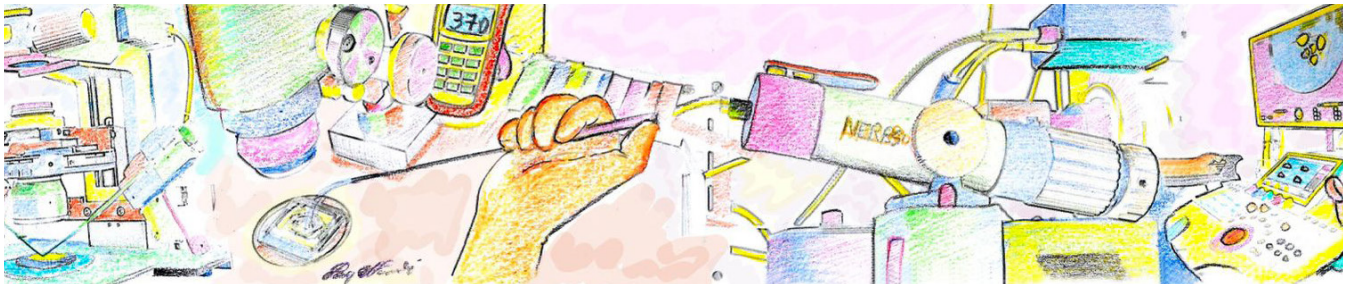
**Dos:** Male and Female Donor Registration, Semen analysis of Donor, Blood test of Donor, Cryopreservation of Donor Sperm, optionally they can have Donor Oocyte Freezing facility too but that is optional. They will maintain all the donor related confidential documents in a Locker and ensure that only authorized people have access to those documents.

**Don'ts :** They can neither stimulate any Patients and perform any ART Procedure such as Male/Female Gamete retrieval and freezing of Sperm/Oocytes of those patients, nor they can provide any ART Treatment such as IUI, IVF, ICSI, ET or Surrogacy to any Patient.

**The ART banks shall maintain the following forms, namely:-**

- (i) record of use of donor gametes as specified in Forms 14, 14 A and 14B;
- (ii) consent form for the donor of sperm as specified in Form 15.





## SURROGACY CLINIC

REGISTRATION FEES

2,00,000 INR  
FOR 3 YEARS

Staff Requirement & their Qualification, Equipment and Infrastructures are all same as ART Level 2 Clinic.

**Dos:** They can perform any Surrogacy related Procedures.

Medical indications necessitating gestational surrogacy.- A woman may opt for surrogacy if; -

(a) she has no uterus or missing uterus or abnormal uterus (like hypoplastic uterus or intrauterine adhesions or thin endometrium or small uni-cornuate uterus, T-shaped uterus) or if the uterus is surgically removed due to any medical conditions such as gynaecological cancer.

(b) intended parent or woman who has repeatedly failed to conceive after multiple In vitro fertilization or Intracytoplasmic sperm injection attempts. (Recurrent implantation failure).

(c) multiple pregnancy losses resulting from an unexplained medical reason. unexplained graft rejection due to exaggerated immune response.

(d) any illness that makes it impossible for woman to carry a pregnancy to viability or pregnancy that is life threatening.

- If the appropriate authority is of opinion that the eligibility condition for surrogacy other than those mentioned in the Act, the same may be sent to the National Board for consideration and approval before issuing the eligibility certificate.
- Intending Couples or Women with Indian Origin only, can avail Surrogacy.
- All Surrogacy must be Altruistic in nature. No Commercial Surrogacy in any form can be done.
- Every Surrogate must be covered by 3 years of General Health Insurance of 'sufficient' amount, which to be purchased by either Intending Couple or women or Surrogacy Clinic.
- The intending couple/woman shall sign an affidavit to be sworn before a Metropolitan Magistrate or a Judicial Magistrate of First Class or an Executive Magistrate or a Notary Public giving guarantee as per the clause (q) of sub-section (1) of section 2 of the Surrogacy (Regulation) Act, 2021 (47 of 2021).

**Use of Donor Gametes in Surrogacy: As per New Surrogacy (Regulation) Amendment Rules, 2023, New Delhi, Gazette published on 14th March, 2023**

- Couple undergoing Surrogacy must have both gamete from the intending couple & donor gametes is not allowed.
- Single woman (widow/divorcee) undergoing Surrogacy must use self-eggs and donor sperms to avail surrogacy procedure.

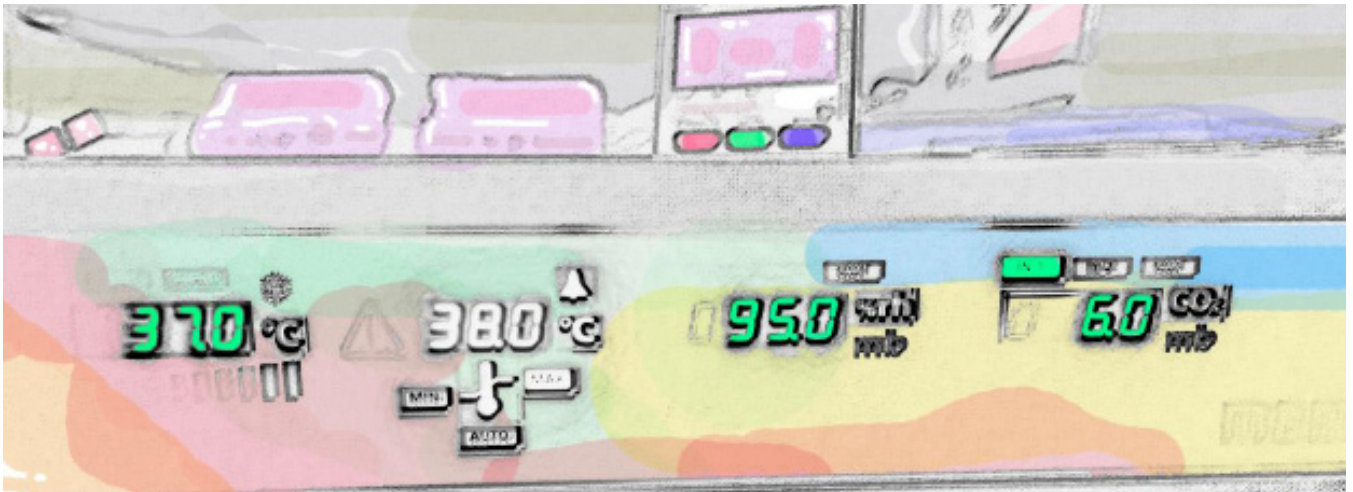
**Number of attempts of surrogacy procedure.-** The number of attempts of any surrogacy procedure on the surrogate mother shall not be more than three times.

**Number of embryos to be implanted in the uterus of the surrogate mother.-** The gynaecologist shall transfer one embryo in the uterus of a surrogate mother during a treatment cycle: Provided that only in special circumstances up to three embryos may be transferred.

**Conditions under which the surrogate mother may be allowed for abortion.-** The surrogate mother may be allowed for abortion during the process of surrogacy in accordance with the Medical Termination of Pregnancy Act, 1971 (34 of 1971).

The INTENDING COUPLES & INTENDING WOMAN must first apply to CMOH OFFICE of their respective district for issue of (as per Surrogacy Regulation Act, 2021, CHAPTER III REGULATION OF SURROGACY AND SURROGACY PROCEDURES):

- CERTIFICATE OF MEDICAL INDICATION (FROM DISTRICT MEDICAL BOARD)
- An order concerning the parentage and custody of the child to be born through surrogacy, has been passed by a court of the Magistrate of the first class or above on an application made by the intending couple or the intending woman and the surrogate mother, which shall be the birth affidavit after the surrogate child is born (section 4(iii) (a) (II) Surrogacy Regulation Act, 2021)
- An affidavit of insurance coverage of such amount and in such manner as may be prescribed in favor of the surrogate mother for a period of thirty six months covering postpartum delivery complications from an insurance company or an agent recognized by the Insurance Regulatory and Development Authority (section 4(iii) (a) (iii) Surrogacy Regulation Act, 2021)



They must appear before APPROPRIATE AUTHORITY AT STATE LEVEL with above A,B and C for issue of:

- CERTIFICATE OF ESSENTIALITY (FROM State Appropriate Authority) (As per CHAPTER III REGULATION OF SURROGACY AND SURROGACY PROCEDURES section 4 (iii) (a):

They/she must carry the following documents:

- Certificate of Medical Indication
- Order Concerning The Parentage And Custody Of The Child
- Affidavit on insurance coverage
- CERTIFICATE OF ELIGIBILITY (FROM SAA) (As per CHAPTER III REGULATION OF SURROGACY AND SURROGACY PROCEDURES section 4 (iii) (b):

For issue of 'Certificate of Eligibility' the following criteria is to be fulfilled: "*the intending couple is married and between the age of 23 to 50 years in the case of female and between 26 to 55 in the case of male on the day of certification*".

For proof of the above they/she must bring the following documents:

- Aadhar
- Proof of marriage/ Marriage Certificate (If applicable)
- Proof of age/ Birth certificate/10th certificate/ or any equivalent
- Proof that the intending couple have not had any surviving child biologically or through adoption or through surrogacy earlier

After getting all these Certificates, Intending Couple can Apply for Certificate of Recommendation (FROM NATIONAL BOARD) in FORM 1 of Surrogacy (Regulation) Rules, 2022.

The SURROGATE MOTHER must apply to STATE APPROPRIATE AUTHORITY (SAA) for ELIGIBILITY CERTIFICATE

- Aadhar
- Proof of marriage/ Marriage Certificate (If applicable)
- Proof of age/ Birth certificate/10th certificate/ or any equivalent
- Proof of at least one living child
- Affidavit that she has not been a surrogate mother before
- Certificate of medical and psychological fitness for surrogacy and surrogacy procedures from a registered medical practitioner
- Consent certificate as per FORM 2 of as per Surrogacy (Regulation) Rules, 2022

*The surrogacy clinic shall maintain all records, charts, forms, reports, consent letters, agreements and all the documents under this Act and they shall be preserved for a period of twenty-five years or such period as may be prescribed:*

*Provided that, if any criminal or other proceedings are instituted against any surrogacy clinic, the records and all other documents of such clinic shall be preserved till the final disposal of such proceedings.*

*(2) All such records shall, at all reasonable times, be made available for inspection to the appropriate authority or to any other person authorized by the appropriate authority in this behalf.*

Sr. No.	Ministry / Organization	Department	Subject	Category	Part & Section	Issue Date	Publish Date	Gazette ID	Act/Rules/ Amendments
1	Ministry of Law and Justice	Legislative Department	The Assisted Reproductive Technology (Regulation) Act, 2021.	Extra Ordinary	Part II-Section 1	20-Dec-21	21-Dec-21	CG-DL-E-21122021-232025	Act
2	Ministry of Law and Justice	Legislative Department	The Surrogacy (Regulation) Act, 2021.	Extra Ordinary	Part II-Section 2	25-Dec-21	25-Dec-21	CG-DL-E-25122021-232118	Act
3	Ministry of Health and Family Welfare	Department of Health Research	The Assisted Reproductive Technology Regulation Act 2021	Extra Ordinary	Part II-Section 3-Sub Section(ii)	21-Jan-22	21-Jan-22	CG-DL-E-21012022-232818	Amendments
4	Ministry of Health and Family Welfare	Department of Health Research	The Surrogacy Regulation Act 2021	Extra Ordinary	Part II-Section 3-Sub Section(ii)	21-Jan-22	21-Jan-22	CG-DL-E-21012022-232820	Amendments
5	Ministry of Health and Family Welfare	Department of Health Research	The Assisted Reproductive Technology Regulation Act 2021	Extra Ordinary	Part II-Section 3-Sub Section(ii)	21-Jan-22	21-Jan-22	CG-DL-E-21012022-232818	Amendments
6	Ministry of Health and Family Welfare	Department of Health Research	National ART and Surrogacy Registry	Extra Ordinary	Part II-Section 3-Sub Section(ii)	21-Apr-22	21-Apr-22	CG-DL-E-21042022-235283	Amendments
7	Ministry of Health and Family Welfare	Department of Health Research	Composition of National Assisted Reproductive Technology and Surrogacy Board	Extra Ordinary	Part II-Section 3-Sub Section(ii)	04-May-22	04-May-22	CG-DL-E-04052022-235539	Amendments
8	Ministry of Health and Family Welfare	Department of Health Research	Appointment of UT Appropriate Authority under Assisted Reproductive Technology (Regulation) Act, 2021 and Surrogacy (Regulation) Act, 2021.	Extra Ordinary	Part II-Section 3-Sub Section(ii)	04-May-22	04-May-22	CG-DL-E-04052022-235541	Amendments
9	Ministry of Health and Family Welfare	Department of Health Research	Surrogacy Regulation Removal of Difficulties Order 2022 pertaining to clause c of subsection 2 of section 17 of the Surrogacy Regulation Act 2021	Extra Ordinary	Part II-Section 3-Sub Section(ii)	12-May-22	12-May-22	CG-DL-E-12052022-235740	Amendments
10	Ministry of Health and Family Welfare	Department of Health Research	Notification to omit the word ex officio	Extra Ordinary	Part II-Section 3-Sub Section(ii)	19-May-22	20-May-22	CG-DL-E-20052022-235896	Amendments
11	Ministry of Health and Family Welfare	Department of Health Research	Assisted Reproductive Technology (Regulation) Rules, 2022	Extra Ordinary	Part II-Section 3-Sub-Section(i)	07-Jun-22	08-Jun-22	CG-DL-E-08062022-236395	Rules
12	Ministry of Health and Family Welfare	Department of Health Research	National Assisted Reproductive Technology and Surrogacy Board (Appointment of Expert Members by Nomination) Rules 2022	Extra Ordinary	Part II-Section 3-Sub Section(i)	16-Jun-22	16-Jun-22	CG-DL-E-16062022-236639	Amendments
13	Ministry of Health and Family Welfare	Department of Health Research	State Assisted Reproductive Technology and Surrogacy Board(Appointment of Expert Members) Rules, 2022.	Extra Ordinary	Part II-Section 3-Sub Section(i)	17-Jun-22	17-Jun-22	CG-DL-E-17062022-236683	Amendments
14	Ministry of Health and Family Welfare	Department of Health Research	Surrogacy (Regulation) Rules, 2022.	Extra Ordinary	Part II-Section 3-Sub-Section(i)	21-Jun-22	21-Jun-22	CG-DL-E-21062022-236719	Rules



ART Gazette



RTI Answers

Sr. No.	Ministry / Organization	Department	Subject	Category	Part & Section	Issue Date	Publish Date	Gazette ID	Act/Rules/ Amendments
15	Ministry of Health and Family Welfare	Department of Health Research	Members in respective categories in the Appropriate Authority for the UT of Chandigarh	Extra Ordinary	Part II- Section 3-Sub Section(ii)	03-Aug-22	03-Aug-22	CG-DL-E-03082022-237879	Amendments
16	Ministry of Health and Family Welfare	Department of Health Research	Removal of Difficulties Order 2022 extension for Clinics and Banks.	Extra Ordinary	Part II- Section 3-Sub Section(ii)	04-Aug-22	04-Aug-22	CG-DL-E-04082022-237921	Amendments
17	Ministry of Health and Family Welfare	Department of Health Research	Appointment of Experts as Members of National Assisted Reproductive Technology and Surrogacy Board	Extra Ordinary	Part II- Section 3-Sub Section(ii)	04-Aug-22	04-Aug-22	CG-DL-E-04082022-237922	Amendments
18	Ministry of Health and Family Welfare	Department of Health Research	Inclusion of Member of Ministry of Home Affairs in the National Assisted Reproductive Technology and Surrogacy Board	Extra Ordinary	Part II- Section 3-Sub Section(ii)	05-Aug-22	05-Aug-22	CG-DL-E-05082022-237966	Amendments
19	Ministry of Health and Family Welfare	Department of Health Research	UT of Andaman and Nicobar Appropriate Authority	Extra Ordinary	Part II- Section 3-Sub Section(ii)	09-Sep-22	10-Sep-22	CG-DL-E-10092022-238720	Amendments
20	Ministry of Health and Family Welfare	Department of Health Research	UT Board for the UT of Andaman and Nicobar Islands	Extra Ordinary	Part II- Section 3-Sub Section(ii)	09-Sep-22	10-Sep-22	CG-DL-E-10092022-238718	Amendments
21	Ministry of Health and Family Welfare	Department of Health Research	Surrogacy (Regulation) Amendment Rules 2022	Extra Ordinary	Part II- Section 3-Sub Section(i)	10-Oct-22	10-Oct-22	CG-DL-E-10102022-239538	Amendments
22	Ministry of Health and Family Welfare	Department of Health Research	ART (Regulation) amendment rules 2022	Extra Ordinary	Part II- Section 3-Sub Section(i)	10-Oct-22	10-Oct-22	CG-DL-E-10102022-239537	Amendments
23	Ministry of Health and Family Welfare	Department of Health Research	Corrigenda Surrogacy (Regulation) Rules 2022	Extra Ordinary	Part II- Section 3-Sub Section(i)	11-Nov-22	11-Nov-22	CG-DL-E-11112022-240215	Amendments
24	Ministry of Health and Family Welfare	Department of Health Research	Notification of 4 more expert members in National ART and Surrogacy Board	Extra Ordinary	Part II- Section 3-Sub Section(ii)	16-Dec-22	17-Dec-22	CG-DL-E-17122022-241182	Amendments
25	Ministry of Health and Family Welfare	Department of Health Research	Notification for inclusion of one woman member of Rajya Sabha as Member in National Board	Extra Ordinary	Part II- Section 3-Sub Section(ii)	04-Jan-23	04-Jan-23	CG-DL-E-04012023-241660	Amendments
26	Ministry of Health and Family Welfare	Department of Health Research	Assisted Reproductive Technology Amendment Rules 2023	Extra Ordinary	Part II- Section 3-Sub Section(i)	24-Feb-23	24-Feb-23	CG-DL-E-24022023-243901	Amendments
27	Ministry of Health and Family Welfare	Department of Health Research	The Surrogacy Amendment Rules 2023	Extra Ordinary	Part II- Section 3-Sub Section(i)	14-Mar-23	14-Mar-23	CG-DL-E-14032023-244368	Amendments
28	Ministry of Health and Family Welfare	Department of Health Research	The Surrogacy Regulations, 2023	Extra Ordinary	Part II- Section 3-Sub Section(i)	05-Apr-23	05-Apr-23	CG-DL-E-05042023-244934	Amendments
29	Ministry of Health and Family Welfare	Department of Health Research	Assisted Reproductive Technology Regulations, 2023	Extra Ordinary	Part II- Section 3-Sub Section(i)	05-Apr-23	05-Apr-23	CG-DL-E-05042023-244935	Amendments
30	Ministry of Health and Family Welfare	Department of Health Research	Draft Surrogacy Rules 2023	Extra Ordinary	Part II- Section 3-Sub Section(i)	11-Apr-23	11-Apr-23	CG-DL-E-11042023-245091	Amendments
31	Ministry of Health and Family Welfare	Department of Health Research	Surrogacy Amendment Rules, 2023 (couple of Indian origin)	Extra Ordinary	Part II- Section 3-Sub Section(i)	08-Jun-23	08-Jun-23	CG-DL-E-08062023-246400	Amendments
32	Ministry of Health and Family Welfare	Department of Health Research	Amendment ART Regulation Rules, 2022 Qualification of Andrologist	Extra Ordinary	Part II- Section 3-Sub Section(i)	11-Jul-23	11-Jul-23	CG-DL-E-11072023-247228	Amendments
33	Ministry of Health and Family Welfare	Department of Health Research	Draft Surrogacy Rules 2023	Extra Ordinary	Part II- Section 3-Sub Section(i)	11-Jul-23	11-Jul-23	CG-DL-E-11072023-247221	Amendments
34	Ministry of Health and Family Welfare	Department of Health Research	Revised composition of National ART and Surrogacy Board	Extra Ordinary	Part II- Section 3-Sub Section(ii)	15-Sep-23	15-Sep-23	CG-DL-E-15092023-248772	Amendments
35	Ministry of Health and Family Welfare	Department of Health Research	Revised Composition of National ART and Surrogacy Board	Extra Ordinary	Part II- Section 3-Sub Section(ii)	17-Oct-23	17-Oct-23	CG-DL-E-17102023-249493	Amendments

# Frequently Asked Questions

## • Age limits are as follows

Age should be calculated as on the Day of Procedure or Certification (in case of Surrogacy)

Note: Age as on Sperm Retrieval (Sperm Donor)/ Age as on Sperm Insemination (IUI)/ Age as on Oocyte Retrieval (Self IVF & Oocyte Donation Cycle)/ Age as on Embryo Transfer (Self FET & Surrogate Mother's Age)/ Age as on Certification from AA (Intending woman/ Couple who avail Surrogacy treatment):

### Q. Who can avail ART ?

21-50 Years (female)  
21-55 Years (male)

### Q. Who can become Sperm Donor?

21-55 Years

### Q. Who can become Oocyte Donor:

23-35 Years

### Q. Who can avail Surrogacy?

Patient/ intending Couple:  
23-50 Years (female)  
26-55 Years (male) *(provided the intending couple have not had any surviving child biologically or through adoption or through surrogacy earlier).*

### Q. Who can become Surrogate Mother?

25-35 Years (female).  
(Ever married woman having a child of her own)

### Q. What is the Single mother's age criteria

21-50 Years IUI/IVF (Normal as others)  
35-45 Years Can opt for surrogacy, if needed (widow or divorcee only).  
Reference : Surrogacy Act 2021, Pg 3, Section 2, Sub Section 1, Clause (s).

### Q. Is Gamete Donation allowed in Surrogacy?

Couple undergoing surrogacy must have both gamete from the intending couple. However, in case when the District Medical Board certifies that either husband or wife constituting the intending couple suffers from medical condition necessitating use of donor gamete then surrogacy using donor gamete is allowed subject to the condition that the child to be born through surrogacy must have atleast one gamete from the intending couple; Single woman (widow or divorcee) undergoing surrogacy must use self eggs and donor sperms to avail surrogacy procedure.

### Q. Who is Single Mother/Single Father or Intending Woman?

1. Not Applicable for Male, as single Father is not mentioned anywhere.
2. Definition of Single mother or Intending woman, is mentioned only in Surrogacy Act (Pg 3, Section 2, Sub Section 1, Clause s), but nowhere mentioned in ART Act 2021 or Rule 2022. Only the word Single Mother is mentioned in Pg 38 of ART Rule 2022 (Form 8 of D - IUI).

### Q. Can a Single mother avail IUI Treatment?

Single mother can avail IUI treatment with Donor Sperm.

### Q. Q. What are the Forms to be maintained in ART Bank?

Sperm Donor: 14.  
Oocyte Donor: 14A, 14B

**Q. Can a Oocyte or Sperm Donor be known to Intending Couple or Single Mother?**

Yes

**Q. Can OCI or PIO avail Surrogacy in India?**

Yes

**Q. Can OCI or PIO avail ART or Donor ART in India?**

Yes

**Q. Can Foreigners avail ART Service in India?**

Yes

**Q. Can Foreigners avail Donor ART Cycle in India?**

Yes but they have to do all the recommended Legal papers for sperm and oocyte donors. They also need to do General Health Insurance of 1 year in favour of Oocyte donor as mentioned in Act.

**Q. Can Foreigners, avail Surrogacy in India?**

No. Only Indian Origin can avail Surrogacy in India.

**Q. Who are Couple of Indian Origin ?**

Couple of Indian Origin means the couple where both husband (male) and wife (female) are Overseas Citizens of India cardholders in accordance with the Acts/ Rules/Instructions/Guidelines being followed by the Ministry of Home Affairs from time to time subject to fulfillment of various criteria as per the Surrogacy (Regulation) Act, 2021 (Refer to Surrogacy (Regulation) Amendment Rules, 8th June 2023 Gazette).

**Q. Can we perform PGT-A to check Embryo aneuploidy?**

Yes, if the Patient has any “known, pre-existing heritable or genetic diseases”, then according to the Act, PGT can be opted. This Medical Indication like previous history of Down syndrome with secondary infertility, failure history of IVF or RIF (Repeated Implantation Failure) or Unexplained infertility or Diminishing Ovarian Reserve or Higher Age Group, where chance of occurrence of aneuploidy is higher, those patients can opt for PGT-A. ART Regulation Act restricts use of PGT in clinically non indicated cases.

**Q. Do a Gynecologist need to get registered under ART Regulation Act to practice Ovarian Stimulation (Upto HCG Trigger)/ Ovulation Induction or Folliculometry?**

For Folliculometry and Ovulation Induction with timed intercourse, no need get registered under this ART Act. For Ovarian Stimulation, the Gynecologist need to be registered through the corresponding Level 2 ART Clinic where he is going to do the Oocyte retrieval, because Ovarian Stimulation and triggering is a part of an IVF Treatment.

**Q. Who is considered as Andrologist in ART & Surrogacy Clinic and can perform TESA/PESA/TESE/MESA/ Micro TESE?**

The Andrologist shall be MCh/DNB in urology or MS General Surgery or FNB/ MCh/DM in reproductive medicine with minimum 2 years experience and having hands-on experience of minimum 15 surgical sperm retrieval (namely PESA / TESA / TESE / MESA / MICROTESE procedures.

**Q. Should an Oocyte donor be a married woman and have her biological child (proven fertile) by this Act?**

No. ART Act Chapter IV, Section 27, Clause 2 clearly specifies the criteria for becoming a Gamete Donors. It says Oocyte donor should be between twenty-three years of age and thirty-five years of age; and examine the donors for such diseases, as may be prescribed (HIV 1&2, HBV, HCV, VDRL non reactive). Neither Marital status nor Parental status is specified in the Act. But as good clinical practice, any clinic or couple can select proven fertile donors but that is not at all mandatory by the Law.

**Q. Do the Surrogate mother be Married and have a biological Child of at least 3 years of Age?**

Surrogacy Act Chapter 3, Section 4, Clause 3, sub-Clause b (1) clearly specifies that "ever married woman having a child of her own and between the age of 25 to 35 years on the day of implantation,". So Surrogate mother must be married and having her own child is mandatory but any age of child is not a selection criteria by the Act.

**Q. Can a Single Mother can opt for both side Donor gametes in ART ?**

Yes Single mother can opt for donor Sperm and donor Oocyte for ART procedure, provided she meets Age criteria and not opting for surrogacy. In case of Single Mother Surrogacy, she needs to give her own Oocyte and only can opt for Donor Sperm.

**Q. If an Embryologist is a Post Graduate then from where she needs to have her 1 year training?**

From any ART Training Center or Level 2 ART Clinic, who provides Training.

**Q. Can a Clinician, who is already registered under any Lvl 2 ART Clinic, can prescribe ovarian stimulation drugs for IVF, sitting in any non ART Polyclinic?**

Yes can prescribe but ideally to be on ART LEVEL 2 Clinic Prescription, where he is already registered, for future accountability purposes.

**Q. Is Freezing and Quarantine of Donor Gametes mandatory?**

No. it's no more mandatory as per Act but as good practice it can be done.

**Q. What are the Lab tests are mandatory for Sperm Donors?**

1. VDRL (by Law mandatory)
2. HIV 1&2 (by Law mandatory)
3. HBV (by Law mandatory)
4. HCV (by Law mandatory)
5. Thalassemia (As per Good Practice)
6. Blood Glucose Random (As per Good Practice)
7. Blood Group (As per Good Practice)

**Q. Semen Donors should sign on which consents?**

Semen Donor Needs to Sign on these Consents:

Consent Form for Freezing of Sperm: 10  
Consent Form for Sperm Donor: 15  
Affidavit Notarized, swearing first time Sperm Donor.

**Q. Oocyte Donors should sign on which consents?**

Consent Form for Oocyte Retrieval: 12  
Consent Form for Oocyte Donation: 13

Affidavit Notarized, swearing first time Egg Donor and no monetary transactions are involved the the donation process.

**Q. *Is consent signing mandatory before surgical sperm retrieval as per ART & Surrogacy Act?***

Consent signing from patient is mandatory before any surgical procedure. Hence it's mandatory to sign consent before TESA/TESE/PESA/Micro TESE. ART & Surrogacy Act has not annexed any such consent but in that case Clinics are advised to draft their own consent with the help of previous ICMR consent for this surgery, as good and safe clinical practice. A sample consent for surgical sperm retrieval procedures, is annexed in this handbook.

**Q. *A clinician, holding Post-graduation in OBG - not registered as a level 1/2 clinic - can stimulate the patient and take her to a level 1/2 clinic and perform IUI/IVF?***

No, he/ she has to be registered through the corresponding Level 1/2 clinic, to perform any ART procedures (IUI/IVF).

**Q. *A clinician, holding Post-graduation in OBG , registered for level 1 clinic. can he/she stimulate patient for IVF and take her to a level 2 clinic and can perform OPU and ET? or can that clinician trigger and send the patient to level 2 clinic?***

No. neither neither Level 1 registered clinician, can stimulate for IVF nor can give triggers and send to Level 2 clinics. He/ she can perform IUI related stimulation. As per law, Controlled ovarian stimulation has to be performed by the clinician who has registered through corresponding Level 2 clinic.

**Q. *Can a clinician, holding Post-graduation in OBG, be registered in more than one ART Clinic?***

Yes. No restrictions have been mentioned in Act. He/she needs to use specific prescription pad of the corresponding ART Clinic, where that patient would be treated by ART, to keep the accountability.

**Q. *Can a clinician, holding Post-graduation in OBG, also registered under specific ART Level 2 clinic, see infertility patients and prescribe ovarian stimulation drug and/or prescribe trigger for IVF in any non ART Registered Polyclinic/OPD with or without PC/PNDT license?***

Registered Level 2 ART Clinician can stimulate or prescribe drug from his/her own house/premises/ Polyclinic day care facility/OPD, if he uses his prescription pad where the registered Level 2 ART Clinic name and ideally Clinic ART Registration Number is clearly mentioned for future accountability purposes. For any associated USG related diagnosis/screening, that clinical establishment must have PC/PNDT license, where the patient is visiting.

**Q. *Can Foreign patients avail gamete donation for their ART Treatment?***

Yes definitely they can avail but donor must be from India, with all specifications duly fulfilled and all legal paperwork and 1 year medical insurance (only in Oocyte donor) done in advance.

**Q. Can a MBBS graduate perform counselling in an ART clinic as per ACT?**

No. A person who is a graduate in Psychology or Clinical Psychology or Nursing or Life Sciences, can perform as Counsellor in ART Level 2 clinic. MBBS does not fall under any of this category.

**Q. Is a counsellor mandatory at a Level 1 clinic?**

No. Counsellor is not mandatory in Level 1 clinics. This post is mandatory in ART Level 2 centers. But any Level 2 clinic can keep a patient counsellor as good clinical practice for better patient management.

**Q. Can a MBBS/ BHMS/BAMS/ BDS graduate practice Clinical Embryology, if he/she has huge experience in the field?**

In the Act, only MBBS and BVSc degree is mentioned for clinical embryologists along with Ph.D, MCE or M.Sc in Life Sciences/ Biotechnology degree, but Medical graduate (MBBS) or Veterinary graduate (BVSc) must have a post-graduate degree in Clinical Embryology (full-time program) from a recognised University with additional two years of ART laboratory experience in handling human gametes and embryos.

**Q. Insurance Coverage for how many Years for Oocyte Donor and Surrogate Mother?**

1 Year for Oocyte Donor and 3 Years for Surrogate Mother.

**Q. Can intending couples/ single mother have their known gamete donors (friends or family member)?**

Yes. Anonymity of gamete Donors is no more mandatory as per Act. Only confidentiality of treatment is to be maintained with the patient party. No body else, other than ART Bank, Clinical team and intending couple/single mother should get this highly confidential information. That's why ART Bank data to be kept in a locker setup with specific minimal access. Hence patient can bring their known donor or can get donor specific information as and when required.

**Q. Can a Pathology center or any non-ART Center perform Semen Analysis?**

Yes

**Q. Can a Pathology center or any non-ART Center prepare Semen for insemination?**

No

**Q. Is Gamete Donation must be Altruistic in Nature?**

Yes, No Commercialization of Gamete Donation. But nowhere in Act or Rule it is mentioned that Gamete Donation is Altruistic in nature. Recent RTI Reply (DOHRE/R/E/22/00314, 11th Nov, 2022) confirms that any commercial gain is prohibited under this Act other than insurance coverage for a period of twelve months will be purchased by the commissioning couple or woman in favour of the oocyte donor.

**Q. In there any Section in the Act which prohibits in mixing of Gametes or Embryos?**

Yes. Section 24, Sub-section 'c', 'd', ART Regulation Act 2021.

**Q. *Is Surrogacy must be Altruistic is Nature?***

Yes, truly Altruistic in nature. Commercial Surrogacy is strictly prohibited by Surrogacy Law. Surrogacy Regulation Act 2021, Section 2, Clause (b) is defining clearly that “altruistic surrogacy” means the surrogacy in which no charges, expenses, fees, remuneration or monetary incentive of whatever nature, except the medical expenses and such other prescribed expenses incurred on surrogate mother and the insurance coverage for the surrogate mother, are given to the surrogate mother or her dependents or her representative; Though the definition of ‘Insurance’ is common in ART and Surrogacy Regulation Act both, but the above mentioned Clause (b) entirely prohibits any kind of monetary transaction like daily wages or transportation expenses whatsoever., other than only Medical or related expenses on actuals.

**Q. *Within how many days, ART Bank has to upload all information to the national database?***

1 Month from the date of receipt of such information.

**Q. *If any dispute arises between the Central Government and the National Board as to whether a question is or is not a question of policy, whose decision shall be final.?***

The Central Government

**Q. *Storage period of gamete or Embryo?***

ART Act 2021, Section 28, Sub Section ‘c’: Maximum 10 years for Donor or general ART Patients. End of 10 years either perish or be donated to a research organisation. In the exceptional circumstances if patients want to extend, then have to inform the ART Clinic/Bank, at least six months ahead of time.

Cryopreservation of oocytes, sperms for onco-fertility patients undergoing treatment and for other such conditions, for duration longer than ten years with the permission from the National Board.

**Q. *Who can come and search the premises of ART Clinic/Bank or Surrogacy Clinic?***

If the National Board, the National Registry or the State Board has reason to believe that an offence under this Act has been or is being committed at any facility using assisted reproductive technology, such Board or any officer authorised in this behalf may, subject to such rules as may be prescribed, enter and search at all reasonable times with such assistance, if any, as such Board or officer considers necessary, such facility using assisted reproductive technology and examine any record, register, document, book, pamphlet, advertisement or any other material object found therein and seize the same, if the said Board has reason to believe that it may furnish evidence of the commission of an offence punishable under this Act.

**Q. If any dispute arises between the State Government and the State Board as to whether a question is or**

The State Government

**Q. Online National Registry of ART & Surrogacy?**

<https://www.registry.artsurrogacy.gov.in>

**Q. Any Government Official Website related to ART & Surrogacy?**

<https://artsurrogacy.gov.in>

**Q. From which date all consents and Papers to be kept according to the New ART & Surrogacy Act and Rule?**

As and when Act and Rule came into effect.

From 25th January 2022 onwards (Whatever mentioned in the ART & Surrogacy

Regulation Act 2021)

Post 7th June 2022 onwards (Whatever mentioned in the ART Rule 2022)

Post 21st June 2022 onwards (Whatever mentioned in the Surrogacy Rule 2022).

**Q. How many embryos can be transferred during Embryo transfer procedure?**

The manner of placing the embryos in the uterus of a woman under clause (b) of section 24.- (1) The gynaecologist shall transfer 1-2 embryos in the uterus of a woman during a treatment cycle depending upon the medical condition of the patient provided that only in exceptional circumstances such as advanced maternal age, recurrent miscarriages and recurrent implantation failure and such other circumstances three embryos may be transferred.

Number of embryos to be implanted in the uterus of the surrogate mother.- The gynaecologist shall transfer one embryo in the uterus of a surrogate mother during a treatment cycle: Provided that only in special circumstances up to three embryos may be transferred.

### From where you can download all eGazettes?

Government Website for eGazette:

<https://egazette.gov.in/>

These 35 Gazettes can also be downloaded from this QR Code:



### IMPORTANT CONTACT DETAILS:

**The National ART & Surrogacy Board Contact Details:**

Chairperson, National ART & Surrogacy Board, 2nd Floor, IRCS Building 1, Red Cross Road, New Delhi - 110001

Email: [sn.jasra38@nic.in](mailto:sn.jasra38@nic.in)

Support-[artsurrogacy@gov.in](mailto:artsurrogacy@gov.in)

Website: <https://artsurrogacy.gov.in/>



**How to file a RTI?**

If anyone have any Question and not Getting any Reply from above mentioned Contact Details, can file RTI : <https://rtionline.gov.in/> and select Department of Health Research.

## EMBARKING ON A JOURNEY TOWARDS EXCELLENCE AS AN EMBRYOLOGIST



### DURAI P

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Ex Executive committee member, Academy  
of clinical embryologist (ACE), India.

In the context of the Indian formal educational system, there is a notable gap between the theoretical knowledge acquired in academia and the practical skills required by industries. This disparity between what is taught in educational institutions and what is demanded by the job market has become increasingly apparent. According to a 2019 research study conducted by the Society for Human Resource Management (SHRM), a significant 83% of respondents in the United States faced challenges in finding suitable talent within the past year, with 35% of candidates lacking the necessary technical skills.

Simultaneously, the National Health Portal (NHP) highlights that infertility affects up to 15% of reproductive-aged couples worldwide. In India, the World Health Organization's estimates indicate a prevalence of primary infertility ranging from 3.9% to 16.8% as of 2016.

Worryingly, recent research suggests a steady increase in infertility rates. These factors collectively create new and promising career opportunities for young aspirants in the field of embryology. Given the existing skill gap and the growing need for specialized professionals, aspiring individuals have a unique chance to make a meaningful impact in the field of embryology. By bridging the divide between academic knowledge and industry requirements through targeted training and practical experience, these aspiring embryologists can contribute to addressing the challenges posed by infertility. The current landscape presents a ripe moment for young professionals to pursue a rewarding career in this crucial domain of healthcare.

## GUIDE TO SELECTING AN EMBRYOLOGY INSTITUTE IN INDIA: CHOOSING THE RIGHT PATH FOR YOUR CAREER

**Research and List:** Conduct thorough research to identify embryology institutes in India. Make a list of potential institutes based on their reputation, course offerings, and location.

**Define Your Requirements:** Determine your specific requirements, such as the duration of the course, budget, preferred location, and your long-term career goals in embryology.

**Accreditation and Recognition:** Verify if the institute is accredited or recognized by relevant regulatory bodies or universities. This ensures that the institute meets certain quality standards and that your certification will hold value.

**Course Curriculum:** Evaluate the course curriculum of each institute. Look for a comprehensive program that covers the essential topics in embryology, including theoretical knowledge, practical training, and hands-on experience.

**Faculty Expertise:** Research the qualifications and expertise of the faculty members. Look for experienced embryologists and reproductive specialists who can provide quality education and mentorship.

**Infrastructure and Facilities:** Assess the infrastructure and facilities available at each institute. Consider the quality of the laboratory, availability of advanced equipment, access to gametes for hands-on training, library facilities, and any additional resources provided.

**Alumni Feedback:** Seek feedback from alumni who have completed the embryology course at the institutes you are considering. Alumni can provide valuable insights into the quality of education, industry exposure, and placement assistance.

**Placement Opportunities:** Inquire about the institute's track record in providing placement opportunities or internships. Check if they have collaborations with clinics, hospitals, or research institutions where you can gain practical experience and enhance your employability.

**Visit the Institute:** If possible, visit the shortlisted institutes to get a firsthand experience. Speak with faculty members, interact with current students, and assess the overall learning environment and facilities.

**Financial Considerations:** Evaluate the fee structure of the course and compare it with other institutes. Consider the value for money, available scholarships or financial aid, and any refund policies. The course fee for MSc in Embryology, which typically varies from 4 to 8 lakhs in India. This range is quite broad, and it is essential to determine what factors contribute to the differences in fees among various institutes. Consideration should be given to the reputation and ranking of the institute, the quality of faculty and infrastructure, the curriculum, and any additional benefits or opportunities offered to students.

In addition to the course fees, factor in other expenses like accommodation, exam fees, and travel costs. These can vary depending on the location of the institute and your personal preferences. Consider whether the institute provides on-campus accommodation or if you need to arrange for private accommodation. Calculate the approximate exam fees and budget for travel expenses to and from the institute during the course duration.

**Industry Reputation:** Research the industry reputation of the institute. Look for institutes that have a strong presence in the field of embryology and are well-regarded by employers and professionals in the industry.

**Seek Guidance:** Consult with professionals or experts in the field of embryology, career counselors, or educational consultants who can provide additional insights and guidance in selecting the right institute.

# M.SC IN CLINICAL EMBRYOLOGY

S.NO	UNIVERSITY / INSTITUTE	LOCATION	AFFILIATED TO	COURSE DURATION	CONTACT WEBSITE ADDRESS
1	ALL INDIA INSTITUTE OF MEDICAL SCIENCES, AIIMS, MSC REPRODUCTIVE BIOLOGY AND CLINICAL EMBRYOLOGY	DELHI	AUTONOMOUS	2 YRS	+91-11-26588500 / 26588700
2	AMITY UNIVERSITY M.SC. IN CLINICAL EMBRYOLOGY	NOIDA, UP	DEEMED UNIVERSITY	2 YRS	0120-2445252 / 4713600 ADMISSIONS@AMITY.EDU
3	ASIA PACIFIC INSTITUTE OF EMBRYOLOGY(ASPIRE) MSC CLINICAL EMBRYOLOGY & PRE-IMPLANTATION GENETICS	MYSURU, KARNATAKA	UNIVERSITY OF MYSURU	2 YRS	0821 2541866   +91 9108849758 CEPGADMISSION@GMAIL.COM ASPIERMYSORE@GMAIL.COM
4	CHETTINAD HOSPITAL AND RESEARCH INSTITUTE M.SC. IN CLINICAL EMBRYOLOGY	CHENNAI, TAMILNADU	DEEMED UNIVERSITY	2 YRS	8447892022 ENQUIRY@CARE.EDU.IN
5	CHRISTIAN MEDICAL COLLEGE M.SC. CLINICAL	VELLORE, TAMILNADU	DR. M.G.R. MEDICAL UNIVERSITY	2 YRS	
6	DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES M.SC. CLINICAL EMBRYOLOGY	SAWANGI (WARDHA) MAHARASHTRA	DEEMED UNIVERSITY	2 YRS	+91 9513252330 MEGHESMSHEALTH@GMAIL.COM
7	DAYANANDA SAGAR INSTITUTIONS M.SC. IN CLINICAL EMBRYOLOGY	BENGALURU, KARNATAKA	BANGALURU UNIVERSITY	2 YRS	+91-80-42161705, 42161750, 42161751. ADMISSIONS@DAYANANDASAGAR.EDU
8	DOLPHIN PG COLLEGE M.SC. CLINICAL EMBRYOLOGY	PUNJAB	MAHARAJA RANJIT SINGH PUNJAB TECHNICAL UNIVERSITY (MRS PTU), BATHINDA	2 YRS	+91 8427244771, +91 8427244882 DOLPHINADMISSION@GMAIL.COM
9	DR. D Y PATIL SCHOOL OF ALLIED HEALTH SCIENCES M.SC. IN CLINICAL EMBRYOLOGY	PUNE, MAHARASHTRA	DEEMED UNIVERSITY	2 YRS	+91 020-27805051 INFO.ALLIEDSCIENCES@DPU.EDU.IN
10	GUJARAT UNIVERSITY MSC IN CLINICAL EMBRYOLOGY & ASSISTED REPRODUCTIVE TECHNOLOGY	AHMEDABAD, GUJARAT	GUJARAT UNIVERSITY	2 YRS	079- 26301341,26300342-43,26300126 REGISTRAR@GUJARATUNIVERSITY.AC.IN
11	INTERNATIONAL INSTITUTE FOR ASSISTED REPRODUCTIVE TECHNOLOGY AND RESEARCH CENTRE, M.SC. CLINICAL EMBRYOLOGY	MYSURU, KARNATAKA	UNIVERSITY O MYSURU	2 YRS	0821-244-4451 +91 9494094694 IIARTRC@GMAIL.COM
12	JSS ACADEMY M.SC. CLINICAL EMBRYOLOGY	MYSURU, KARNATAKA	RAJIVGANDHI UNIVERSITY OF HEALTH SCIENCES	2 YRS	+91 020-27805051 INFO.ALLIEDSCIENCES@DPU.EDU.IN
13	KASTURBA MEDICAL COLLEGE (KMC) M.SC. IN CLINICAL EMBRYOLOGY	MANIPAL, KARNATAKA	DEEMED UNIVERSITY	2 YRS	+91-92437-77733 ADMISSIONS@MANIPAL.EDU
14	LOVELY PROFESSIONAL UNIVERSITY (LPU) M.SC. (CLINICAL EMBRYOLOGY) IN TIE UP WITH COOPERSURGICAL	JALANDHAR, PUNJAB	DEEMED UNIVERSITY	2 YRS	+91-1824-517000, +91-1824-404404 ADMISSIONS@LPU.CO.IN
15	MAHATMA GANDHI MEDICAL COLLEGE AND HOSPITAL (MGMCH) M.SC. IN CLINICAL EMBRYOLOGY	JAIPUR, RAJASTHAN	DEEMED UNIVERSITY	2 YRS	+91-0141- 2771002 /2770798 /2771001 - 3
16	MGM SCHOOL OF BIOMEDICAL SCIENCES M.SC. IN CLINICAL EMBRYOLOGY	NAVI MUMBAI, MAHARASHTRA	DEEMED UNIVERSITY	2 YRS	022-27437632 / 27432890 SBSNM@MGMUHS.COM
17	MOMSOON ACADEMY 1.M.SC. IN CLINICAL EMBRYOLOGY & REPRODUCTIVE GENETICS 2.M.SC. IN CLINICAL EMBRYOLOGY & AS-	BENGALURU, KARNATAKA	1. RAYAT-BAHRA UNIVERSITY, MOHALI, PUNJAB 2. REVA UNIVERSITY, BENGALURU	2 YRS	+91 98864 47093 INFO@MOMSOONACADEMY.COM
18	SAVEETHA MEDICAL COLLEGE AND HOSPITAL - M.SC. CLINICAL EMBRYOLOGY	KANCHIPURAM, TAMILANDU	DEEMED UNIVERSITY	2 YRS	8939994246/044-66726623 ADMISSION.MEDICAL@SAVEETHA.COM
19	SHRIDHAR UNIVERSITY M.SC. IN CLINICAL EMBRYOLOGY	PILANI, RAJASTHAN	DEEMED UNIVERSITY	2 YRS	+91- 7895343434,+91-01596-298551 INFO@SHRIDHARUNIVERSITY.AC.IN
20	SYMBIOSIS INSTITUTE OF HEALTH SCIENCES (SIHS) M.SC. ASSISTED REPRODUCTION TECHNOLOGY & EMBRYOLOGY	PUNE, MAHARASHTRA	DEEMED UNIVERSITY	2 YRS	020- 66975040/5043 INFO@SIHS.EDU.IN
21	SRI RAMACHANDRA MEDICAL COLLEGE AND RESEARCH INSTITUTE (SRMCRI) MSC CLINICAL EMBRYOLOGY	CHENNAI, TAMILNADU	1. RAYAT-BAHRA UNIVERSITY, MOHALI, PUNJAB 2. REVA UNIVERSITY, BENGALURU	2 YRS	044-24768027, 31-33 VC@SRIRAMACHANDRA.EDU.IN, REGISTRAR@SRIRAMACHANDRA.EDU.IN

## DECODING IVF: NAVIGATING THE EVOLUTION OF REPRODUCTIVE MEDICINE



**SANKETH DHIMAL SATHYA**

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Senior Consultant Embryologist- Hegde Fertility  
ESHRE Certified Clinical Embryologist

Four decades ago, a monumental breakthrough in human IVF, led by visionaries Bob Edwards, Jean Purdy and Patrick Steptoe, initiated an extraordinary journey in Reproductive Medicine. Today, we stand on the precipice of embryo editing, a remarkable milestone in this transformative odyssey. Deciphering the intricacies of IVF reveals the central role played by Embryology, driven by the unwavering dedication of Purdy, Edwards, and Steptoe. This discipline has emerged as a force shaping the realization of global aspirations for infertile patients.

In the heart of every ART clinic lies the embryology department, a sanctuary where Clinical Embryologists tirelessly work to craft the precious gift of life. The success of IVF is unmistakable, with millions experiencing the joy of conception through this revolutionary technique. For couples grappling with prolonged infertility, IVF births are celebrated as miracles in a world where reproductive challenges abound. Yet, the IVF journey is not without its hurdles. Numerous treatment cycles end in emotional roller-coasters, necessitating advancements to unravel the intricate aspects of fertility.

Scientific strides have made IVF more efficient and safer for women. Reduction in multiple deliveries has mitigated pregnancy risks, while technologies like egg freezing and surrogacy offer diverse pathways to parenthood. Despite these advances, the process remains physically and emotionally taxing, often a luxury due to high costs. Conservative moral codes in some regions further limit IVF accessibility.

The root of these challenges lies in comprehending the complexities of conception, a mystery embedded in cellular, molecular, and genetic processes. Hope gleams on the horizon with innovative approaches like in vitro Gametogenesis, leveraging stem cells to create reproductive cells. Although human application remains distant, such research provides invaluable insights into reproductive cell development.

Embryologists, at the forefront of this journey, explore cutting-edge techniques such as creating embryo models with stem cells. These models offer vital data, potentially leading to groundbreaking fertility treatments. While IVF remains indispensable, advancements in fertility technology may revolutionize parenthood. Ongoing scientific research and breakthrough treatments hold promise for significantly boosting IVF success rates, enhancing accessibility, and alleviating emotional and financial burdens.

This ongoing progress foretells a potential revolution in fertility technology, providing newfound hope to countless infertile couples. Through the dedication and expertise of embryologists, transformative change becomes plausible, offering hope and possibilities to aspiring parents worldwide.

## DECODING THE SAGA OF IVF TECHNOLOGY

**Manual Semen Analysis to Automated Semen Analysis**  
**Bell Jars to Benchtops**  
**Slow Freezing to Vitrification & Automated Vitrification**  
**Manual Witnessing to Electronic Witnessing**  
**Conventional Imaging to Timelapse Imaging**  
**Conventional ICSI to Automated ICSI**  
**Testicular Sperm to iPSC-Primordial Germ Cells**  
**PGT to Gene Editing in Embryos (Experimental and Regulated)**  
**Research of Conventional Embryos - Embryo-like Models.**

## WHERE ARE WE HEADING?

*This trajectory suggests a continued pursuit of precision, efficiency, and expanded possibilities in the field of assisted reproductive technologies! Regardless, the quest for advancements persists, even in IVF technology, from gene editing to creating artificial embryos and beyond. However, these endeavors necessitate meticulous caution and stringent regulation to ensure their judicious and responsible application in the field of assisted reproductive technologies.*



# WEST BENGAL



(This Database is Old, for updated database please see the Government portal)

## Name of the ART Clinics (L1+L2)

West Bengal 68 (L1+L2) 16 - L1 52 - L2

Registration Number

• MUKHERJEE FERTILITY CENTRE	• WB/AC/2022/10233/L2/22
• GYNAE CARE FERTILITY CENTRE	• WB/AC/2022/10253/L2/40
• ANKUR FERTILITY CLINIC	• WB/AC/2022/10344/L2/30
• INSTITUTE OF HUMAN REPRODUCTION KOLKATA	• WB/AC/2022/10349/L2/42
• INDIRA IVF HOSPITAL PRIVATE LIMITED	• WB/AC/2022/10493/L2/13
• INDIRA IVF HOSPITAL PRIVATE LIMITED	• WB/AC/2022/10507/L2/41
• INSTITUTE OF REPRODUCTIVE SOLUTION LLP	• WB/AC/2022/10560/L2/36
• RAMKRISHNA IVF CENTRE	• WB/AC/2022/10578/L2/46
• INDIRA IVF HOSPITAL PRIVATE LIMITED	• WB/AC/2022/10609/L2/15
• CALCUTTA FERTILITY MISSION	• WB/AC/2022/10651/L2/06
• SURGY CENTRE	• WB/AC/2022/10685/L2/12
• AKANKSHA	• WB/AC/2022/10686/L2/39
• BIRLA FERTILITY & IVF	• WB/AC/2022/10755/L2/11
• FETOMAT WELLNESS PVT. LTD.	• WB/AC/2022/10759/L2/32
• RASHMIKA FERTILITY	• WB/AC/2022/10879/L2/37
• BIRTH	• WB/AC/2022/11046/L2/04
• NOVA IVF GAMMA	• WB/AC/2022/11052/L2/18
• SPARSH FERTILITY AND WOMENS CARE	• WB/AC/2022/11054/L2/35
• NOVA IVF FERTILITY SILIGURI	• WB/AC/2022/11057/L2/31
• IVF & INFERTILITY CLINIC MAGS & MORPHEUS	• WB/AC/2022/11109/L2/33
• AMRI MEDICAL CENTRE	• WB/AC/2022/11220/L2/10
• EAST END FERTILITY CLINIC	• WB/AC/2022/11307/L2/44
• ANKURAN IVF CENTRE PRIVATE LIMITED	• WB/AC/2022/11362/L2/08
• URVARAA IVF	• WB/AC/2022/11378/L2/16
• NEWLIFE FERTILITY CENTRE	• WB/AC/2022/11385/L2/38
• CREATION THE FERTILITY CENTRE	• WB/AC/2022/11392/L2/51
• CRADLE FERTILITY CENTER	• WB/AC/2022/11405/L2/05
• INSTITUTE OF REPRODUCTIVE MEDICINE	• WB/AC/2022/11427/L2/07
• SPARSHA INFERTILITY CENTRE	• WB/AC/2022/11518/L2/28
• KOLKATA GLOBAL IVF CLINIC	• WB/AC/2022/11609/L2/20
• AVEYA IVF	• WB/AC/2022/11733/L2/34
• SRISHTI CLINIC	• WB/AC/2022/11899/L2/17
• KOLKATA WOMEN CLINIC	• WB/AC/2022/11912/L2/21
• CALCUTTA CURELINE	• WB/AC/2022/11960/L2/43
• APOLLO FERTILITY (KOLKATA)	• WB/AC/2022/12027/L2/09
• GENOME-THE FERTILITY CENTRE	• WB/AC/2022/12049/L2/19
• CARE FERTILITY SOLUTIONS PVT LTD	• WB/AC/2022/12077/L2/29
• ASTHA DAY CARE CENTRE	• WB/AC/2022/12141/L2/52
• A.H IVF & INFERTILITY RESEARCH CENTRE PVT LTD	• WB/AC/2022/12185/L2/45
• PRAPTI FERTILITY INSTITUTE PRIVATE LIMITED	• WB/AC/2022/12346/L2/53
• NORTH KOLKATA INFERTILITY & IVF CENTRE	• WB/AC/2022/12410/L2/55
• RENOVARE HEALTH CARE SOLUTIONS PVT LTD	• WB/AC/2022/12459/L2/49
• GHOSH DASTIDAR INSTITUTE FOR FERTILITY RESEARCH PVT LTD	• WB/AC/2022/12466/L2/19
• JAHAR INFERTILITY RELATED INSTITUTE	• WB/AC/2022/12524/L2/50
• BHAVANI HEALTH & LIFESTYLE PVT. LTD	• WB/AC/2022/12684/L2/56
• MOTHER CARE.( THE FERTILITY CLINIC.) IUI & IVF.	• WB/AC/2022/11931/L2/57
• SYMBIOSIS FERTILITY CENTRE AND N.H.	• WB/AC/2022/12696/L2/58
• MATRITWA	• WB/AC/2022/12057/L2/54
• PRAN IVF AND FERTILITY CENTRE	• WB/AC/2022/12549/L2/64
• MANMOHINI HEALTH CARE PVT LTD	• WB/AC/2022/12194/L2/65
• SHRISTI- THE CONCEPTION CARE CLINIC	• WB/AC/2022/11576/L2/63
• A M MEDICAL CENTRE PRIVATE LIMITED	• WB/AC/2022/13775/L2/69
• INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)	• WB/AC/2022/10445/L1/03
• INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PRIVATE LIMITED)	• WB/AC/2022/10462/L1/02
• INSTITUTE OF FETAL MEDICINE	• WB/AC/2022/11823/L1/24
• SPARSHA INFERTILITY CENTRE PVT. LTD	• WB/AC/2022/11902/L1/25
• CRADLE FERTILITY CENTRE GARIA	• WB/AC/2022/12082/L1/27
• MAGS MEDICAL & RESEARCH CENTRE (P) LTD.	• WB/AC/2022/12277/L1/23
• IPGME&R - SSKM HOSPITAL	• WB/AC/2022/12461/L1/01
• RAMAKRISHNA MISSION SEVA PRATISHTHAN	• WB/AC/2022/12508/L1/26
• N G MEDICARE & CALCUTTA HOPE INFERTILITY CLINIC (A DIVISION OF N G INDUSTRIES LTD)	• WB/AC/2022/12512/L1/47
• ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI	• WB/AC/2022/12778/L1/59
• SOVA WOMENS AND FERTILITY CLINIC	• WB/AC/2022/12011/L1/60
• LIFE FERTILITY CENTRE	• WB/AC/2022/11631/L1/48
• LEONARD HEALTH SERVICES PVT. LTD.(TRADE BRAND-SMARTLIFE)	• WB/AC/2022/12517/L1/66
• COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL	• WB/AC/2022/12593/L1/68
• SEFALIKA	• WB/AC/2022/12290/L1/67
• R G KAR MEDICAL COLLEGE AND HOSPITAL	• WB/AC/2022/13725/L1/70

# ANDHRA PRADESH



Andhra Pradesh 2 (L1+L2) UNKNOWN - L1 UNKNOWN - L2

Registration Number

- SANJIVI MOM FERTILITY CENTER
- SRUJANA MULTI SPECIALITY HOSPITAL

- 002/2022
- 001/2022

# KERALA



Kerala 12 (L1+L2) 0 - L1 12 - L2

Registration Number

- AMAR MATERNITY AND FERTILITY CENTRE
- SAMAD HOSPITALS
- KIMS FERTILITY CENTER
- ASIAN REPRODUCTIVE CENTRE PVT LTD - ARMC IVF FERTILITY CENTRE
- ARMC IVF PERINTHALMANNA ( A UNIT OF ASIAN MOTHER AND CHILD HEALTHCARE PVT LTD)
- ASIAN REPRODUCTIVE CENTRE PVT LTD ( ARMC IVF FERTILITY CENTRE )
- THRISSUR REPRO HEALTH CARE PRIVATE LIMITED A UNIT OF ASIAN REPRODUCTIVE MEDICINE CENTRE (ARMC )
- CREDENCE HOSPITAL
- PRAN FERTILITY & WELL WOMAN CENTRE
- PRS HOSPITAL PRIVATE LIMITED
- KJK HOSPITAL PVT.LTD
- SABINE HOSPITAL & RESEARCH CENTRE PVT LTD

- ART L II 1005
- ART L II 1004
- ART L II 1008
- ART L II 1012
- ART L II 1015
- ART L II 1023
- ART L II 1022
- ART L II 1003
- ART L II 1001
- ART L II 1006
- ART L II 1002
- ART L II 1021

# PUDDUCHERRY



Puducherry 2 (L1+L2) UNKNOWN - L1 UNKNOWN - L2

Registration Number

- BLOSSOM FERTILITY CENTRE
- SUDHA HOSPITALS PRIVATE LIMITED

- ART-PY-09
- ART-PY-10

# ODISHA



Odisha 7 (L1+L2) 0 - L1 7 - L2

Registration Number

- SANTAAN FERTILITY CENTER AND RESEARCH INSTITUTE P LTD
- PRACHI CLINIC AND IVF CENTRE
- SHREYA IVF CENTER
- AHANA GYNAECARE PRIVATE LIMITED
- FUTURE FERTILITY PVT LIMITED
- ART CLINIC
- KAR CLINIC IVF CENTRE
- OD-GAN/ART-L2-0005/2023
- OD-KDR/ART-L2-0001/2023
- OD-KDR/ART-L2-0002/2023
- OD-KDR/ART-L2-0003/2023
- OD-KDR/ART-L2-0004/2023
- OD-KDR/ART-L2-0006/2023
- OD-KDR/ART-L2-0007/2023

# TELANGANA



Telangana 82 (L1+L2) 18 - L1 64 - L2

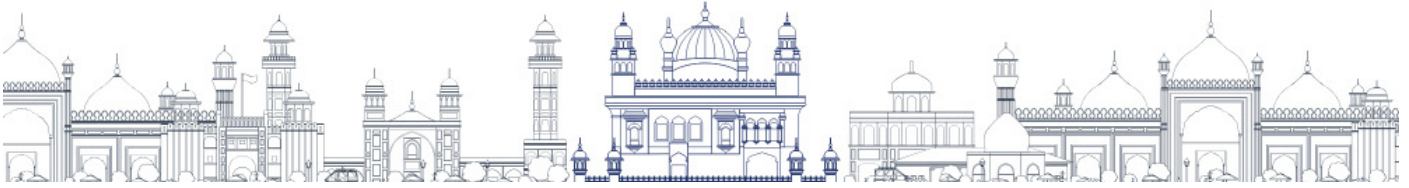
Registration Number

Telangana 82 (L1+L2) 18 - L1 64 - L2

Registration Number

- ANU FERTILITY AND CONTRACEPTION SERVICES AND RESEARCH INSTITUTE PVT LTD
- MAMATA FERTILITY HOSPITAL(A UNIT OF INFERTILITY INFERTY & RESEARCH CENTRE PVT LTD
- FERTY9 FERTILITY CENTER(A UNIT OF STAR FERTILITY PVT. LTD.)
- KIMS FERTILITY CENTRE
- M/S OASIS CENTER FOR REPRODUCTIVE MEDICINE (A UNIT OF SADGURU HEALTHCARE SERVICES PVT LTD)
- ART FERTILITY CLINICS, A UNIT OF GLOBAL FERTILITY SOLUTIONS PRIVATE LIMITED
- ZIVA EMBRYOLOGY AND FERTILITY INSTITUTE
- HEGDE HOSPITAL
- MEDICOVER HEALTHCARE PVT LTD
- ESHA IVF FERTILITY CENTER
- MIRA FERTILITY
- SUDHA FERTILITY AND DAY CARE CENTRE
- FERTICARE IVF ASIST
- VIRINCHI HEALTH CARE PRIVATE LIMITED
- ANGELS FERTILITY
- AVIRA FERTILITY CENTER
- FELICITY IVF AND FERTILITY CENTER
- BIRTHRIGHT FERTILITY BY RAINBOW HOSPITALS - KON-DAPUR
- SOUTHERN GEM HOSPITAL
- SADGURU HEALTHCARE SERVICES PVT LTD(OASIS FERTILITY-MADINAGUDA))
- M/S .SADGURU HEALTH CARE SERVICES PVT LTD
- INDIRA IVF HOSPITAL PRIVATE LIMITED
- SREE FERTILITY & GYANE CENTRE PRIVATE LTD
- IVF ACCESS, HYDERABAD A UNIT OF PN IVF ACCESS PRIVATE LIMITED
- NOVA IVF FERTILITY KUKATPALLY
- GENESIS FERTILITY & LAPAROSCOPY CENTRE
- M/S SADGURU HEALTHCARE SERVICES PVT LTD
- KAMINENI FERTILITY CENTRE
- FERTY9 FERTILITY CENTER (A UNIT OF STAR FERTILITY PVT. LTD.)
- MORPHEUS KASTURI INTERNATIONAL IVF CENTER
- MEDICAL HEALTH AND RESEARCH INSTITUTE
- AKSHAYA FERTILITY CLINIC
- NOVA IVF FERTILITY BANJARA HILLS
- SAI KIRAN HOSPITAL ( A UNIT OF KIRAN INFERTILITY CENTRE PVT LTD)
- MOM IVF AND RESEARCH CENTER PVT LTD
- SREE RAGHAVENDRA FERTILITY CENTRE
- WOMB FERTILITY AND MATERNITY CENTRE
- SUMUKA FERTILITY CENTER
- DR.BHAVANI FERTILITY CENTRE
- DR.RADHIKAS FERTILITY AND SURGICAL CENTER
- GANASREESAI IVF CENTER
- JUHI FERTILITY CENTRE
- JANANI FERTILITY CENTRE
- SREE NANDAKA FERTILITY AND LAPAROSCOPY HOSPITAL
- SHOURYAS TESTTUBE BABY CENTER
- THE BOON IVF AND FERTILITY CENTER
- IRA FERTILITY AND WOMEN HEALTH CARE
- G.B.R HOSPITAL & FERTILITY
- HYDERABAD WOMEN AND FERTILITY CENTER
- GEETANJALI TEST TUBE BABY CENTER ( ART CLINIC)
- ZIVA EMBRYOLOGY AND FERTILITY INSTITUTE
- DR PADMAJA FERTILITY CENTRE & NURSING HOME
- KAMALA FERTILITY (A UNIT OF SRINIVASA HOSPITAL),ART CLINIC
- OVA FERTILITY CENTRE
- DR VASAVIS HOSPITAL CENTER FOR FERTILITY AND BIRTH ART CLINIC
- OASIS CENTER FOR REPRODUCTIVE MEDICINE (A UNIT OF SADGURU HEALTHCARE SERVICES PVT LTD)
- OM BIRTH FERTILITY CENTRE
- BABYS LIFE HOSPITAL
- AVNI FERTILITY ANDROLOGY
- INSTITUTE OF WOMEN HEALTH AND FERTILITY
- REVIVE CLINICS AND FERTILITY CENTER
- WISH FERTILITY
- SAI MATRIKA FERTILITY CENTRE
- BIRTHRIGHT FERTILITY BY RAINBOW HOSPITALS - BANJARA HILLS
- SOUTHERN GEM HOSPITAL
- INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
- HEGDE FERTILITY
- OASIS FERTILITY [A UNIT OF SADGURU HEALTH CARE SERVICES PVT LTD]
- BIRTHRIGHT FERTILITY BY RAINBOW HOSPITALS - HYDER-NAGAR
- FERTY9 FERTILITY CENTER (A UNIT OF STAR FERTILITY PVT. LTD.)
- HEGDE FERTILITY
- M/S SADGURU HEALTH CARE SERVICES PVT LTD
- FERTINOVA FERTILITY
- KIRAN INFERTILITY CENTRE
- HYDERABAD WOMAN AND FERTILITY CENTRE
- INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
- M/S. OASIS FERTILITY (A UNIT OF SADGURU HEALTH CARE SERVICES PVT LTD)
- DURGABAI DESHMUKH HOSPITAL & RESEARCH CENTRE
- ISWARYA FERTILITY SERVICES PRIVATE LIMITED
- HEGDE FERTILITY
- SAI MATRIKA FERTILITY CENTRE
- TS/AC/L2/001
- TS/AC/L2/002
- TS/AC/L2/003
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- TS/AC/L2/006
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- TS/AC/L1/083
- TS/AC/L1/92
- TS/AC/L1/098
- TS/AC/L1/113
- TS/AC/L1/117

# PUNJAB



Punjab 35 (L1+L2)	UNKNOWN L1	UNKNOWN L2	Registration Number	Punjab 35 (L1+L2)	UNKNOWN L1	UNKNOWN L2	Registration Number
<ul style="list-style-type: none"> <li>● APOLLO FERTILITY (A UNIT OF APOLLO SPECIALTY HOSPITALS PVT. LTD.)</li> <li>● INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)</li> <li>● BLESSINGS IVF CENTRE</li> <li>● DEEP KIRPA FERTILITY CENTRE</li> <li>● SIMRAN IVF CENTER</li> <li>● CHHABRA HOSPITAL &amp; TEST TUBE BABY CENTRE</li> <li>● GEM HOSPITAL</li> <li>● INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)</li> <li>● JAIPUR HEALTH CARE AND TEST TUBE BABY CENTRE</li> <li>● JINDAL HEART INSTITUTE AND INFERTILITY CENTRE</li> <li>● NAGPAL SUPERSPECIALITY HOSPITAL</li> <li>● ROMANA HOSPITAL &amp; MATERNITY CENTRE</li> <li>● SANJIVANI IVF CENTRE</li> <li>● DEEP SCAN &amp; DEEP TEST TUBE BABY CENTRE</li> <li>● ADVANCE FERTILITY SERVICES&amp; IVF CENTRE</li> <li>● APEX IVF CENTRE</li> </ul>			<ul style="list-style-type: none"> <li>● PB/AC/2023/035</li> <li>● PB/AC/2022/003</li> <li>● PB/AC/2022/001</li> <li>● PB/AC/2022/004</li> <li>● PB/AC/2023/036</li> <li>● PB/AC/2022/019</li> <li>● PB/AC/2022/016</li> <li>● PB/AC/2022/04</li> <li>● PB/AC/2022/017</li> <li>● PB/AC/2022/018</li> <li>● PB/AC/2022/015</li> <li>● PB/AC/2022/020</li> <li>● PB/AC/2023/034</li> <li>● PB/AC/2022/009</li> <li>● PB/AC/2022/013</li> <li>● PB/AC/2023/039</li> </ul>	<ul style="list-style-type: none"> <li>● VIRK FERTILITY SERVICES</li> <li>● CHAWLA NURSING HOME AND MATERNITY HOSPITAL</li> <li>● JANAM FERTILITY CENTRE</li> <li>● NEW HOPE STONE &amp; FERTILITY CLINIC</li> <li>● NOVA IVF FERTILITY JALANDHAR</li> <li>● SANDHU HOSPITAL</li> <li>● DAYANAND MEDICAL COLLEGE AND HOSPITAL</li> <li>● EVA HOSPITAL</li> <li>● INDIRA IVF HOSPITAL PRIVATE LIMITED</li> <li>● KHANNA TEST TUBE BABY CENTRE, KHANNA NURSING HOME- A UNIT OF KHANNA MULTI-SPECIALTY HOSPITALS PVT. LTD. KHANNA</li> <li>● KULAR HOSPITALS PVT LTD ( KULAR IVF CENTRE)</li> <li>● RANA HOSPITAL</li> <li>● AASHAKIRAN FERTILITY WORLD</li> <li>● IVY HEALTH &amp; LIFE SCIENCES PVT. LTD. (IVY HOSPITAL MOHALI)</li> <li>● RADIANCE HOSPITAL</li> <li>● MANNAT IVF CENTRE</li> <li>● NITIN HOSPITAL AND IVF CENTRE</li> <li>● SADBHAVNA MEDICAL AND HEART INSTITUTE</li> <li>● SRI IVF</li> </ul>	<ul style="list-style-type: none"> <li>● PB/AC/2022/012</li> <li>● PB/AC/2022/014</li> <li>● PB/AC/2023/037</li> <li>● PB/AC/2023/038</li> <li>● PB/AC/2023/040</li> <li>● PB/AC/2023/032</li> <li>● PB/AC/2022/024</li> <li>● PB/AC/2022/022</li> <li>● PB/AC/2022/021</li> <li>● PB/AC/2022/026</li> <li>● PB/AC/2022/025</li> <li>● PB/AC/2022/023</li> <li>● PB/AC/2022/010</li> <li>● PB/AC/2023/033</li> <li>● PB/AC/2022/011</li> <li>● PB/AC/2023/027</li> <li>● PB/AC/2023/028</li> <li>● PB/AC/2023/029</li> <li>● PB/AC/2023/030</li> </ul>		

# SIKKIM



Sikkim 2 (L1+L2)	2 - L1	0 - L2	Registration Number	Manipur 5 (L1+L2)	0 - L1	5 - L2	Registration Number
<ul style="list-style-type: none"> <li>● NOBLESTRIDE FERTILITY AND DIAGNOSTIC CENTRE</li> <li>● DR RUCHI CHETTRIS FERTILITY CENTRE</li> </ul>			<ul style="list-style-type: none"> <li>● SK/AC/2022/13659/L1/EAST SIKKIM/01</li> <li>● SK/AC/2023/13901/L1/EAST SIKKIM/02</li> </ul>	<ul style="list-style-type: none"> <li>● CITY HOSPITAL AND RESEARCH CENTRE</li> <li>● SHIJA FERTILITY CENTRE, A UNIT OF SHIJA HOSPITALS &amp; RESEARCH INSTITUTE PVT. LTD.</li> <li>● MAIPAKPI MATERNITY AND CHILD HOSPITAL</li> <li>● HOPE IVF CENTRE, REMEDY HOSPITAL AND RESEARCH CENTRE</li> <li>● ACME FERTILITY &amp; HEALTHCARE CENTRE</li> </ul>			<ul style="list-style-type: none"> <li>● MN/AC/2022/13808/L2/Imphal West/01</li> <li>● MN/AC/2023/13847/L2/Imphal West/02</li> <li>● MN/AC/2023/13812/L2/Imphal West/03</li> <li>● MN/AC/2022/13776/L2/Imphal East/04</li> <li>● MN/AC/2022/13789/L2/Imphal East/05</li> </ul>

# CHANDIGARH



Chandigarh 16 (L1+L2)	3 - L1	13 - L2	Registration Number	Chandigarh 16 (L1+L2)	3 - L1	13 - L2	Registration Number
<ul style="list-style-type: none"> <li>● BEDI IVF &amp; INFERTILITY CENTRE</li> <li>● MOTHERHOOD CHAITANYA CLINICS (A UNIT OF MESKHENET HEALTHCARE PRIVATE LIMITED)</li> <li>● MILANN FERTILITY CENTRE</li> <li>● KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY</li> <li>● DEPARTMENT OF OBST. &amp; GYNAE, PGIMER, CHANDIGARH</li> <li>● JINDAL IVF &amp; SANT MEMORIAL NURSING HOME</li> <li>● INDIRA IVF HOSPITAL PVT. LTD.</li> <li>● EVAA FERTILITY &amp; GYNAECOLOGY CENTRE</li> <li>● REVIVA FERTILITY AND IVF CLINIC</li> <li>● JANNEE FERTILITY CENTRE</li> </ul>			<ul style="list-style-type: none"> <li>● CH/AC/2022/11134/L2/Chandigarh/07</li> <li>● CH/AC/2022/10347/L2/Chandigarh/02</li> <li>● CH/AC/2022/10152/L2/Chandigarh/03</li> <li>● CH/AC/2022/11595/L2/Chandigarh/04</li> <li>● CH/AC/2022/12105/L2/Chandigarh/05</li> <li>● CH/AC/2022/10792/L2/Chandigarh/06</li> <li>● CH/AC/2022/10404/L2/Chandigarh/08</li> <li>● CH/AC/2022/11277/L2/Chandigarh/09</li> <li>● CH/AC/2022/10944/L2/Chandigarh/10</li> <li>● CH/AC/2022/11044/L2/Chandigarh/11</li> </ul>	<ul style="list-style-type: none"> <li>● NOVA IVF FERTILITY CHANDIGARH</li> <li>● MEDICOVER HEALTHCARE PVT TLD</li> <li>● BIRLA FERTILITY &amp; IVF, CHANDIGARH</li> <li>● APOLLO CLINIC</li> <li>● GYNAE OPD GMCH-32 CHD</li> <li>● ART CLINIC</li> </ul>			<ul style="list-style-type: none"> <li>● CH/AC/2022/13165/L2/Chandigarh/01</li> <li>● CH/AC/2022/10348/L2/Chandigarh/12</li> <li>● CH/AC/2023/14185/L2/Chandigarh/28</li> <li>● CH/AC/2022/11907/L1/Chandigarh/18</li> <li>● CH/AC/2022/13493/L1/Chandigarh/19</li> <li>● CH/AC/2023/14135/L1/Chandigarh/20</li> </ul>

# KARNATAKA



## Karnataka 49 (L1+L2) 10 - L1 39 - L2

## Registration Number

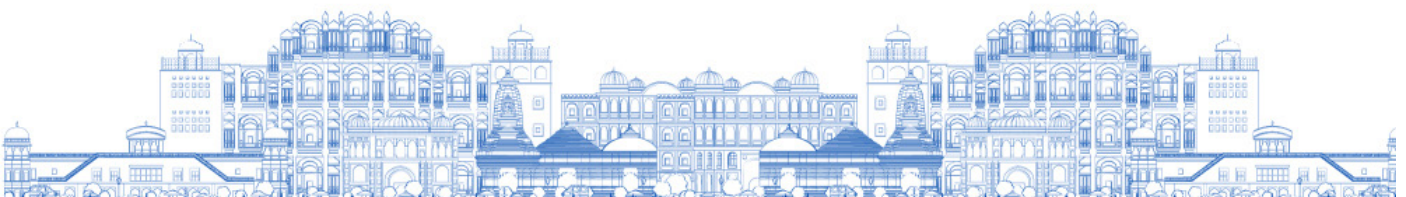
## Karnataka 49 (L1+L2) 10 - L1 39 - L2

## Registration Number

- KRITU FERTILITY CENTER
- IVF ACCESS, KORAMANGALA A UNIT OF PN IVF ACCESS PRIVATE LIMITED
- IVF ACCESS, RAJAJINAGAR A UNIT OF PN IVF ACCESS PRIVATE LIMITED
- SHREE LAKSHMI FERTILITY AND IVF CENTRE
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- KIDS CLINIC INDIA LIMITED CLOUDNINE HOSPITAL
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- ANKUR HEALTHCARE PRIVATE LIMITED
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- AIKYA FERTILITY AND RESEARCH CENTER
- SAMRUDDH FERTILITY AND UROLOGY CENTER
- ICCHAA FERTILITY SOLUTIONS AND DIAGNOSTICS
- GARBHAGUDI IVF CENTRE PVT LTD
- AANSH IVF HOSPITAL PRIVATE LIMITED
- SHANTHI SHELL FERTILITY CENTRE
- GENEVA FERTILITY CENTER
- GENEVA FERTILITY CENTRE NAGARBHAVI
- MAA FERTILITY CENTRE
- INDIRA IVF HOSPITAL PRIVATE LIMITED
- LATHA NURSING HOME ASSISTED REPRODUCTIVE TECHNOLOGIES CENTRE
- KA/AC/2022/10165/L2/Gadag/001
- KA/AC/2022/10777/L2/Bengaluru Urban/002
- KA/AC/2022/10780/L2/Bengaluru Urban/003
- KA/AC/2022/12576/L2/Tumkur/004
- KA/AC/2022/10030/L2/Bengaluru Urban/005
- KA/AC/2022/10397/L2/Bengaluru Urban/006
- KA/AC/2022/11975/L2/Bengaluru Urban/007
- KA/AC/2022/11974/L2/Bengaluru Urban/008
- KA/AC/2022/10951/L2/Bengaluru Urban/009
- KA/AC/2022/10998/L2/Bengaluru Urban/010
- KA/AC/2022/13171/L2/Bengaluru Urban/011
- KA/AC/2022/10715/L2/Bengaluru Urban/012
- KA/AC/2023/13933/L2/Bengaluru Urban/013
- KA/AC/2023/13945/L2/Bengaluru Urban/014
- KA/AC/2022/10057/L2/Bengaluru Urban/015
- KA/AC/2022/10788/L2/Bengaluru Urban/016
- KA/AC/2022/11152/L2/Bengaluru Urban/017
- KA/AC/2022/10584/L2/Bengaluru Urban/018
- KA/AC/2022/10826/L2/Bengaluru Urban/021
- KA/AC/2022/11373/L2/Bengaluru Urban/022
- KA/AC/2022/10911/L2/Bengaluru Urban/023
- KA/AC/2022/13781/L2/Bengaluru Urban/024
- KA/AC/2022/10570/L2/Bengaluru Urban/026
- KA/AC/2022/10617/L2/Bengaluru Urban/027
- KA/AC/2022/10294/L2/Davanagere/031

- CHINMAYA HOSPITAL AND FERTILITY CENTRE
- JANANI FERTILITY AND IVF CENTRE
- SHIVYA IVF - WOMAN AND CHILD HEALTH CARE
- NANDINI IVF CENTER
- SANTASA FERTILITY PVT LTD
- SUKRUTHA HOSPITAL AND IVF CENTRE
- KIRAN INFERTILITY CENTRE (BENGALURU) PRIVATE LIMITED
- BHOOMI IVF CENTRE
- MANI FERTILITY CENTER
- MANIPAL HOSPITAL WHITEFIELD (A UNIT OF MANIPAL HEALTH ENTERPRISES PVT. LTD.)
- SARJI FERTILITY AND RESEARCH CENTRE
- SANTASA MYSORE IVF & ENDOSURGERY INSTITUTE
- KADLI NINGAMMA MEMORIAL HOSPITAL
- ASPIRE FERTILITY CENTER
- GARBHAGUDI IVF CENTRE PVT LTD
- INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
- INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
- INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
- INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
- PRAGATHI HOSPITAL
- USHA VIKRANTH DIAGNOSTIC CENTER AND HOSPITAL
- SANTHATHI FERTILITY AND MATERNITY CENTER
- INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PVT. LTD.)
- ASPIRE FERTILITY CENTER
- KA/AC/2022/11653/L2/Tumakuru/032
- KA/AC/2022/11488/L2/Tumakuru/033
- KA/AC/2022/12012/L2/Hassan/034
- KA/AC/2022/10263/L2/Davanagere/035
- KA/AC/2022/10794/L2/Hassan/036
- KA/AC/2022/10288/L2/Tumakuru/037
- KA/AC/2022/10827/L2/Bengaluru Urban/038
- KA/AC/2022/10052/L2/Bengaluru Urban/039
- KA/AC/2023/14062/L2/Hassan/079
- KA/AC/2023/14379/L2/Bengaluru Urban/075
- KA/AC/2022/13030/L2/Shivamogga/080
- KA/AC/2022/10714/L2/Mysore/081
- KA/AC/2022/12965/L2/Davanagere/083
- KA/AC/2022/10853/L2/Bengaluru Urban/085
- KA/AC/2022/10231/L1/Bengaluru Urban/067
- KA/AC/2022/10421/L1/Bengaluru Urban/069
- KA/AC/2022/10415/L1/Bengaluru Urban/070
- KA/AC/2022/10424/L1/Bengaluru Urban/072
- KA/AC/2022/10401/L1/Tumakuru/073
- KA/AC/2022/13743/L1/Mandya/074
- KA/AC/2023/13897/L1/Bengaluru Urban/076
- KA/AC/2022/10862/L1/Bengaluru Urban/077
- KA/AC/2022/13497/L1/Davanagere/084
- KA/AC/2023/14329/L1/Bengaluru Urban/086

# RAJASTHAN



## Rajasthan 81 (L1+L2) 19 - L1 62 - L2

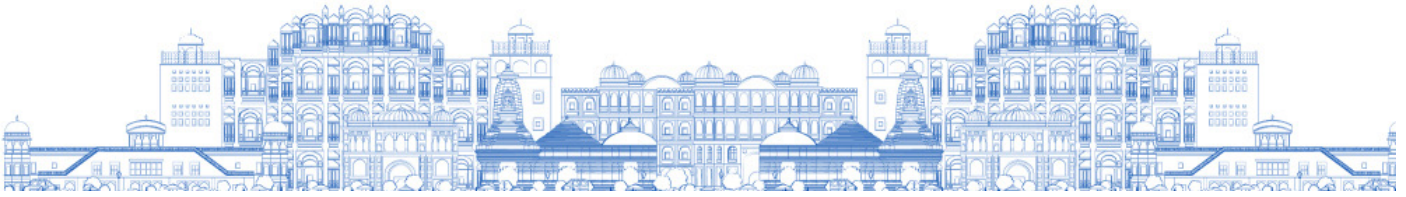
## Registration Number

## Rajasthan 81 (L1+L2) 19 - L1 62 - L2

## Registration Number

- RATHI HOSPITAL AND IVF CENTER
- PARIHAR HOSPITAL AND FERTILITY CENTRE
- HOPE INTERNATIONAL FERTILITY
- ARTCLINIC
- NEELKANTH INFERTILITY & IVF CENTRE
- DEVANSHI HOSPITAL AND IVF CENTRE
- RAJDEEP FERTILITY RESEARCH CENTRE AND IVF CENTRE
- JAIPUR FERTILITY CENTER
- INTERNATIONAL FERTILITY AND HEALTHCARE CENTRE
- VIVEKANAND HOSPITAL AND FERTILITY CENTER
- ANMOL FERTILITY CLINIC
- NEELKANTH FERTILITY & WOMEN CARE HOSPITAL PVT. LTD.
- NIMS FERTILITY & RESEARCH CENTRE
- VINAYAKA IVF
- CHETNA IVF RESEARCH CENTRE
- KAMLA NAGAR HOSPITAL
- SHREE JEEVAN IVF CENTRE
- VASUNDHARA HOSPITAL
- SHRI RAM HOSPITAL
- SHRI RAM HOSPITAL
- NEELKANTH FERTILITY AND WOMEN CARE HOSPITAL (P) LTD.
- SPARSH WOMEN HOSPITAL
- KHANDELWAL NURSING HOME
- RJ/AC/2022/11550/L-2/AJMER/09
- RJ/AC/2022/12453/L-2/AJMER/10
- RJ/AC/2022/11602/L-2/AJMER/11
- RJ/AC/2022/11585/L-2/KOTA/15
- RJ/AC/2022/10663/L-2/KOTA/16
- RJ/AC/2022/11130/L-2/KOTA/17
- RJ/AC/2022/11379/L-2/KOTA/18
- RJ/AC/2022/10583/L-2/JAIPUR/21
- RJ/AC/2022/10076/L-2/JAIPUR/22
- RJ/AC/2022/11337/L-2/JAIPUR/26
- RJ/AC/2022/11293/L-2/JAIPUR/27
- RJ/AC/2022/10427/L-2/JAIPUR/28
- RJ/AC/2022/11214/L-2/JAIPUR/30
- RJ/AC/2022/11826/L-2/JODHPUR/31
- RJ/AC/2022/11475/L-2/JODHPUR/32
- RJ/AC/2022/10982/L-2/JODHPUR/33
- RJ/AC/2022/11485/L-2/JODHPUR/34
- RJ/AC/2022/11872/L-2/JODHPUR/35
- RJ/AC/2022/11592/L-2/JODHPUR/37
- RJ/AC/2022/11645/L-2/JODHPUR/38
- RJ/AC/2022/10258/L-2/UDAIPUR/42
- RJ/AC/2022/11682/L-2/UDAIPUR/44
- RJ/AC/2022/11371/L-2/KOTA/69

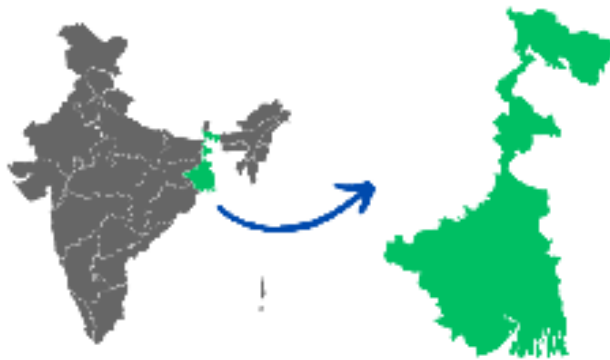
- SHIVANI FERTILITY & IVF CENTRE
- RAJCARE IVF CENTRE
- KAMLA IVF
- ARIHANT HOSPITAL
- SPAR HOSPITAL
- NAVANKUR PMG ADVANCED IVF CENTRE
- NAGPAL DIAGNOSTIC CENTRE
- SHRI RAM HOSPITAL
- WINGS SHRIKRISHNA IVF AND INFERTILITY CENTER
- INDIRA IVF HOSPITAL PRIVATE LIMITED
- JAIN FERTILITY & MOTHER CARE HOSPITAL
- ASIAN SUPERSPECIALITY HOSPITAL
- NEERJA HOSPITAL
- KHICHAH HOSPITAL & MEDICAL RESEARCH CENTRE
- NAVANKUR FERTILITY AND ADVANCED IVF CENTRE
- INDIRA IVF HOSPITAL PRIVATE LIMITED
- BINNANI HOSPITAL AND IVF CENTRE
- JEEVANSHREE IVF AND INFERTILITY CENTRE
- MISHKA IVF CENTRE
- AMBIKA INSTITUTE FOR INFERTILITY & IVF
- RJ/AC/2022/11288/L-2/JAIPUR/70
- RJ/AC/2022/11191/L-2/JAIPUR/71
- RJ/AC/2022/13745/L-2/ALWAR/72
- RJ/AC/2022/10486/L-2/SIKAR/73
- RJ/AC/2022/11127/L-2/JHUNJHUNU/74
- RJ/AC/2022/10161/L-2/SRI GANGANAGAR/75
- RJ/AC/2022/10840/L-2/SRI GANGANAGAR/76
- RJ/AC/2022/11621/L-2/BIKANER/77
- RJ/AC/2022/11786/L-2/BIKANER/78
- RJ/AC/2022/10518/L-2/JAIPUR/79
- RJ/AC/2022/11536/L-2/JAIPUR/81
- RJ/AC/2022/11127/L-2/JAIPUR/82
- RJ/AC/2022/12247/L-2/SIKAR/83
- RJ/AC/2022/10961/L-2/SIKAR/84
- RJ/AC/2022/12310/L-2/HANUMANGAR/85
- RJ/AC/2022/10438/L-2/BIKANER/86
- RJ/AC/2022/12586/L-2/BIKANER/87
- RJ/AC/2022/12318/L-2/SRI GANGANAGAR/88
- RJ/AC/2022/11336/L-2/JAIPUR/114
- RJ/AC/2022/13750/L-2/JODHPUR/115



Rajasthan 81 (L1+L2)	19 - L1	62 - L2	Registration Number	Rajasthan 81 (L1+L2)	19 - L1	62 - L2	Registration Number
<ul style="list-style-type: none"> <li>NEELKANTH FERTILITY AND WOMEN CARE HOSPITAL PRIVATE LIMITED</li> <li>THE PINK IVF</li> <li>SHANTI NURSING HOME AND INFERTILITY CENTER BIJAINAGAR AJMER</li> <li>RAO IVF CENTRE</li> <li>RITU IVF</li> <li>NEELKANTH FERTILITY AND WOMEN CARE HOSPITAL PRIVATE LIMITED</li> <li>AAKRITI IVF CENTRE - KALPAVRIKSH HOSPITAL PILANI .</li> <li>ART CLINIC</li> <li>IRA IVF CENTER</li> <li>VANSH IVF (AN ADVANCED FERTILITY AND WOMEN WELLNESS CENTRE))</li> <li>VASUNDHARA IVF</li> <li>AMAR ASHISH HOSPITAL</li> <li>MORPHEUS MANGALAM INTERNATIONAL IVF CENTER</li> <li>KALPTARU HOSPITAL</li> <li>SHEKHAWATI IVF CENTRE</li> <li>JAIPUR FERTILITY AND RESEARCH CENTRE</li> <li>BIRLA FERTILITY &amp; IVF, JAIPUR</li> <li>SONI HOSPITAL &amp; IVF CENTER</li> <li>DIVA HOSPITAL AND IVF CENTRE</li> </ul>			<ul style="list-style-type: none"> <li>RJ/AC/2023/13962/L-2/JODHPUR/116</li> <li>RJ/AC/2023/13853/L-2/UDAIPUR/117</li> <li>RJ/AC/2022/13642/L-2/AJMER/118</li> <li>RJ/AC/2023/14150/L-2/JAIPUR/119</li> <li>RJ/AC/2023/14141/L-2/JAIPUR/120</li> <li>RJ/AC/2023/14203/L-2/AJMER/121</li> <li>RJ/AC/2023/14260/L-2/JHUNJHUNU/122</li> <li>RJ/AC/2022/10534/L-2/JAIPUR/123</li> <li>RJ/AC/2022/12489/L-2/JHUNJHUNU/124</li> <li>RJ/AC/2022/11273/L-2/JAIPUR/125</li> <li>RJ/AC/2022/11880/L-2/JAIPUR/126</li> <li>RJ/AC/2022/12276/L-2/UDAIPUR/127</li> <li>RJ/AC/2022/11092/L-2/JAIPUR/128</li> <li>RJ/AC/2022/11335/L-2/JAIPUR/129</li> <li>RJ/AC/2022/11774/L-2/JAIPUR/130</li> <li>RJ/AC/2023/14500/L-2/JAIPUR/131</li> <li>RJ/AC/2023/14508/L-2/JAIPUR/132</li> <li>RJ/AC/2023/14506/L-2/HANUMAN-GARH/133</li> <li>RJ/AC/2022/11604/L-2/JAIPUR/134</li> </ul>	<ul style="list-style-type: none"> <li>DR. APARNA CLINIC &amp; NURSING HOME</li> <li>MEHTA NURSING HOME</li> <li>RCS HOSPITAL AND FERTILITY CENTER</li> <li>APPLE HOSPITAL &amp; TEST TUBE BABY CENTRE</li> <li>INDIRA IVF CLINIC</li> <li>INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL PRIVATE LIMITED)</li> <li>ART CLINIC</li> <li>GLOBAL HEART AND GENERAL HOSPITAL PRIVATE LIMITED</li> <li>ROHIT HOSPITAL</li> <li>MAGNUS HOSPITAL</li> <li>M J HOSPITALS PVT LTD</li> <li>RAPS HOSPITAL</li> <li>DR. KHARAK SINGH ARORA MULTISPECIALTY HOSPITAL</li> <li>CITY HOSPITAL</li> <li>MITTAL HOSPITAL AND RESEARCH CENTRE</li> <li>ANUPAM HOSPITAL</li> <li>VYAS CLINIC</li> <li>JAIPUR HOSPITAL</li> <li>KOTHARI FERTILITY CENTRE</li> </ul>	<ul style="list-style-type: none"> <li>RJ/AC/2022/13747/L-1/JAIPUR/08</li> <li>RJ/AC/2022/11679/L-1/KOTA/62</li> <li>RJ/AC/2022/11608/L-1/JAIPUR/63</li> <li>RJ/AC/2022/12293/L-1/SIKAR/64</li> <li>RJ/AC/2022/10429/L-1/KOTA/65</li> <li>RJ/AC/2022/11225/L-1/ALWAR/66</li> <li>RJ/AC/2022/12474/L-1/UDAIPUR/67</li> <li>RJ/AC/2022/11530/L-1/JAIPUR/68</li> <li>RJ/AC/2022/12482/L-1/JAIPUR/102</li> <li>RJ/AC/2022/13713/L-1/UDAIPUR/103</li> <li>RJ/AC/2023/13837/L-1/BHARATPUR/104</li> <li>RJ/AC/2023/13941/L-1/CHITTORGA RH/105</li> <li>RJ/AC/2023/14013/L-1/ALWAR/106</li> <li>RJ/AC/2023/14100/L-1/ALWAR/107</li> <li>RJ/AC/2022/13788/L-1/JAIPUR/108</li> <li>RJ/AC/2022/12477/L-1/JAIPUR/109</li> <li>RJ/AC/2022/12320/L-1/JAIPUR/110</li> <li>RJ/AC/2023/14413/L-1/JAIPUR/112</li> <li>RJ/AC/2023/13836/L-1/AJMER/113</li> </ul>		



## Name of the Surrogacy Clinics (L1+L2)



# WEST BENGAL

### West Bengal 24 Surrogacy Clinics

### Registration Number

- INSTITUTE OF HUMAN REPRODUCTION KOLKATA
- RASHMIKA FERTILITY
- MUKHERJEE FERTILITY CENTRE
- BIRLA FERTILITY & IVF
- ANKURAN IVF CENTRE PRIVATE LIMITED
- CRADLE FERTILITY CENTER
- GYNAE CARE FERTILITY CENTRE
- INSTITUTE OF REPRODUCTIVE MEDICINE
- SRISHTI CLINIC
- KOLKATA WOMEN CLINIC
- INDIRA IVF HOSPITAL PRIVATE LIMITED
- INDIRA IVF HOSPITAL PRIVATE LIMITED

- WB/SC/2022/10123/15
- WB/SC/2022/10197/13
- WB/SC/2022/10222/11
- WB/SC/2022/10282/05
- WB/SC/2022/10293/08
- WB/SC/2022/10305/02
- WB/SC/2022/10307/19
- WB/SC/2022/10384/07
- WB/SC/2022/10410/01
- WB/SC/2022/10413/10
- WB/SC/2022/10450/17
- WB/SC/2022/10486/06

### West Bengal 24 Surrogacy Clinics

### Registration Number

- AKANKSHA
- SURGY CENTRE
- NEWLIFE FERTILITY CENTRE
- A.H IVF & INFERTILITY RESEARCH CENTRE PVT LTD
- RAMKRISHNA IVF CENTRE
- KOLKATA GLOBAL IVF CLINIC
- PRAPTI FERTILITY INSTITUTE PRIVATE LIMITED
- RENOVARE HEALTH CARE SOLUTIONS PVT LTD
- GHOSH DASTIDAR INSTITUTE FOR FERTILITY RESEARCH PVT LTD
- INSTITUTE OF REPRODUCTIVE SOLUTION LLP
- CARE FERTILITY SOLUTIONS PVT LTD
- APOLLO FERTILITY (KOLKATA)

- WB/SC/2022/10505/14
- WB/SC/2022/10512/04
- WB/SC/2022/10520/16
- WB/SC/2022/10522/12
- WB/SC/2022/10535/18
- WB/SC/2022/10538/09
- WB/SC/2022/10570/21
- WB/SC/2022/10589/20
- WB/SC/2022/10590/03
- WB/SC/2022/10605/23
- WB/SC/2022/10616/22
- WB/SC/2022/10646/24



# CHANDIGARH



# KERALA

### Chandigarh 7 Surrogacy Clinics

### Registration Number

- JINDAL IVF & SANT MEMORIAL NURSING HOME
- BEDI IVF & INFERTILITY CENTRE
- INDIRA IVF HOSPITAL PVT. LTD.
- EVAA FERTILITY & GYNECOLOGY CENTRE
- MILANN FERTILITY CENTRE
- KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY
- MEDICOVER HEALTHCARE PVT TLD

- CH/SC/2022/10174/SC/Chandigarh/22
- CH/SC/2022/10259/SC/Chandigarh/23
- CH/SC/2022/10465/SC/Chandigarh/25
- CH/SC/2022/10354/SC/Chandigarh/26
- CH/SC/2022/10032/SC/Chandigarh/21
- CH/SC/2022/10567/SC/Chandigarh/24
- CH/SC/2022/10088/SC/Chandigarh/27

### Kerala 5 Surrogacy Clinics

### Registration Number

- SABINE HOSPITAL & RESEARCH CENTRE PVT LTD
- KJK HOSPITAL PVT.LTD
- SAMAD HOSPITALS
- YANA FERTILITY AND IVF CENTRE, THIRUVANANTHAPURAM
- PRAN FERTILITY & WELL WOMAN CENTRE

- SUR 1006
- SUR 1002
- SUR 1003
- SUR 1004
- SUR 1001



# MAHARASHTRA

Maharashtra 56 Surrogacy Clinics	Registration Number	Maharashtra 56 Surrogacy Clinics	Registration Number
<ul style="list-style-type: none"> <li>• SHEMBEKAR HOSPITALS PVT.LTD.</li> <li>• MEDICARE MULTISPECIALITY HOSPITAL</li> <li>• CIMET'S INAMDAR MULTISPECIALITY HOSPITAL</li> <li>• PEARL WOMENS HOSPITAL AND YASH IVF INDIA PVT LTD</li> <li>• SAHYADRI HOSPITALS PVT. LTD. SAHYADRI SUPER SPECIALITY HOSPITAL HADAPSAR</li> <li>• ELPIS IVF &amp; MATERNITY HOME</li> <li>• EMBRYONIC FERTILITY AND IVF CENTRE</li> <li>• APS NURSING HOME</li> <li>• OYSTER AND PEARL HOSPITAL</li> <li>• KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY</li> <li>• CRADLE IVF,GUPTA HOSPITAL OF ACCURATE DIAGNOSTIC PVT LTD</li> <li>• PATANKAR FERTILITY SOLUTIONS PVT LTD.</li> <li>• INDIRA IVF HOSPITAL PRIVATE LIMITED</li> <li>• ASHWINI HOSPITAL</li> <li>• GYNAEWORLD HOSPITAL</li> <li>• TATA CENTRE FOR REPRODUCTIVE HEALTH, KEM HOSPITAL</li> <li>• BABYSURE ASSISTED REPRODUCTIVE TECHNOLOGY LLP</li> <li>• EMBRIO IVF CENTRE</li> <li>• JEHANGIR HOSPITAL ART CLINIC /BANK/SURROGACY CLINIC</li> <li>• KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY</li> <li>• BHIDE HOSPITAL</li> <li>• SAHYADRI HOSPITALS PVT. LTD. SAHYADRI SUPER SPECIALITY HOSPITAL NAGAR ROAD</li> <li>• SANTATI TEST TUBE BABY AND FERTILITY CENTRE</li> <li>• DR MALATIBAI CHITNIS FERTILITY IVF AND CHILD CARE CENTER</li> <li>• ORIGIN INTERNATIONAL FERTILITY CENTRE PVT LTD</li> <li>• ASHA IVF CENTRE</li> <li>• OVA FERTILITY AND WOMEN CARE</li> </ul>	<ul style="list-style-type: none"> <li>• 6</li> <li>• 9</li> <li>• Aug-22</li> <li>• Sep-22</li> <li>• 20/2022</li> <li>• 16/2022</li> <li>• 17/2022</li> <li>• 18/2022</li> <li>• 19/2022</li> <li>• 21/2022</li> <li>• 15/2022</li> <li>• Nov-22</li> <li>• 14/2022</li> <li>• Jan-22</li> <li>• Dec-22</li> <li>• Jun-22</li> <li>• May-22</li> <li>• Jul-22</li> <li>• Oct-22</li> <li>• Apr-22</li> <li>• Mar-22</li> <li>• Feb-22</li> <li>• TMC/MOH/SURROGACY/1</li> <li>• TMC/MOH/SURROGACY/2</li> <li>• TMC/MOH/SURROGACY/5</li> <li>• 13/2022</li> <li>• TMC/MOH/SURROGACY/3</li> </ul>	<ul style="list-style-type: none"> <li>• SAFAL HOSPITAL</li> <li>• BABYSURE ASSISTED REPRODUCTIVE,TECHNOLOGY LLP</li> <li>• DR. BEDEKAR FERTILITY SOLUTIONS</li> <li>• INDIRA IVF HOSPITAL PRIVATE LIMITED</li> <li>• KIDS CLINIC INDIA LIMITED CLOUDNINE FERTILITY</li> <li>• SAIDEEP HEALTHCARE &amp; RESEARCH PVT LTD</li> <li>• UMADEVI SITARAM BAIRAGI HOSPITAL FERTILITY AND RESEARCH CENTRE</li> <li>• AMRUT NURSING HOME</li> <li>• ART FERTILITY CLINICS, A UNIT OF GLOBAL FERTILITY SOLUTIONS PRIVATE LIMITED</li> <li>• AARUSH IVF &amp; ENDOSCOPY CENTRE</li> <li>• ASIAN SURROGACY</li> <li>• BAVISHI FERTILITY INSTITUTE</li> <li>• CORION FERTILITY CLINIC PRIVATE LIMITED</li> <li>• DR KHANDEPARKAR INFERTILITY AND IVF CENTRE</li> <li>• CENTRE FOR HUMAN REPRODUCTION, DR. L H HIRANANDANI HOSPITAL</li> <li>• GYNAECWORLD</li> <li>• IKAN FERTILITY ASSOCIATES LLP</li> <li>• INCEPTION SUPERSPECIALITY WOMEN'S HEALTHCARE</li> <li>• INDIRA IVF HOSPITAL PRIVATE LIMITED</li> <li>• INDIRA IVF HOSPITAL PRIVATE LIMITED</li> <li>• JASLOK HOSPITAL AND RESEARCH CENTRE</li> <li>• KAMALA POLYCLINIC AND NURSING HOME</li> <li>• MALPANI INFERTILITY CLINIC PVT. LTD.</li> <li>• NAMAHA HEALTHCARE</li> <li>• NAVNIRMAN HOSPITAL AND JANAM FERTILITY IVF / ICSI CENTRE (SURROGACY CLINIC)</li> <li>• SARAOGI HOSPITAL AND IRIS IVF CENTRE</li> <li>• SHRI CHAITANYA FERTILITY CLINIC</li> <li>• SUNSHINE FERTILITY &amp; IVF CENTRE</li> <li>• ZOI FERTILITY</li> </ul>	<ul style="list-style-type: none"> <li>• 20</li> <li>• 27</li> <li>• TMC/MOH/SURROGACY/4</li> <li>• NMMC/SUR/01</li> <li>• NMMC/SUR/02</li> <li>• AMC/ART/Surr/003-2022</li> <li>• K D M C / H Q / SURROGACY/K/001/2022-23</li> <li>• MOHN/01/SUR/2023</li> <li>• L WARD/SR/2023/0001</li> <li>• PN/2023/SR-0002</li> <li>• MW/2023/SR-0001</li> <li>• MOHN/02/SUR/2023</li> <li>• KW/01/SR/2023</li> <li>• FN/2023/SR-0002</li> <li>• MOH/S/04/SUR/2023</li> <li>• D/2023/SR-003</li> <li>• HW/2023/SR-0001</li> <li>• RC/2023/SR-0001</li> <li>• MOH/S/02/SUR/2023</li> <li>• RC/2023/SR-0002</li> <li>• D/2023/SR-001</li> <li>• D/2023/SR-002</li> <li>• MOH/A/01/SUR/2023</li> <li>• RS/2023/SR-0001</li> <li>• MOHN/04/SUR/2023</li> <li>• PN/2023/SR-0001</li> <li>• FN/2023/SR-0001</li> <li>• MOH/S/03/SUR/2023</li> <li>• MOH/S/01/SUR/2023</li> </ul>



# TELANGANA

Telangana 22 Surrogacy Clinics	Registration Number	Telangana 22 Surrogacy Clinics	Registration Number
<ul style="list-style-type: none"> <li>• SAI KIRAN HOSPITAL (A UNIT OF KIRAN INFERTILITY CENTRE PVT LTD)</li> <li>• FERTY9 FERTILITY CENTER (A UNIT OF STAR FERTILITY PVT.LTD.)</li> <li>• DR.BHAVANI FERTILITY CENTRE</li> <li>• MIRA FERTILITY</li> <li>• KIMS FERTILITY CENTRE</li> <li>• HEGDE HOSPITAL</li> <li>• GANASREESAI IVF CENTER</li> <li>• JUHI FERTILITY CENTRE</li> <li>• ANGELS FERTILITY</li> <li>• GENESIS FERTILITY &amp; LAPAROSCOPY CENTRE</li> <li>• M/S SADGURU HEALTHCARE SERVICES PVT LTD</li> </ul>	<ul style="list-style-type: none"> <li>• TS/SC/45</li> <li>• TS/SC/047</li> <li>• TS/SC/055</li> <li>• TS/SC/058</li> <li>• TS/SC/059</li> <li>• TS/SC/060</li> <li>• TS/SC/062</li> <li>• TS/SC/063</li> <li>• TS/SC/066</li> <li>• TS/SC/068</li> <li>• TS/SC/086</li> </ul>	<ul style="list-style-type: none"> <li>• DR PADMAJA FERTILITY CENTRE &amp; NURSING HOME</li> <li>• FERTICARE IVF ASIST</li> <li>• KAMINENI FERTILITY CENTRE</li> <li>• OASIS CENTER FOR REPRODUCTIVE MEDICINE (A UNIT OF SADGURU HEALTHCARE SERVICES PVT LTD)</li> <li>• VIRINCHI HEALTH CARE PRIVATE LIMITED</li> <li>• AVIRA FERTILITY CENTER</li> <li>• INSTITUTE OF WOMEN HEALTH AND FERTILITY</li> <li>• OM BIRTH FERTILITY CENTRE</li> <li>• FELICITY IVF AND FERTILITY CENTER</li> <li>• MEDICAL HEALTH AND RESEARCH INSTITUTE</li> <li>• SAI MATRIKA FERTILITY CENTRE</li> </ul>	<ul style="list-style-type: none"> <li>• TS/SC/088</li> <li>• TS/SC/089</li> <li>• TS/SC/90</li> <li>• TS/SC/96</li> <li>• TS/SC/102</li> <li>• TS/SC/104</li> <li>• TS/SC/106</li> <li>• TS/SC/109</li> <li>• TS/SC/110</li> <li>• TS/SC/114</li> <li>• TS/SC/119</li> </ul>



## PUNJAB



## RAJASTHAN

### Punjab 11 Surrogacy Clinics

- SIMRAN IVF CENTER
- JANAM FERTILITY CENTRE
- VIRK FERTILITY SERVICES
- DAYANAND MEDICAL COLLEGE AND HOSPITAL
- INDIRA IVF HOSPITAL PRIVATE LIMITED
- KHANNA TEST TUBE BABY CENTRE, KHANNA NURSING HOME- A UNIT OF KHANNA MULTI-SPECIALTY HOSPITALS PVT. LTD. KHANNA
- RANA HOSPITAL
- RADIANCE HOSPITAL
- DR SODHI'S HEALTH CARE, MULTISPECIALTY HOSPITAL & IVF CENTRE
- NITIN HOSPITAL AND IVF CENTRE
- SADBHAVNA MEDICAL AND HEART INSTITUTE

### Registration Number

- PB/SC/2023/012
- PB/SC/2023/013
- PB/SC/2022/02
- PB/SC/2022/05
- PB/SC/2022/03
- PB/SC/2022/06
- PB/SC/2022/04
- PB/SC/2023/011
- PB/SC/2022/01
- PB/SC/2023/07
- PB/SC/2023/08

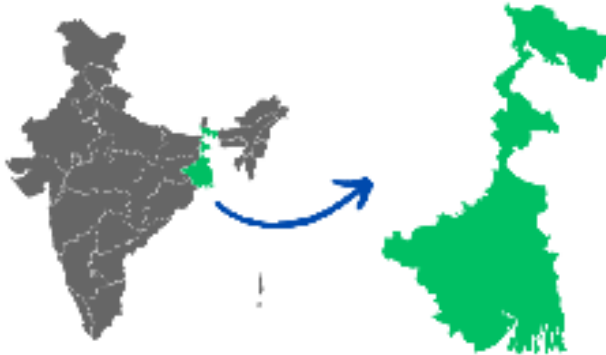
### Rajasthan 7 Surrogacy Clinics

- NIMS FERTILITY & RESEARCH CENTRE
- VINAYAKA IVF
- INDIRA IVF HOSPITAL PVT LTD
- KAMLA NAGAR HOSPITAL
- INDIRA IVF HOSPITAL PRIVATE LIMITED
- ALKA IVF SHREE KANAK HOSPITAL
- NARAYANI WOMENS HOSPITAL AND FERTILITY CENTER

### Registration Number

- RJ/SC/2022/10260/SC/JAIPUR/52
- RJ/SC/2022/10395/SC/JODHPUR/53
- RJ/SC/2022/10447/SC/JODHPUR/54
- RJ/SC/2022/10609/SC/JODHPUR/55
- RJ/SC/2023/10452/SC/BIKANER/89
- RJ/SC/2023/10838/SC/UDAIPUR/135
- RJ/SC/2023/10831/SC/UDAIPUR/136

## Name of the ART Bank



## WEST BENGAL

### West Bengal 38 ART Bank

- INSTITUTE OF HUMAN REPRODUCTION KOLKATA
- RASHMIKA FERTILITY
- MAGS MEDICAL & RESEARCH CENTRE (P) LTD.
- AMRI MEDICAL CENTRE
- NEWLIFE FERTILITY CENTRE
- RAMKRISHNA IVF CENTRE
- SRISHTI CLINIC
- GENOME-THE FERTILITY CENTRE
- AKANKSHA
- SPARSHA INFERTILITY CENTRE
- SURGY CENTRE
- GYNAE CARE FERTILITY CENTRE
- ASTHA DAY CARE CENTRE
- EAST END FERTILITY CLINIC
- KOLKATA GLOBAL IVF CLINIC
- CALCUTTA CURELINE
- A.H IVF & INFERTILITY RESEARCH CENTRE PVT LTD
- MUKHERJEE FERTILITY CENTRE
- BIRTH
- INSTITUTE OF REPRODUCTIVE SOLUTION LLP
- KOLKATA WOMEN CLINIC
- PRAPTI FERTILITY INSTITUTE PRIVATE LIMITED
- CREATION THE FERTILITY CENTRE
- NORTH KOLKATA INFERTILITY & IVF CENTRE
- GHOSH DASTIDAR INSTITUTE FOR FERTILITY RESEARCH PVT LTD
- MATRITWA
- JAHAR INFERTILITY RELATED INSTITUTE
- RENOVARE HEALTH CARE SOLUTIONS PVT LTD
- CARE FERTILITY SOLUTIONS PVT LTD
- FETOMAT WELLNESS PVT. LTD.

### Registration Number

- WB/AB/2022/10107/14
- WB/AB/2022/10133/20
- WB/AB/2022/10185/10
- WB/AB/2022/10194/06
- WB/AB/2022/10226/19
- WB/AB/2022/10342/13
- WB/AB/2022/10357/03
- WB/AB/2022/10426/02
- WB/AB/2022/10453/16
- WB/AB/2022/10458/15
- WB/AB/2022/10460/04
- WB/AB/2022/10464/17
- WB/AB/2022/10466/25
- WB/AB/2022/10475/11
- WB/AB/2022/10476/07
- WB/AB/2022/10485/09
- WB/AB/2022/10489/12
- WB/AB/2022/10523/08
- WB/AB/2022/10530/01
- WB/AB/2022/10534/18
- WB/AB/2022/10548/21
- WB/AB/2022/10552/26
- WB/AB/2022/10573/22
- WB/AB/2022/10578/28
- WB/AB/2022/10587/05
- WB/AB/2022/10591/29
- WB/AB/2022/10603/24
- WB/AB/2022/10632/23
- WB/AB/2022/10635/27
- WB/AB/2022/10638/30

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### West Bengal 38 ART Bank

- SYMBIOSIS FERTILITY CENTRE AND N.H.
- SPARSH FERTILITY AND WOMENS CARE
- RABISONA FERTILITY BANK
- APOLLO FERTILITY (KOLKATA)
- MANMOHINI HEALTH CARE PVT LTD
- MOTHER CARE.( THE FERTILITY CLINIC.) IUI & I V F.
- A M MEDICAL CENTRE PRIVATE LIMITED
- CALCUTTA FERTILITY MISSION

### Registration Number

- WB/AB/2022/10649/31
- WB/AB/2022/10914/40
- WB/AB/2022/10101/39
- WB/AB/2022/10757/37
- WB/AB/2022/10532/38
- WB/AB/2022/10679/36
- WB/AB/2022/10997/41
- WB/AB/2023/11047/42

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- naveen@ammedicalcentre.in
- sidchat54@gmail.com



# TELANGANA

### Telangana 14 ART Bank

- KIMS FERTILITY CENTRE
- OVUM BANK
- TRINITY FERTILITY SERVICES PRIVATE LIMITED
- SADGURU HEALTHCARE SERVICES PVT LTD(OASIS FERTILITY-MA-DINAGUDA))
- WOMB FERTILITY AND MATERNITY CENTRE
- JUHI FERTILITY CENTRE
- GANASREESAI IVF CENTER
- GENESIS FERTILITY & LAPAROSCOPY CENTRE
- KIRAN ART BANK
- AVIRA FERTILITY CENTER
- REVIVE CLINICS AND FERTILITY CENTER
- WISH FERTILITY
- MEDICAL HEALTH AND RESEARCH INSTITUTE
- SAI MATRIKA FERTILITY CENTRE

### Registration Number

- TS/AB/005
- TS/AB/014
- TS/AB/025
- TS/AB/028
- TS/AB/051
- TS/AB/065
- TS/AB/067
- TS/AB/069
- TS/AB/077
- TS/AB/103
- TS/AB/108
- TS/AB/111
- TS/AB/115
- TS/AB/118

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- nopa56@gmail.com
- gssivf@gmail.com
- doctors@genesisfertilitycentre.co.in
- info@kiranartbank.com
- avirafertilitycenter@gmail.com
- revivefertility@gmail.com
- wishfertilitynzb@gmail.com
- drroyarozati@gmail.com
- matrikaivf@yahoo.com



# KERALA

### Kerala 4 ART Bank

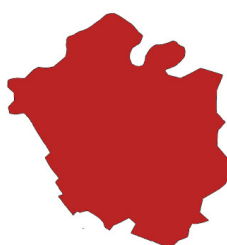
- SABINE HOSPITAL & RESEARCH CENTRE PVT LTD
- KJK HOSPITAL PVT.LTD
- DREAMS ART BANK, THIRUVANANTHAPURAM
- PRAN FERTILITY & WELL WOMAN CENTRE

### Registration Number

- ART BNK 1009
- ART BNK 1002
- ART BNK 1004
- ART BNK 1001

### Email

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- manager@kjkhospital.com
- Dreamsartbank@gmail.com
- pranfertility@gmail.com



# CHANDIGARH

### Chandigarh 5 ART Bank

- JEEVAN PREET FOUNDATION
- JINDAL IVF & SANT MEMORIAL NURSING HOME
- BEDI IVF & INFERTILITY CENTRE
- ANUGRAHA
- INDIRA IVF HOSPITAL PVT. LTD.

### Registration Number

- CH/AB/2022/10214/AB/Chandigarh/15
- CH/AB/2022/10123/AB/Chandigarh/17
- CH/AB/2022/10191/AB/Chandigarh/16
- CH/AB/2022/10934/AB/Chandigarh/13
- CH/AB/2022/10948/AB/Chandigarh/14

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- dr.gkbedi@gmail.com
- anugrahaartbank@gmail.com
- centerhead.chandigarh@indiraivf.in



# PUNJAB

## Punjab 19 ART Bank

- ANSH ART BANK
- JAIPUR HEALTH CARE AND TEST TUBE BABY CENTRE
- NAGPAL SUPERSPECIALITY HOSPITAL
- ROMANA HOSPITAL & MATERNITY CENTRE
- SANJIVANI IVF CENTRE
- VIRK FERTILITY SERVICES
- CHAWLA NURSING HOME AND MATERNITY HOSPITAL
- SANDHU HOSPITAL
- KHANNA TEST TUBE BABY CENTRE, KHANNA NURSING HOME- A
- UNIT OF KHANNA MULTI-SPECIALTY HOSPITALS PVT. LTD. KHANNA
- KULAR HOSPITALS PVT LTD ( KULAR IVF CENTRE)
- RANA HOSPITAL
- ADBABY IVF CENTRE
- R.K.BIOTECH
- RADIANCE HOSPITAL
- THE TOUCH ART BANK
- MANNAT IVF CENTRE
- NITIN HOSPITAL AND IVF CENTRE
- SADBHAVNA MEDICAL AND HEART INSTITUTE
- SRI IVF

## Registration Number

- PB/AB/2022/05
- PB/AB/2022/06
- PB/AB/2022/04
- PB/AB/2022/07
- PB/AB/2023/019
- PB/AB/2022/02
- PB/AB/2022/03
- PB/AB/2023/020
- PB/AB/2022/011
- PB/AB/2022/010
- PB/AB/2022/09
- PB/AB/2023/016
- PB/AB/2023/017
- PB/AB/2023/021
- PB/AB/2023/08
- PB/AB/2023/012
- PB/AB/2023/013
- PB/AB/2023/014
- PB/AB/2023/015

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- admin@chawlanursinghome.com
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- testtube717@gmail.com
- drkskular@gmail.com
- vijaydeepselhi@yahoo.co.in
- adbabyivf@gmail.com
- info@rkbiotech.co.in
- rimmysingla1@gmail.com
- sumitugyn@gmail.com
- docpreetigoyal@gmail.com
- rajniobgyn@gmail.com
- smhipta@gmail.com
- madhviarora.dr@gmail.com



# RAJASTHAN

## Rajasthan 21 ART Bank

- PARIHAR HOSPITAL AND FERTILITY CENTRE
- DEVANSHI HOSPITAL AND IVF CENTRE
- INTERNATIONAL FERTILITY AND HEALTHCARE CENTRE
- NIMS FERTILITY & RESEARCH CENTRE
- R.K.HOSPITAL & IVF CENTER
- NEERJA HOSPITAL
- NAGPAL DIAGNOSTIC CENTRE
- ARIHANT HOSPITAL
- NAVANKUR ART BANK
- NEELKANTH ART BANK JAIPUR
- SPARSH WOMEN HOSPITAL
- JEEVANSHREE IVF AND INFERTILITY CENTRE
- AMAR ASHISH HOSPITAL
- HARSH ART BANK
- ASIAN SUPERSPECIALITY HOSPITAL
- NAIVEDHYAM INFERTILITY IVF SOLUTION
- ALKA IVF SHREE KANAK HOSPITAL
- KAMLA NAGAR HOSPITAL
- NARAYANI WOMENS HOSPITAL AND FERTILITY CENTER
- COIN
- RITU IVF

## Registration Number

- RJ/AB/2022/10583/AB/AJMER/01
- RJ/AB/2022/10183/AB/KOTA/02
- RJ/AB/2022/10721/AB/JAIPUR/03
- RJ/AB/2022/10215/JAIPUR/04
- RJ/AB/2022/10135/UDAIPUR/05
- RJ/AB/2022/11004/AB/SIKAR/57
- RJ/AB/2023/11038/AB/SRI GANGANAGAR/58
- RJ/AB/2023/11034/AB/SIKAR/59
- RJ/AB/2022/10999/AB/SRI GANGANAGAR/60
- RJ/AB/2023/11055/AB/JAIPUR/90
- RJ/AB/2023/11041/AB/UDAIPUR/91
- RJ/AB/2023/11073/AB/SRI GANGANAGAR/92
- RJ/AB/2023/11160/AB/UDAIPUR/93
- RJ/AB/2023/11168/AB/UDAIPUR/94
- RJ/AB/2023/11025/AB/JAIPUR/95
- RJ/AB/2022/10260/AB/UDAIPUR/96
- RJ/AB/2022/10092/AB/UDAIPUR/97
- RJ/AB/2022/10151/AB/JODHPUR/98
- RJ/AB/2022/10515/AB/UDAIPUR/99
- RJ/AB/2022/10981/AB/JAIPUR/100
- RJ/AB/2023/11194/AB/JAIPUR/101

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- drujjwalbansal@gmail.com
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- dimplebandwal09@gmail.com
- COINMANGALAM@GMAIL.COM
- jyotibansal@gmail.com

# CONSENT FOR IVF

## FORM 6

[See rule 13(f) (i) ]

### Consent Form to be Signed by the Couple or Woman

I/We have requested the clinic.....  
..... (name and address of clinic) to provide us  
with treatment services to help us bear a child.

We understand and accept (as applicable) that:

1. The drugs that are used to stimulate the ovaries for ovulation induction have temporary side-effects like nausea, headaches and abdominal bloating. Only in a small proportion of cases, a condition called ovarian hyperstimulation occurs where there is an exaggerated ovarian response. Such cases can be identified ahead of time but only to a limited extent. Further, at times the ovarian response is poor or absent in spite of using a high dose of drugs. Under these circumstances, the treatment cycle will be cancelled.
2. There is no guarantee that:
  - (i) The oocytes will be retrieved in all cases.
  - (ii) The oocytes will be fertilized.
  - (iii) Even if there were fertilization, the resulting embryos would be of suitable quality to be transferred.All these unforeseen situations will result in the cancellation of any treatment.
3. I/ We fully consent to these procedures and to the administration of such drugs and anesthetics as may be necessary. We also consent to any other operative measures, which may be found to be necessary in the course of the treatment.
4. I/ We have been told of the risks of ultrasound directed follicle aspiration.
5. I/ We are aware that we are free to withdraw or vary the terms of this consent until the gametes and/ or embryos have been used in accordance with my/ our wishes. I am aware that this will have to be a written request
6. There is no certainty that a pregnancy will result from these procedures even in cases where good quality embryos are transferred.
7. If a clinical pregnancy does result from assisted conception treatment, I/ we understand there is an accepted risk of multiple pregnancy, an ectopic pregnancy or of a miscarriage. I/ We understand that as in natural conception, there is a small risk of fetal abnormality.
8. Medical and scientific staff can give no assurance that any pregnancy will result in the delivery of a normal living child.
9. The uncertainty of the outcome of the procedure has been fully explained to me/ us.  
I/ We fully understand the risks of treatment including:
  - (i) it is not possible to guarantee that a follicle will develop in a given cycle and that occasionally cycles have to be abandoned before egg retrieval.
  - (ii) there is a risk that spontaneous ovulation can happen prior to/or during the egg retrieval.
  - (iii) an egg is not always recovered from a follicle at the time of egg retrieval.
  - (iv) any eggs may be collected and fertilization of any collected eggs will occur
  - (v) is a risk that the cycle will be abandoned before Embryo Transfer if there is failure of fertilization, abnormal fertilization or failure of the embryo to cleave(divide)
  - (vi) a pregnancy may result from treatment.
  - (vii) treatment may be abandoned at any time if there are problems in the laboratory or with the culture system
10. I/ We have been fully informed of all that is involved with the IVF/ICSI technique and have been advised regarding the chances of success, the possibility of multiple pregnancy occurring and other possible complications of treatment by the doctor. I/ We have also received information relating to treatment by these techniques in order to assist us to become more fully aware of what is involved.

### Endorsement by the ART clinic

I/ we have personally explained to \_\_\_\_\_ and  
\_\_\_\_\_ the details and implications of his / her / their signing  
this consent / approval form, and made sure to the extent humanly possible that he /she /they understand  
these details and implications.

This consent would hold good for all the cycles performed at the clinic.

Name and Signature of the couple (husband and wife) or Woman

Name, Address &Signature of the Witness from the Clinic

Name and Signature of the Doctor

Name and Address of the ART Clinic

Dated: .....

# CONSENT FOR OPU

## FORM 12

[See rule 13 (f) (vii)]

### Consent for Oocyte Retrieval

Name(s) and address(es) of patient

Name and address of the Clinic:

I have asked the Clinic named above to provide me with treatment services to help me bear a child. I consent to:

1. Being prepared for oocyte retrieval by the administration of hormones and other drugs
2. The removal of oocytes from my ovaries under ultrasound guidance / laparoscopy

I/We had a full discussion with ..... about the above procedures and the risks and complications involved and I have been given oral and written information about them I understand and accept that the drugs that are used to stimulate the ovaries to raise oocytes have temporary side-effects like nausea, headaches and abdominal bloating. Only in a small proportion of cases, a condition called ovarian hyperstimulation occurs where there is an exaggerated ovarian response. Such cases can be identified ahead of time but only to a limited extent. Further, at times the ovarian response is poor or absent in spite of using a high dose of drugs. Under these circumstances, the treatment cycle will be cancelled.

I/We consent that I/we shall be the legal parent(s) of the child and the child will have all the legal rights on me, in case of anonymous gamete / embryo donation.

I/We have been given a suitable opportunity to take part in counselling about the implications of the proposed treatment.

The type of anaesthetic proposed (general / regional / sedation) has been discussed in terms which I have understood.

Signature of intending couple/ intending woman

### Endorsement by the ART Clinic

I / we have personally explained to ..... and ..... the details and implications of her signing this consent / approval form, and made sure to the extent humanly possible that she understands these details and implications.

Signature of woman

Name, address and signature

of the Witness from the clinic

Name and signature of the Doctor

### Consent of Husband (as and if applicable)

As the husband/partner, I consent to the course of the treatment outlined above. I understand that I will become the legal parent of any resulting child, and that the child will have all the normal legal rights on me.

Name, address and signature: \_\_\_\_\_

(Husband)

Name, address and signature

of the Witness from the clinic: \_\_\_\_\_

Name and signature of the Doctor: \_\_\_\_\_

Dated

# SPERM OOCYTE FREEZING CONSENT

## FORM 10

[See rule 13 (f) (v)]

### Consent for Freezing of Gametes/Sperm/Oocytes

I/We, ..... and ....., consent to freezing of the my ..... (sperm/oocyte). We understand that the gametes would be normally kept frozen for ten years. In the exceptional circumstances If I/we wish to extend this period, we would let the ART clinic .....(Name and address) know at least six months ahead of time. If you do not hear from us before that time, you will be free to (a) use them for research purposes; or (b) discard and destroy them off. We also understand that sometimes the quality of these ..... sperm/oocytes may decrease on subsequent thaw and that frozen gametes may have a lower pregnancy rate than when fresh gametes are transferred.

#### \*Husband / Man

In the unforeseen event of my death, I would like the gametes

To perish

To be handed over to my wife/ .....(specify name and details)

Used for research purposes

Signed:

Dated:

#### \*Wife / Woman

In the unforeseen event of my death, I would like the gametes

To perish

To be handed over to my husband/ .....

.....(specify name and details)

Used for research purposes

Signed:

Dated:

Name, Address and Signature of the couple/woman/man

### Endorsement by the ART clinic

I/ we have personally explained to ..... and ..... the details and implications of his / her / their signing this consent / approval form, and made sure to the extent humanly possible that he / she / they understand these details and implications.

Name, Address and Signature of the Witness from the Clinic

Name and Signature of the Doctor

Name and Address of the ART Clinic

\*The appropriate option may be ticked

Date: .....

Place: .....

### Terms and Conditions

#### 1. Provision of Information

As long as I have cryopreserved gametes in storage at clinic mentioned above, I hereby agree to contact the above clinic at least annually to provide current information indicating my address, telephone number, email address and contact details and intention regarding my cryopreserved gametes.

Failure to:

- (i) contact the clinic for a period of twelve months;
- (ii) respond to a request for information from clinic within 90 days of receipt; shall constitute abandonment and signify my desire to terminate storage of Cryopreserved gametes.

In the event of my failure to comply with (i) and (ii) above, I instruct the above-mentioned clinic and hereby consent to my Cryopreserved gametes either being destroyed and discarded or given for research.

#### 2. Payment of Fees

I understand that I am responsible for the costs of cryopreservation and storage of my Cryopreserved gametes. Cryopreservation and storage fees are due and payable at the time of gamete cryopreservation, and at the beginning of each annual storage interval thereafter. I understand these fees are non-refundable and are not subject to prorated adjustment for partial storage intervals. Should the yearly fee for storage of my Cryopreserved gametes, remain unpaid for a period of one year after the first invoice is forwarded to my address/email/informed to me telephonically the clinic can conclude that I am no longer interested in storing these specimen(s) and I hereby instruct the clinic to destroy of my Cryopreserved gametes or use for research.

#### 3. Alternate Contact/Responsible Party

I hereby name ..... as an alternate contact and my representative to assume responsibility for sections 1 and 2 above in the event that I am unable due to illness. I have attached a signed acknowledgement by ..... that they have read this form and will be responsible for its provisions in the event that I cannot

# EMBRYO FREEZING CONSENT

## FORM 9

[See rule 13 (f) (iv)]

### Consent for Freezing of Embryos

I/We, ..... and  
....., consent to freezing of the embryos that  
have resulted out of ART with sperm of ..... & oocyte of ..... I/We understand that the  
embryos would be normally kept frozen for ..... years. If we wish to extend this period, I/we would let you (the  
ART clinic) know at least six months ahead of time. If you do not hear from us before that time, you will be free to  
(a) use them for research purposes; or (b) discard and destroy them off. I/ We also understand that some of the  
embryos may not survive the subsequent thaw and that frozen embryo-replaced cycles have a lower pregnancy rate  
than when fresh embryos are transferred.

#### \*Husband

In the unforeseen event of my death, I would like the embryos

To perish

Handed over to my wife

Used for research purposes

Signed:

Dated:

#### \*Wife / woman

In the unforeseen event of my death, I would like the embryos

To perish

To be handed over to my husband / .....(Specify name and details)

Used for research purposes

Signed:

Dated:

Name, Address and Signature of the couple/woman

#### Endorsement by the ART Clinic

I/ we have personally explained to ..... and  
..... the details and implications of his / her / their  
signing this consent / approval form, and made sure to the extent humanly possible that he / she / they understand  
these details and implications.

Name, Address and Signature of the Witness from the Clinic

Name and Signature of the Doctor

Name and Address of the ART Clinic

Dated: .....

\*The appropriate option may be ticked

\* Strike of which is not applicable

#### Terms and Conditions

##### 1. Provision of Information

As long as I have cryopreserved embryo in storage at clinic mentioned above, I hereby agree to contact the  
above clinic at least annually to provide current information indicating my address, telephone number, email  
address and contact details and intention regarding my cryopreserved embryos.

Failure to:

(i) contact the clinic for a period of twelve months;

(ii) respond to a request for information from clinic within 90 days of receipt; shall constitute abandonment  
and signify my desire to terminate storage of Cryopreserved embryos.

In the event of my failure to comply with (i) and (ii) above, I instruct the above-mentioned clinic and hereby  
consent to my Cryopreserved embryos either being destroyed and discarded or given for research

##### 2. Payment of Fees

I understand that I am responsible for the costs of cryopreservation and storage of my Cryopreserved  
embryos. Cryopreservation and storage fees are due and payable at the time of gamete cryopreservation, and  
at the beginning of each annual storage interval thereafter. I understand these fees are non-refundable and are  
not subject to prorated adjustment for partial storage intervals. Should the yearly fee for storage of my  
Cryopreserved embryos, remain unpaid for a period of one year after the first invoice is forwarded to my  
address/email/informed to me telephonically the clinic  
can conclude that I am no longer interested in storing these specimen(s) and I hereby instruct the clinic to  
destroy of my Cryopreserved embryos or use for research.

##### 3. Alternate Contact/Responsible Party

I hereby name ....., as an alternate contact and my representative to assume  
responsibility for sections 1 and 2 above in the event that I am unable due to illness. I have attached a signed  
acknowledgement by ..... that they have read this form and will be responsible  
for its provisions in the event that I cannot.

# TESA TESE PESA CONSENT

(This Consent draft is not provided in Act. You can modify as per your wish in case to case basis)

## INFORMATION & Consent Form for Testicular Sperm Extraction (TESE)

	<b>MALE</b>
<b>Name (First Name-Middle Name-Surname)</b>	
<b>Date of Birth</b>	
<b>Procedure</b>	
<b>Mobile</b>	
<b>Residence Address</b>	

Testicular sperm extraction (TESA) is a surgical sperm retrieval procedure used for men who have no sperm (azoospermia) or a very few (cryptozoospermia) sperm in their ejaculate.

This procedure was recommended to me on \_\_\_\_\_ Although the probability of sperm

Retrieval varies according to clinical findings such as testicle size and blood hormone levels, it is not possible to predict beforehand. It is also possible that no sperm is found. Therefore, its probability varies between 0 % (zero) and 50%.

### **TESE procedure:**

TESE can be performed with local anesthesia. However, in some cases, regional or general anesthesia may be preferable as local anesthesia may fall insufficient. The surgery aims to select and extract the seminiferous tubules that may contain spermatozoa in the testicles. The extracted tubules are then dissected in the laboratory to obtain an adequate quality and number of sperm.

The aim is to obtain sufficient quality and number of spermatozoa that can be used in IVF-ICSI by removing tissue with minimal damage to the testicle.

Sperms obtain by TESA can be used fresh immediately or can be frozen and used if needed. There is not adequate scientific evidence showing significant differences between the use of frozen –thawed sperm and fresh sperm in achieving pregnancy via assisted reproduction therapy.

### **SURGICAL PROCEDURE RISK**

I am aware of the complications such as infection, blood clots in arteries and lungs, bleeding, allergic reactions, heart attack, and even death which are specific to all surgical procedures. I have also been informed in detail about the below-mentioned risks associated with the procedure that I will undergo.

Potential risks include fever, chills, pain, testes (testicles) damage, testes (testicular) shrinkage (atrophy) decreased testes (testicular) function, and subsequently reduced sexual desire.

I understand the medical procedure are not pure science and no treatment CAN BE GURANTEED. I was provided with detailed information about my condition, the procedures that I would undergo, potential risks of planned procedures, and other treatment options through the patient informed consent form and during the discussion with the physician. We acknowledge that we are aware of our responsibilities in this regard and that we accept the use of recommended reproductive techniques without any violence, threat, suggestion, material or moral pressure, and that we will not end up using any surgical outcomes against each other, the clinician and the ART clinic, and that we will bear the consequences and give consent for the procedure recommended to me.

Male Name:

Date:

Signature:

Time:

ART Clinician:

**Director ART Clinic**

**Responsible Physician (Urologist)**

**Signature**

**Signature:**

## FORM - 8

[See rule 13 (f) (iii)]

### Consent for Intrauterine Insemination with Donor Semen

I/We, ..... being of legal age, authorise Dr. .... to inseminate me intrauterine with semen / sperm of a donor Aadhar no. .... (ART bank's no. ....; obtained from ..... ART bank with valid registration no.....) for achieving conception.

I/We understand that even though the insemination may be repeated as often as recommended by the doctor, there is no guarantee or assurance that pregnancy or a live birth will result.

I/We have also been told that the outcome of pregnancy may not be the same as those of the general pregnant population, for example in respect of abortion, multiple pregnancies, anomalies or complications of pregnancy or delivery.

I/We declare that we shall not attempt to find out the identity of the donor.

**I, the husband, also declare that should my wife bear any child or children as a result of such insemination(s), such child or children shall be as my own and shall be my legal heir(s). (if applicable)**

The procedure carried out does not ensure a positive result, nor does it guarantee a mentally and physically normal body. This consent holds good for all the cycles performed at the clinic.

Signature of intending couple/ intending woman

### Endorsement by the ART clinic

I/we have personally explained to ..... and ..... the details and implications of his / her / their signing this consent / approval form, and made sure to the extent humanly possible that he / she / they understand these details and implications.

Name, Address and Signature of

the Witness from the Clinic

Signed: \_\_\_\_\_ (Husband)

\_\_\_\_\_ (Wife)

Name and Signature of the Doctor

Name and Address of the ART clinic

Dated: .....

**Note:** An appropriate modification of this form may be used for Artificial Insemination or Intrauterine Insemination of a single woman with donor semen.

## FORM 7

[See rule 13(f) (ii) ]

### Consent for IUI with Husband's Semen/ Sperm

\_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_, being husband and wife and both of legal age, authorize  
Dr. \_\_\_\_\_ to inseminate the wife intrauterine with the semen / sperm of the husband for  
achieving conception.

We understand that even though the insemination may be repeated as often as recommended by the doctor, there is no guarantee or assurance that pregnancy or a live birth will result.

We have also been told that the outcome of pregnancy may not be the same as those of the general pregnant population, for example in respect of abortion, multiple pregnancies, anomalies or complications of pregnancy or delivery.

The procedure carried out does not ensure a positive result, nor does it guarantee a mentally and physically normal child. This consent holds good for all the cycles performed at the clinic.

Signature of intending couple

Husband :

Wife:

#### Endorsement by the ART Clinic

I / we have personally explained to ..... and ..... the details and implications of his / her / their signing this consent / approval form, and made sure to the extent humanly possible that he / she / they understand these details and implications.

Name, Address and Signature of the Witness from the clinic

Signed: \_\_\_\_\_ (Husband)

\_\_\_\_\_ (Wife)

Name and Signature of the Doctor

Name and Address of the ART clinic

Dated:

# FOR MINORS GAMETE FREEZING

**FORM 11 (for minors)**

[See rule 13 (f) (vi)]

**Assent for Freezing of Gametes**

**Sperm/Oocytes  
and Parental consent**

I ..... consent to freezing of my ..... (sperm/oocyte). I understand that the gametes would be normally kept frozen for ten years. In the exceptional circumstances If I/my parents/legal guardian wish to extend this period, I/ we would let the ART Clinic/Bank ..... (Name and address) know at least six months ahead of time. If you do not hear from us before that time, you will be free to (a) use them for research purposes; or (b) discard and destroy them off. I/ We also understand that sometimes the quality of these ..... sperm/occytes may decrease on subsequent thaw and that frozen gametes may have a lower pregnancy rate than when fresh gametes are used.

**\*Minor**

I authorize my parents / legal guardian to take the decision on my behalf.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Undertaking by Parents / Legal Guardian**

In the unforeseen event of my child's death, I would like the Gametes

To perish

To be handed over to me/ my wife/ legal guardian

Used for research purposes

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name , address signature of parents /child

**Endorsement by the ART Clinic**

I/ we have personally explained to ..... and ..... the details and implications of his / her / their signing this consent / approval form, and made sure to the extent humanly possible that he / she / they understand these details and implications.

Name, address and signature of the Witness from the clinic

Name and signature of the Doctor

Name and address of the ART clinic

\*The appropriate option may be ticked

Date: .....

Place: .....

**Terms and conditions**  
**PARENTS'S /Legal Guardian's**

**1. Provision of Information**

As long as I /we have cryopreserved gametes in storage at clinic mentioned above, I /We hereby agree to contact the above clinic at least annually to provide current information indicating my address, telephone number, email address and other contact details and intention regarding my cryopreserved gametes.

Failure to:

- (i) contact ..... (name of clinic) for a period of twelve months;
- (ii) respond to a request for information from clinic within 90 days of receipt;
- (iii) provide a new address or forwarding address or email address where mail is returned to clinic as undelivered, shall constitute abandonment and signify my desire to terminate storage of Cryopreserved Gametes.

In the event of my failure to comply with (i), (ii) or (iii) above, I instruct the above-mentioned clinic and hereby consent to the destruction of my Cryopreserved gametes.

**2. Payment of Fees**

I /We understand that I am/We are responsible for the costs of cryopreservation and storage of my child's Cryopreserved Gametes. Cryopreservation and storage fees are due and payable at the time of gamete cryopreservation, and at the beginning of each storage interval thereafter. I/We understand these fees are non-refundable and are not subject to prorated adjustment for partial storage intervals. Should the yearly fee for storage of my Cryopreserved Gametes remain unpaid for a period of one year after the first invoice is forwarded to my address/email address/ informed telephonically as it is listed in the clinical records at clinic can conclude that I /we agree to destroy my cryopreserved gametes or use them for research .

**3. Failure to Provide Information or Pay Fees**

In the event of my failure to clinic or to pay cryopreservation fees as set out in sections 1 and 2 above, I hereby consent to and instruct clinic to discard and destroy Cryopreserved Gametes as follows:

(i) to remove from storage for destruction (yes/no) \_\_\_\_\_

to be given for research purpose(yes/no)

4. Alternate Contact/Responsible Party

I /We hereby name \_\_\_\_\_, as an alternate contact and my representative to assume responsibility for sections 1 and 2 above in the event that I am unable due to illness. I have attached a signed acknowledgement by \_\_\_\_\_ that they have read this form and will be responsible for its provisions in the event that I cannot.

**Contact details of alternate person**

**Name-**

**Address-**

**Phone Number-**

## Application form for transfer of Gametes (Sperms and Oocyte) / Embryos (Within and Outside India)

1. 1. Name of applicant: .....
2. 2. Marital Status :.....(married/single/divorced)
3. 3. Name of the Spouse (if applicable).....
4. Address: .....
5. Contact no.....
6. Email id.....
7. Aadhar no. .... Spouse. ....(if applicable)
8. Passport no. .... Spouse. .... (if applicable)
9. PAN no..... Spouse. .... (if applicable)
10. Date of applying ..... (DD/MM/YY)
11. Transfer of ..... (Embryos/ Sperms/ Oocytes)
12. Transfer: .....(within /outside India)
- 13.From (name of the doctor / address of clinic/ contact/ email address): .....
- .....
- .....
- 14.To (name of the doctor/ address of clinic/ contact/ email address): .....
- .....
- .....
15. Quantity ..... vials (sperm)/ No. of oocytes/embryos)
16. Affidavit executed: yes / no
17. Affidavit from clinic holding gametes/embryos: yes/ no
18. Affidavit from clinic receiving gametes/embryos: yes/ no
19. List of supporting documents:
20. Copy of Aadhar (Yes/No)
21. Copy of Passport (Yes/No) (If transfer outside India)
22. Copy of SSN (If Person of Indian Origin/ Foreigner)
23. Date of applying

**Declaration**

*I/ we hereby declare that these gametes (sperm/ oocyte)/embryos are our own and are being transferred for personal use only.*

*Signature of Applicant*

*Signature of Spouse (if applicable)*

*Note: Strike off what is not applicable)*

## Affidavit for transfer of Gametes (sperm/oocyte) outside India

I/we.....and.....Resident of  
 .....

Aadhar No..... and ..... (if applicable) /  
 Passport no..... (Husband)..... (Wife)/ or ..... (Individual).

I/We have cryopreserved my/ our ..... (sperm/oocyte) since ..... (date) at .....  
 ..... (name and address of the clinic) and we  
 wish to transfer my/ our ..... (number/vial) of gametes(sperm/oocyte) to .....

.....  
 (Name and address of the Foreign ART clinic) for the purpose of.....  
 .....

.....  
 I /We also certify that that no separation of X and Y chromosomes has been done on the gamete (sperm/  
 oocyte)

*The transfer of gametes requested above is not in contravention to any of the provisions of the Assisted  
 Reproductive Technology (Regulation) Act, 2021.*

*I/We understand that selling human embryos or gametes, run an agency, a racket or an organisation for  
 selling, purchasing or trading in human embryos or gametes shall be a punishable offence.*

**DECLARATION**

*I/ we hereby declare that the entries in this affidavit and the additional particulars, if any, fur-  
 nished herewith are true to the best of my knowledge and belief.*

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name and Signature of Husband & wife

/ Individual

Paste duly attested Photo

Note: Strike off which is not applicable

\*Note: Applicants(s) residing abroad to execute affidavit through authorized Attorney in India.

## Affidavit for transfer of Embryos outside India

I/we.....and.....Resident of  
 .....

Aadhar No..... and ..... (if applicable) /  
 Passport no..... (Husband)..... (Wife)/or ..... (Name  
 of individual). I/We have cryopreserved my/ our embryos since ..... (date) at .....  
 .....(name and address of the clinic) and we wish  
 to transfer my/ our .....( number of embryos) outside India to .....

.....  
 (name and address of the Foreign ART clinic) for the purpose of.....  
 .....

.....These embryos have been created using sperms of  
 .....and oocyte of .....  
 ..... and no sex selection has been performed on these embryos.

The transfer of embryos requested above is not in contravention to any of the provisions of the Assisted Reproductive Technology (Regulation) Act, 2021. Also the present regulatory provisions of the country where I/We intend to transfer the embryos permits the transfer of these embryos.

I/We understand that selling human embryos or gametes, run an agency, a racket or an organisation for selling, purchasing or trading in human embryos or gametes shall be a punishable offence.

**DECLARATION**

I/ we hereby declare that the entries in this affidavit and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name and Signature of couple

/ Individual

Paste duly attested Photo

Note: Strike off which is not applicable

\*Note: Applicants(s) residing abroad to execute affidavit through authorized Attorney in India.

Affidavit for transfer of Gametes (sperms/oocytes) within India

I/we.....and.....Resident of .....

Aadhar No..... and ..... (if applicable) / Passport no..... (Husband)..... (Wife)/or ..... (Individual).

I/We have cryopreserved my/ our ..... (sperms/oocytes) since ..... (date) at ..... (name and address of the clinic) and we wish to transfer my/ our .....(number/vial) of gametes(sperm/oocyte) to .....

(name and address of the clinic) for the purpose of.....

I /We also certify that that no separation of X and Y chromosomes has been done on the gamete (sperm/ oocyte).

The transfer of gametes requested above is not in contravention to any of the provisions of the Assisted Reproductive Technology (Regulation) Act, 2021

I/We understand that selling human embryos or gametes, run an agency, a racket or an organisation for selling, purchasing or trading in human embryos or gametes shall be a punishable offence.

DECLARATION

I/ we hereby declare that the entries in this affidavit and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name and Signature of couple

/ Individual

Paste duly attested Photo

Note: Strike off which is not applicable

Affidavit for transfer of Embryos within India

I/we.....and.....Resident of .....

Aadhar No..... and ..... (if applicable) / Passport no..... (Husband)..... (Wife)/or ..... (Individual).

I/We have cryopreserved my/ our embryos since ..... (date) at ..... (name and address of the clinic) and we wish to transfer my/ our ..... ( number of embryos) to .....

(name and address of the clinic) for the purpose of.....

.....These embryos have been created using sperms of .....and oocyte of ..... and no sex selection has been performed on these embryos. The present regulatory provisions of the country where I/We intend to transfer the embryos permits the transfer of these embryos.

The transfer of embryos requested above is not in contravention to any of the provisions of the Assisted Reproductive Technology (Regulation) Act, 2021

I/We understand that selling human embryos or gametes, run an agency, a racket or an organisation for selling, purchasing or trading in human embryos or gametes shall be a punishable offence.

**DECLARATION**

I/ we hereby declare that the entries in this affidavit and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Date: \_\_\_\_\_

Place:\_\_\_\_\_

Name and Signature of couple / Individual

Paste duly attested Photo

Note: Strike off which is not applicable

## Affidavit from clinic holding the Gametes ( Sperms /Oocytes)

*This is to certify that our clinic (Name/ Address and Registration Number of the ART Clinic) has stored the frozen semen sample of Mr. ....( Aadhar Number /Passport number/ SSN Number. We are ready to transfer all thesevials for the therapeutic use of Ms..... and/or Mr.....(Name/Address/Contact Number).*

*The frozen semen sample of Mr. .... have not been subjected to any procedure resulting in separation of X or Y fractions.*

*Total semen vials frozen:*

*Total semen vials used:*

*Number of remaining vials.....*

*Signature and Stamp of the ART Clinic*

*Date:*

**OR**

*This is to certify that our clinic (Name/ Address and Registration Number of the ART Clinic) has (number.....) of oocytes from Ms. ....( Aadhar Number /Passport number/ SSN Number) frozen in our clinic. We are ready to transfer all these for the therapeutic use of Ms..... and/or Mr..... (Name/Address/Contact Number).*

*Total Number of oocytes retrieved:*

*Number of oocytes used for creation of embryos:*

*Number of remaining oocytes:*

*Signature and Stamp of the ART Clinic*

*Date:*

## Affidavit from clinic receiving the Frozen Gametes

*This is to certify that our clinic (Name/ Address and Registration Number of the ART Clinic) is willing to receive .....number of vials of the frozen semen sample of Mr. .... ( Aadhar Number /Passport number/ SSN Number). The frozen semen sample will not be subjected to any procedure resulting in separation of X or Y fractions. The semen will be used for the treatment of Ms..... and/ or Mr.....*

*Signature & Stamp of the ART Clinic*

*Date:*

**OR**

*This is to certify that our clinic (Name/ Address and Registration Number of the ART Clinic) is willing to receive.....number of frozen oocytes of Ms. ....( Aadhar Number /Passport number/ SSN Number). The oocytes will be used for the treatment of Ms..... and/ or Mr.....*

*Signature & Stamp of the ART Clinic*

*Date:*

## Affidavit from the clinic holding the Frozen Embryos

*This is to certify that our clinic (Name/ Address and Registration Number of the ART Clinic) has created .....(number of embryos) for the therapeutic use of Mr. ....(Aadhar Number /Passport number/ SSN Number) and Mrs.....(Aadhar Number /Passport number/ SSN Number) for IVF/Surrogacy.*

*Total number of embryos created*

*Total number of embryos used*

*Number of remaining embryos*

*The embryos have not been subjected to sex selection.*

*Signature & Stamp of the ART Clinic*

*Date:*

## Affidavit from clinic Receiving the frozen Embryos

*This is to certify that our clinic (Name/ Address and Registration Number of the ART Clinic) is willing to receive .....number of vials of the frozen semen sample of Mr. .... ( Aadhar Number /Passport number/ SSN Number). The frozen semen sample will not be subjected to any procedure resulting in separation of X or Y fractions. The semen will be used for the treatment of Ms..... and/ or Mr.....*

*Signature & Stamp of the ART Clinic*

*Date:*

OR

*This is to certify that our clinic (Name/ Address and Registration Number of the ART Clinic) is willing to receive.....number of frozen oocytes of Ms. ....( Aadhar Number /Passport number/ SSN Number). The oocytes will be used for the treatment of Ms..... and/ or Mr.....*

*Signature & Stamp of the ART Clinic*

*Date:*

## Checklist for Surrogacy

### CHECKLIST FOR INTENDING COUPLE/INTENDING WOMAN FOR SURROGACY:

**Intending Couple:**

Age: 23-50 years (W), 26-55 years (H), No Surviving Child (Biological/Adoption/earlier Surrogacy), No Gamete Donation is allowed.

**Single Mother:**

Age: 35-45 years (Only Widow/Divorcee), Only Donor Sperm is allowed.

**Surrogate Mother:**

Age: 25-35 years (Ever Married + Living Child of her Own + Never became Surrogate Mother before for any other couple/woman)

No	Affidavits/Certificates/Copy	Tick
<b>Intending Couple/Woman Checklist</b>		
1.	DISTRICT MEDICAL CERTIFICATE	
2.	ORDER CONCERNING THE PARENTAGE AND CUSTODY OF THE CHILD (By Magistrate of the first class or above)	
3.	AFFIDAVIT OF INSURANCE COVERAGE	
4.	AADHAR CARD	
5.	MARRIAGE CERTIFICATE / DIVORCE CERTIFICATE (if applicable)	
6.	PROOF OF AGE: Aadhar/Birth certificate/10th certificate/any equivalent (as applicable)	
7.	Proof that INTENDING COUPLE/WOMAN DO NOT HAVE ANY SURVIVING CHILD (biologically/adopted/earlier surrogacy)	
<b>Surrogate Mother Checklist</b>		
1	AADHAR CARD	
2	CONSENT CERTIFICATE as per FORM 2 of Surrogacy (Regulation) Rules, 2022	
3	PROOF OF MARRIAGE	
4	PROOF OF AGE: Birth certificate/10th Certificate/any equivalent	
5	PROOF OF AT LEAST ONE LIVING CHILD	
6	AFFIDAVIT THAT SHE HAS NOT BEEN ASURROGATE MOTHER BEFORE	
7	CERTIFICATE OF MEDICAL AND PSYCHOLOGICAL FITNESS for surrogacy and surrogacy procedures from a registered medical practitioner	
8	DECLARATION that the SURROGATE MOTHER WILL NOT PROVIDE HER OWN GAMETE for this procedure	

## Surrogacy Application Form

### FORM 1

[See rule 4]

**Application Form for Couple of Indian Origin/Intending woman for availing Surrogacy addressed to Board**

I/ We (Details as given below) request for a certificate of recommendation for availing Surrogacy Services

#### 1. Basic Information

##### 1.1 Details of Intended Father:

1. Name:
2. Surname:
3. Date of Birth:
4. Blood Group:
5. Age in years:
6. Sex: Male/ Female
7. Nationality:
8. Occupation:
9. Marital Status: Married/ Divorced /Widow.
10. Address: (Please give details of Address in India if available and the present foreign country of residence)
  - (i) Present:
  - (ii) Permanent
11. Telephone/Mob. No. (Details of number in India and the country of residence)
12. Email:
13. Social Security Number or Equivalent
14. Passport Number

##### 1.2 Details of the Intended Mother:

1. Name:
2. Surname
3. Date of Birth:
4. Blood Group:
5. Age in years
6. Sex:                      Male                      Female
7. Nationality:
8. Occupation:
9. Marital Status: Married/ Divorced /Widow.
10. Address: (Please give details of Address in India if available and the present foreign country of residence)
  - (i) Present:
  - (ii) Permanent
11. Telephone/Mob. No. (Details of number in India and the country of residence)
12. Email:
13. Social Security Number or Equivalent
14. Passport Number

##### 1.3 Briefly describe the reason for availing surrogacy

#### Declaration

I hereby declare that the above statements are true to the best of my knowledge and belief.

Date: .....

Signature of the Intended father

Place: .....

Signature of the Intended Mother

#### Self attested Documents required for applying

1. Proof of marriage / Marriage Certificate (If applicable)
2. Proof of age/ Birth certificate/10<sup>th</sup> certificate/ or any equivalent.

( Note: Certificate of essentiality is to be obtained from appropriate authority and Certificate of Medical Indication is to be obtained from the District Medical Board)

## All Surrogacy Certificates and Affidavits

## Proforma of Affidavit for intending couple having no child

## Affidavit

We, Mr....., Son of .....aged about.....years, by faith.....(Religion) by occupation....., having aadhar card being No.....

And

Mrs.....,wife of .....daughter of .....aged about.....years, by faith .....(Religion), by occupation....., having aadhar card being No.....,

Both residing at ....., post office....., Police Station....., District.....

PIN.....do hereby solemnly affirm and declare as follows:-

1. That we are legally married couple
2. That our marriage was solemnised on -----according to hindu / muslim rites and customs/ **under special marriage** act vide Marriage Certificate No.-----dated ----
3. That despite of several treatments for **having a child, we could not succeed. We are still issueless having no biological/ surrogate/ adopted child.**

That the statements made hereinabove are true to the best of our knowledge and belief.

1.

2.

Deponents

Advocate

## All Surrogacy Certificates and Affidavits

**Proforma of affidavit for surrogate mother who is married having a biological child, and who never acted as surrogate mother before and who will not provide her own gamete for such procedure**

**Affidavit**

I .....wife of ....., daughter of....., aged about.....years, by faith.....(Religion), by occupation.....having Aadhar card being No....., residing at.....Post Office....., Police Station.....PIN.....do hereby solemnly affirm and declare as follows:-

1. That I am well acquainted with the notification issued by Government of West Bengal, Department of Health and Family Welfare, State Family Welfare Bureau, ART & Surrogacy Cell Swasthya Bhawan, GN-29, Sector V, Saltlake, Kolkata-700091 being memo No. HFW27020/23/2022-SFWBSSEC/1496 dated 8/12/22
2. That I have given **voluntary** consent to undergo on altruistic surrogacy
3. That I had never acted as surrogate mother before and it is for the first time I shall act as surrogate mother for the intending couple.
4. That I am acting as a surrogate mother for intending couple namely.....Mr. ....and Mrs. ....(Full name of both husband and wife) out of my own volition no coercion undue influence, or force has been applied from any corner.
5. That being surrogate mother I shall not provide my own gamete to **any intending couple** and/or any intending lady under any circumstances.
6. **That I am the wife of .....(Full name of the husband) and I also the mother of.....(Biological child) who was born in wedlock on ..... will act as surrogate mother in the present case voluntarily , with the permission of my husband.**

That the statements made hereinabove are true to the best of my knowledge and belief.

1.

Deponent

Advocate

## All Surrogacy Certificates and Affidavits

## Proforma of Affidavit For Insurance Coverage Affidavit

We, Mr....., Son of .....aged about.....years, by faith.....(Religion) by occupation....., having aadhar card being No.....

And

Mrs.....,wife of .....daughter of .....aged about.....years, by faith.....(Religion), by occupation....., having aadhar card being No.....,

Both residing at ....., post office....., Police Station....., District.....

PIN.....do hereby solemnly affirm and declare as follows:-

1. That we are well acquainted with the notification issued by Government of West Bengal, Department of Health and Family Welfare, State Family Welfare Bureau, ART & Surrogacy Cell Swasthya Bhawan, GN-29, Sector V, Saltlake, Kolkata-700091 being memo No. HFW27020/23/2022-SFWBSSEC/1496 dated 8/12/22
2. That as per notification mentioned hereinabove 36 months is required from an insurance company recognized by IRDA( Insurance Regulatory and Development Authority)
3. That we, the intending couple hereby undertaking to make an insurance coverage for a period of 36 months for surrogate mother namely.....(full name of surrogate mother) covering post partum delivery complication from an insurance company or an agent recognized by the IRDA(Insurance Regulatory and Development Authority) established under the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999).

That the statements made hereinabove are true to the best of our knowledge and belief.

1.  
2.

Deponents

Advocate

## All Surrogacy Certificates and Affidavits

## Proforma of Affidavit for procuring order of Parentage Affidavit

We, Mr....., Son of .....aged about.....years, by faith.....(Religion) by occupation....., having aadhar card being No.....

And

Mrs.....,wife of .....daughter of .....aged about.....years, by faith.....(Religion), by occupation....., having aadhar card being No.....,

Both residing at ....., post office....., Police Station....., District.....

PIN.....do hereby solemnly affirm and declare as follows:-

1. That we are well acquainted with the notification issued by Government of West Bengal, Department of Health and Family Welfare, State Family Welfare Bureau, ART & Surrogacy Cell Swasthya Bhawan, GN-29, Sector V, Saltlake, Kolkata-700091 being memo No. HFW27020/23/2022-SFWBSSEC/1496 dated 8/12/22
2. That we hereby undertake to abide by all the rules and sub rules already notified.
3. That we are the intending couple and we are medically guided by.....(Name of the Clinic) and have been properly advised along with the surrogate mother.....(full name of the surrogate mother) **for undergoing the process of surrogacy.**
4. That.....(full name of the IVF Centre) fertility centre has also assured us to abide by all the rules and regulations under Surrogacy Act and ART Act 2021, and also to take all necessary medical care as specified therein.
5. That after obtaining permission from the appropriate authority and after the birth **of surrogate child** proper information will be given by the .....(name of the fertility centre) **to the Registrar of Birth.** The parentage will remained to the intending couple mainly Mr.....and Mrs .....**in case of death of both the intending couple the custody of the surrogate child will go to the already nominated in laws of Mr..... and/or Mrs.....residing at .....(full address).**

That the statements made hereinabove are true to the best of our knowledge and belief.

- 1.
- 2.

Deponents

Advocate

## Agreement for Surrogacy

### FORM 2

[See rule 7]

#### Consent of the Surrogate Mother and

#### Agreement for Surrogacy

I, \_\_\_\_\_ (the woman), aged \_\_\_\_\_ Years (address) \_\_\_\_\_ (Aadhar Number), having \_\_\_\_\_ (Number of children) child/children \_\_\_\_\_ (age in years) of my own have agreed to act as a surrogate mother for Intending couple/intending woman Name \_\_\_\_\_ Husband Name \_\_\_\_\_ Wife/ \_\_\_\_\_ Intending woman Age \_\_\_\_\_ Husband Age \_\_\_\_\_ Wife/Intending woman \_\_\_\_\_ had a full discussion with Dr. \_\_\_\_\_ of the Surrogacy clinic on \_\_\_\_\_ in regard to the matter of my acting as a surrogate mother for the child/children of the above couple.

1. That I understand that the methods of treatment may include:
  - (a) stimulation of the genetic mother for follicular recruitment;
  - (b) the recovery of one or more oocytes from the genetic mother by ultrasound-guided oocyte recovery or by laparoscopy;
  - (c) the fertilization of the oocytes from the genetic mother with the sperm of her husband;
  - (d) the fertilization of a donor oocyte by the sperm of the husband;
  - (e) the maintenance and storage by cryopreservation of the embryo resulting from such fertilization until, in the view of the medical and scientific staff, it is ready for transfer;
  - (f) implantation of the embryo obtained through any of the above possibilities into my uterus, after the necessary treatment if any.
2. That I have been assured that the genetic mother and the genetic father have been screened for 'HIV' and hepatitis 'B' and 'C' and other sexually transmitted diseases before oocyte recovery and found to be seronegative for all these diseases. I have, however, been also informed that there is a small risk of the mother or the father becoming seropositive for Human immunodeficiency (HIV) during the window period.
3. That I consent to the above procedures and the administration of such drugs that may be necessary to assist in preparing my uterus for embryo transfer, and for support in the luteal phase.
4. That I understand and accept that there is no certainty that a pregnancy may result from these procedures.
5. That I understand and accept that the medical and scientific staff may give no assurance that any pregnancy will result in the delivery of a normal and living child or children.
6. That I am unrelated or related (relation) \_\_\_\_\_ to the couple (the would-be genetic parents).
7. That I have worked out medical and other expenses and conditions of the surrogacy with the couple in writing and an appropriately authenticated copy of the agreement has been filed with the clinic, which the clinic shall keep confidential. A General health insurance coverage in favor of the surrogate mother from an insurance company or an agent recognized by the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999) has been purchased by the intending couple/woman.
8. That I agree to relinquish all my rights over the child and hand over the child/children to \_\_\_\_\_, or \_\_\_\_\_ and \_\_\_\_\_ in case of a intending couple, or to \_\_\_\_\_ in case of their separation during my pregnancy, or to the survivor in case of the death of one of them during pregnancy, or to \_\_\_\_\_ in case of death of both of them, or to \_\_\_\_\_ in case of guarantor intending couple/ woman, as soon as I am permitted to do so by the hospital or clinic or nursing home where the child or children are delivered.
9. That I have been provided with the written consent of all of those name(s) mentioned above.
10. That I undertake to inform the surrogacy clinic, \_\_\_\_\_, of the result of the pregnancy.
11. That I take no responsibility that the child or children delivered by me will be normal in all respects. I understand that the biological parent(s) of the child/ children has / have a legal obligation to accept the child or children that I deliver and that the child or children would have all the inheritance rights of a child or children of the biological parent(s) as per the prevailing law.
12. That I shall not be asked to go through sex determination tests for the child/ children during the pregnancy and that I have the full right to refuse such tests.
13. That I understand that I would have the right to terminate the pregnancy in case of any complication as advised by the doctors, under the provisions of the Medical Termination of Pregnancy Act, 1971 (34 of 1971).
14. That I certify that I have not born any child through surrogacy before.
15. That I have been tested for 'HIV', hepatitis 'B' and 'C' and shown to be seronegative for these viruses just before embryo transfer.
16. That I shall not have intercourse of any kind once the cycle preparation is initiated.
17. That I certify that (a) I have not had any drug intravenously administered into me through a shared syringe; and (b) I have not undergone blood transfusion in the last six months.
18. That I also declare that I shall not use drugs intravenously, or undergo blood transfusion excepting of blood obtained through a certified blood bank on medical advice.
19. That I undertake not to disclose the identity of the party seeking the surrogacy.
20. That in the case of the death or unavailability of the party seeking my help as the surrogate mother, I shall deliver the child/children to \_\_\_\_\_ or \_\_\_\_\_ in this order; I shall be provided, before the embryo transfer into me, a written agreement of the above persons that they shall be legally bound to accept the child or children in the case of the above-mentioned eventuality. (If applicable)

(Strike off if not applicable.)

#### Endorsement by the Surrogacy Clinic

I/we have personally explained to \_\_\_\_\_ and \_\_\_\_\_ the details and implications of his / her / their signing this consent / approval form, and made sure to the extent humanly possible that he / she / they understand these details and implications.

Signed:

(Surrogate Mother)

Signature of Intending couple/Woman

Name, address and signature

of the Witness from the Surrogacy clinic

Name and signature of the Doctor

Name and address of the Surrogacy Clinic

## ART Bank related Donor

## FORM 15

[See rule 13 (2) (ii)]

## Consent Form for the Donor of Sperm

I, Mr. .... Address..... Mobile number..... AADHAR card number..... Willingly consent to donate my sperm to couple/individual who are unable to have a child by other means. At this stage and to the best of my knowledge I am free of any infectious diseases or genetic disorders

I have had a full discussion with Dr. .... (name and address of the clinician) on .....

I have been counselled by ..... (name and address of independent counsellor) on .....

(I understand that there will be no direct or indirect contact between the recipient, and me, and my personal identity will not be disclosed to the recipient or to the child born through the use of my gamete: If applicable)

I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.

Signature of Donor

## Endorsement by the ART bank

I/we have personally explained to ..... the details and implications of his signing this consent / approval form, and made sure to the extent humanly possible that he understands these details and implications.

Name and signature of the Doctor

Name, address and signature

of the Witness from the ART bank

Name and address of the ART bank

Dated: .....

## Sperm Donor Affidavit

**SPERM DONOR'S AFFIDAVIT**

I, Mr....., S/O Mr. ...., R/O

..... do hereby solemnly affirm and depose as under:

- 1) That I am..... years old. The proof of my age is attached along with.
- 2) I have had a full discussion with Dr. \_\_\_\_\_ on .....
- 3) I have been counseled by \_\_\_\_\_ on .....
- 4) I understand that my personal identity would remain confidential.
- 5) I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.
- 6) I shall execute all the documents which are required from time to time.
- 7) I have agreed to donate my Sperm at my own free will and after understanding the legal obligations involved.
- 8) I have not been allured by any person from the ART Clinic to make Sperm donation.
- 9) I have not donated my Sperm ever in my life for ART purpose. I have not been transfused with blood or blood products in last six months.
- 10) That the contents stated in this affidavit are true and correct and I undertake to indemnify and keep the ART BANK and Clinic Indemnified, if any statement or fact stated by me is incorrect or false.
- 11) I shall disclose all the material information including the information related to mental and physical health.
- 12) I have been read over the contents of the affidavit in local language and after understanding the contents, I have executed this affidavit out of my own free will.

DEPONENT

VERIFICATION

Verified at \_\_\_\_\_ on the ..... day of ....., 20... that the contents of the affidavit are true and correct to the best of my knowledge and nothing has been concealed therefrom.

DEPONENT.

DATE:

Place:



## Sperm Donor Record Form 14

## FORM 13

[See rule 13 (f) (viii)]

**Consent Form for the Donor of Oocytes**

I, Ms. ...., Address..... Mobile number....., AADHAR card number..... Willingly consent to donate my oocyte to couple/individual who are unable to have a child by other means. At this stage and to the best of my knowledge I am free of any infectious diseases or genetic disorders

I have had a full discussion with Dr..... (name and address of the clinician) on .....

I have been counselled by ..... (name and address of independent counsellor) on .....

(I understand that there will be no direct or indirect contact between me and the recipient, and my personal identity will not be disclosed to the recipient or to the child born through the use of my gamete.: If applicable)

I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.

I understand that the method of treatment may include:

1. Stimulating my ovaries for multifollicular development.
2. The recovery of one or more of my eggs under ultrasound-guidance or by laparoscopy under sedation or general anesthesia.
3. The fertilization of my oocytes with recipient's husband's or donor sperm and transferring the resulting embryo into the recipient.

I understand and accept that the drugs that are used to stimulate the ovaries to raise oocytes have temporary side-effects like nausea, headaches and abdominal bloating. Only in a small proportion of cases, a condition called ovarian hyperstimulation occurs where there is an exaggerated ovarian response. Such cases can be identified ahead of time but only to a limited extent. Further, at times the ovarian response is poor or absent in spite of using a high dose of drugs. Under these circumstances, the treatment cycle will be cancelled.

Name, address and signature of woman

**Endorsement by the ART clinic**

I / we have personally explained to ..... the details and implications of her signing this consent / approval form, and made sure to the extent humanly possible that she understands these details and implications.

Name, address and signature of the Witness from the clinic

Name and signature of the Doctor

Name and address of the ART clinic

Name and address of the ART Bank that recruited and screened the donor

Date: .....

(This form will be filled by the ART clinic but a copy of the same has to be maintained by the ART bank in case the donor was recruited and screened by the bank)

## Oocyte Donor Affidavit

**OOCYTE DONOR'S AFFIDAVIT**

I, Mrs. **DONOR NAME** w/o Mr. **HUSBAND NAME** Resident of **ADDRESSED** do hereby solemnly affirm and depose as under:

- 1) That I am **DONOR AGE** years old. The proof of my age is attached along with.
- 2) That I am married to Mr. **HUSBAND NAME** from the last **M/F** years.
- 3) That I shall provide my Identity and residence proof as well as my husband's Identity and Residence proof.
- 4) I have had a full discussion with Dr. \_\_\_\_\_ on \_\_\_\_\_, 20\_\_.
- 5) I have been counseled by Dr. \_\_\_\_\_ on \_\_\_\_\_, 20\_\_.
- 6) I understand that my personal identity would remain confidential.
- 7) I understand that I shall have no rights whatsoever on the resulting offspring and vice versa.
- 8) I shall execute all the documents which are required from time to time.
- 9) I have agreed to donate my oocytes/eggs at my own free will and after understanding the legal, medical procedures and their associated risks and obligations involved.
- 10) I have not been allured by any person from the ART Clinic to make egg donation.
- 11) I have not donated my eggs ever in my life. I have not been transfused with blood or blood products in last six months.
- 12) That the contents stated in this affidavit are true and correct and I undertake to indemnify and keep the ART BANK and Clinic Indemnified, if any statement or fact stated by me is incorrect or false.
- 13) I shall disclose all the material information including the information related to mental and physical health.
- 14) I have been read over the contents of the affidavit in local language and after understanding the contents, I have executed this affidavit out of my own free will and with the consent of my husband.

DEPONENT

VERIFICATION

Verified at Kolkata on the ..... day of ....., 2023 that the contents of the affidavit are true and correct to the best of my knowledge and nothing has been concealed therefrom.

DEPONENT.

DATE:

Place:



Oocyte Donor Record 14B

Form 14B

[See rule 13 (2) (i)]

Oocyte-Embryo Record (AADHAR card no. to be entered)

Patient name:

ID no.:

Day 0		Day 1			Day 2			Day 3		Day 4	Day 5		Frozen Info.	
Date:		Date:	Sci:		Date:	Sci:		Date:	Date:	Date:	Date:	Date:		
Time:		Diss. Time:			Sci.:			Sci.:	Sci.:	Sci.:	Sci.:	Time:		
Sci.:		Score Time:			Time:			Time:	Time:	Time:	Time:	Method:		
Dr.:		Hrs.(from OPU):			Hrs.:			Hrs.:	Hrs.:	Hrs.:	Hrs.:	Slow / Vitri		
Hyal. Time:					Sci:							Method:		
Inject Time:					Sci:							Slow / Vitri		
Egg	Comm.	PN	PB	Comm.	Cell#	Grade	Frag %	Cell#	Grade		Grade	FATE	Cell#/ Grade	Straw no.
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Frozen embryo details :  
 Tank :  
 Canister :  
 Goblet/Loop :  
 Arrangement :

The ART bank will maintain a separate register which will give the name and address, telephone no. etc., of the donor, that will match with the donor ID mentioned above. This register will be kept in a safe, under lock and key, and will be accessible to only a small number of persons in the ART bank who will be sworn on oath to maintain the above identity secret.

## Affidavit for Commissioning Couple to Receive Oocyte Donation

### Affidavit for Commissioning Couple to receive Donor Oocyte

We (1) \_\_\_\_\_ (Aadhaar No. \_\_\_\_\_) Wife of \_\_\_\_\_ aged about \_\_\_\_\_ years, by faith \_\_\_\_\_, by Nationality \_\_\_\_\_. And (2) \_\_\_\_\_ (Aadhaar No. \_\_\_\_\_) Son of \_\_\_\_\_ aged about \_\_\_\_\_ years, by faith Hindu, by Nationality Indian, both residing at \_\_\_\_\_ do hereby solemnly affirm and say as follows:-

1. That we are the commissioning couple as stated U/S. 2 (e) of 'The Assisted Reproductive Technology (Regulation) Act, 2021 and we are competent to swear and sign the Affidavit, as per the publication of the ART (Regulation) Rule 2022 in the Gazette of India CG-DL-E-08062022 - 236395 Extraordinary part II - Sec. 3, Sub-Section i, published by the authority Ministry of Health and Family Welfare (Department of Health Research Notification dated 7<sup>th</sup> June, 2022).
2. That with free consent we have approached before the \_\_\_\_\_ and on satisfaction we are receiving treatment from \_\_\_\_\_ of \_\_\_\_\_ as per guideline given in the Assisted Reproductive Technology (Regulation) Act, (2021).
3. That we assure that we will take care of all the medical expenditure of OOCYTE Donor AADHAR No. \_\_\_\_\_ and also undertake to indemnify the donor against any loss, damage, complication or death to the OOCYTE Donor during the process of oocyte retrieval.
4. That we have been explained in details about the risk factors which may occur at the time of ovum pickup procedure by Dr. \_\_\_\_\_.
5. That we have been informed that child/ children born out of ART shall have all the rights of a naturally conceived child of us.
6. That we have been informed that the oocyte Donor and her husband has already relinquished their parental rights on child.
7. That we have been informed as per Government of India Gazette Notification dated 7.6.2022 as mentioned herein above that as required by the rule 12(ii) and an insurance coverage U/s. 22(1) (b) of the Assisted Reproductive Technology (Regulation) Act, 2021 is required and/or mandatory of such amount as may be prescribed for a period of twelve months in favour of oocyte donor by commissioning couple from insurance company or an agent recognized by Insurance Regulatory Development Authority established under the provisions of the Insurance Regulatory Development Authority Act. 1999 and we do hereby state and/or undertake to take the Insurance coverage of Rs. 2,00,000/- favoring Oocyte Donor before starting or so soon thereafter at the time of treatment cycle of the oocyte Donor.
8. That the statements made in the foregoing paragraph are true to my knowledge and best of our belief and we further undertake to indemnify and keep the ATR BANK and Clinic mentioned heretofore and we have not concealed any material facts.

That this affidavit is made bonafide.

1. \_\_\_\_\_  
(Name)

2. \_\_\_\_\_  
(Name)

(Deponents/Commissioning Couple)

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**DR. AINDRI SANYAL**  
MBBS (Gold Medalist) MD, FNB  
Gynaecologist, Infertility  
and IVF Specialist  
Clinical Director  
NOVA IVF FERTILITY EAST  
Former Clinic Head at Genome The  
Fertility Center

"The ART and Surrogacy Act is a much needed welcome change for clinics, doctors and embryologists choosing to practice ethically, aiming to provide some uniformity and stringency of practice across the mushrooming clinics all over the country. But like any Act, in the beginning, it has its disadvantages especially in the areas of donor gametes, requiring altruistic donation, which is practically impossible to come by in our country and restricting gamete donation in case of surrogacy, which is also often needed. It is as if the Act silently discourages third party reproduction generally not to say there is no mention of the provision of the Act in LGBTQ couples etc, but reproduction as we must admit, is a fundamental human right!!!"



**DR. ANIRUDHHA MALPANI**  
MBBS, MD - OBGYN, ,  
Malpani Infertility Clinic,  
Jamuna Sagar, SBS Road, Colaba  
Bombay 400005. India

"I agree that it's important to regulate IVF clinics and the ART law is a step in the right direction. However, it leaves a lot to be desired, partly because there has been such little input from IVF patients and IVF experts! The law is very patient-unfriendly! Here is an example. Egg donation all over the world is done using frozen eggs, just like sperm donation is done using frozen sperm.

<https://www.sart.org/patients/fyi-videos/donor-eggs-fresh-or-frozen/>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10100196/>

However the new ART law in India makes no mention at all about frozen eggs, which means Indian patients are forced to use fresh eggs, which is dangerous because of the risk of HIV transmission. The success rate with fresh donor eggs is much less because it's not possible to synchronise donor and recipient cycles perfectly, or do a physical match of the donor and the recipient. The recipient is forced to use whichever egg donor is available, which means a law which was supposed to help doctors make better use of ART technology to help in fertile couples have a better chance of getting pregnant is actually harming patients!

In fact, the very term ART banks suggests that they were meant to freeze and store both eggs and sperm, and not just sperm!"



**DR. ARUN MUTHUVEL,**  
MBBS, MS - OBGYN,  
MCH - Reproductive Medicine  
& Surgery, Medical Director  
Iswarya Fertility Centre, Chennai

"ART & Surrogacy Acts came to effect in December 2021. Even with the passage of 2 years still there is confusion. Particularly the third party reproduction has been a real mess. The interpretation of laws are need based currently. The doctor fraternity is too left unprotected. ART Bill and Surrogacy bills are against the reproductive rights of the couple. Many couples have lost the right to have a family. Laws are stringent against the concept of equitable health-care. Needs a lot of corrections to achieve its objective. The real sufferers are the couples. Surrogacy has become a real hassle even if the couple qualifies as per the act. Third party is not possible in the surrogacy program and most couples who need surrogacy also need donor gametes. Age is a criteria which excludes many in both IVF as well as Surrogacy. Even if the female partner fulfils the age, the higher age of male partner can prevent the female partner from having a child of her own. Marriages are getting broken. Women with difficulty having a child are not able to get married when such difficulty exists. The fact remains that altruistic surrogacy or altruistic egg donation are non-existent. With this, the doctors or the clinics can be in trouble even if the rules are followed diligently. With the authorities ignoring all the representations from the concerned parties, Court seems the only saviour now. The fact that couples have to go to court to invoke their reproductive rights is not expected in a civilised liberal society."



**DR. JAIDEEP MALHOTRA &  
DR. NARENDRA MALHOTRA**  
MBBS and MD (Obstetrics and  
Gynecology)  
Senior Consultant & Director  
Rainbow IVF, Agra  
Past President, ISAR  
Co-Founder iMumz App

"In this edition of "Decoding IVF: Current Updates" Newsletter, we delve into the intricacies of the "ART & SURROGACY (REGULATION) ACT AND RULE," shedding light on key aspects crucial for all stakeholders. This comprehensive handbook addresses consents and affidavits, providing a vital resource for understanding this long-awaited legislation.

I am optimistic that insights from senior Indian stakeholders will offer perspectives on the law's essence, its impact on daily practices, and the benefits and challenges encountered by patients in their ART treatment journeys. The inclusion of National Registry Data not only strengthens India's global position in IVF but also signifies a landmark step in authentic data management under healthcare regulations."



**DR. JATIN SHAH**  
MBBS, M.D - OBGYN,  
Director, Mumbai Fertility Clinic  
& IVF Center

"It's been almost two years since the introduction of the surrogacy act of India 2021. Since then we have been unable to perform a single case of IVF with gestational surrogacy. Most of the patients requiring surrogacy are in their late thirties or early forties and after having failed several IVF cycles require both an egg donor as well as a surrogate mother. The original Act only mentioned the need for a genetic link between the intending couple and the baby which would have easily been achieved by the sperm of the male partner. However, an amendment to the Act subsequently disallowed the use of donor eggs in surrogacy thereby depriving these 80% of genuine patients their right to have a child. It is ironical that under the act the eligible age for an intending woman is 35-45 years and at the same time it is a well-established scientific fact that after the age of 35 the number and quality of eggs reduces dramatically thereby reducing the chances of IVF success and increasing the chances of miscarriage and genetically defective babies. There is also the likelihood that the intending woman may have stopped producing eggs or had an early menopause. Hence, to prohibit use of donor eggs is to deny most intending women the right to reproduction.

The prohibition on any monetary compensation / consideration to the surrogate mother effectively makes it impossible for any couple to find a surrogate mother. The law, somehow, instead of seeking to regulate surrogacy in effect bans it totally by imposing the requirement of altruistic surrogacy. Would it be fair to ask another woman to undertake gestational surrogacy for 9 months involving the rigors and risks of pregnancy, impact on quality of life, impact on the mind and body and loss of income, without any monetary compensation?

The issue of single mothers is also very debatable. The Act bars single, unmarried women from availing surrogacy while allowing the same for divorced / widowed women. This is quite arbitrary and irrational since in both cases the woman would be a single mother. At the same time there is no restriction on a single, unmarried woman adopting a child or having a child out of wedlock.

In order for surrogacy to continue we desperately need two amendments: permission to use donor eggs (with husband's sperm to maintain genetic link between couple and baby) in gestational surrogacy and provision for some form of monetary compensation to the mother for loss of wages, food and travel.



**PADMA SHRI DR. KAMINI RAO**  
MBBS, DGO, FRCOG, PG Diploma  
in Medical Law & Ethics, FNAMS,  
FRCO, D.Ch, D.Sc (Hon.),  
Chairperson of the Drafting Committee  
for formulating National  
Guidelines for "Accreditation, Supervision  
and Regulation of ART  
Clinics in India"  
Former President, FOGSI & ISAR.  
Former Member of the Central  
Supervisory Board, Govt. of India  
(GOI) for implementation of the  
Prenatal Diagnostic Techniques  
(PNDT) Act,

"The Assisted Reproductive Technology (Regulation) Bill, 2021, brought about a radical change in India's ART industry when it came into effect in January 2023 to regulate the functioning of assisted reproductive technology (ART) clinics and ART banks in the country.

Since the first IVF baby was born in 1978, the development of new technologies to assist in the treatment of infertility has been remarkably rapid and consequently there has been mushrooming of ART clinics in the country over the past few decades. In the absence of a National Registry, the number of infertility clinics offering ART was not known, and the quality of services and success rates at these clinics was anybody's guess.

The passing of this Act will go a long way in generation of data, ensuring licensing and in improving supervision, regulation and overall smooth functioning of ART clinics and ART banks. One of the most significant developments under this new law is the explicit permission for single women, including single mothers and unmarried women, to access IVF treatment. While the Act ensures the protection and rights of surrogate mothers, amendments are awaited regarding use of donor gametes in surrogacy.

The Assisted Reproductive Technology (Regulation) Act, 2021 was the need of the hour to safeguard the interests of infertile couples seeking treatment in ART clinics. There, however, needs to be a vibrant attempt to ensure that the law takes into consideration reproductive rights and societal changes. While the legislation marks a beginning for ensuring "safe & ethical" ART Services, it will have to be closely monitored over a course of time to assess its impact, strengths and shortcomings. It is certainly a landmark legislation which aims to fill a significant gap in the regulation of reproductive technology in the country. "



**DR. KEDAR N. GANLA**  
(MBBS, MD, DNB, FCPS, DGO, DFP)  
Consultant Obstetrician,  
Gynaecologist & Fertility Physician  
Past Hon Secretary ISAR  
Managing Committee Member ISAR  
Librarian Maharashtra state chapter  
ISAR (MSR) Librarian MOGS

*"During the making of guidelines and rules neither were the care givers (majority of the fertility specialist) or (care takers)patients involved. Hence some of the guidelines are quite stringent and non practical for Indian scenario as fertility treatment has no insurance.*

*In making the guidelines without proper flowchart of things we have wasted almost 2 years with still no constructive plan .*

*Poor patients may not be able to avail the ART services due to increasing age ,cost and lack of clarity about the rules.*

*Mostly it's the surrogacy patients who are suffering the most ."*



**DR. KK GOPINATHAN**  
MBBS, MD, DGO,  
HOD (Dept of OBG)  
& Unit Director  
CIMAR : The women's hospital  
Edappal - Kochi - Thrissur  
A unit of Edappal Hospitals Pvt Ltd

*"As we embrace the inaugural edition of "Decoding IVF: current updates" JAN 2024, I'm honoured to shed light on the transformative ART & Surrogacy ACT and Rule in India. This comprehensive legislation addresses the key aspects of consents and affidavits, providing clarity for stakeholders. Patients now benefit from clearer guidelines, ensuring a smoother battle against infertility. While patients are favoured from ethical standards, the ACT introduces a nuanced landscape, mostly causing discomfort with increased cost and extended waiting times. Yet, amidst challenges, the essence of this legislation lies in ensuring transparency in ethical practices. The significance of the National Registry Data cannot be overstated; its meticulous management propels India onto the global stage, solidifying our position in authentic IVF data maintenance and setting new standards in health-care regulation."*



**(PROF.) DR. KULDEEP JAIN**  
MBBS, M.D - OBGYN,  
Senior Consultant  
in Infertility & Artificial  
Reproductive Techniques

*"New ART bill 2022 is now in full force and going to change the ART practice scenario in India for all stakeholders holders and taking the standards of ART to next level . It is good for patients as it guarantees minimum infrastructure and expertise even at remotest facilities . It ensures transparency and compulsory record keeping for all center . This is a welcome step and was long overdue as national registry of ART is need of hour and Indian data will be available analysis for international community and India ART results now can be compared with international database . Though there are challenges in implementation at all levels but I am sure they can be overcome by all stakeholders including government agencies . Another good change visible after implementation of this bill is standardisation of 3 rd party reproduction scenario in India and will improve the functioning of ART banks and will close down spurious organisation . Over all this new bill has brought a beneficial impact on the services of ART in India and has put India in the list of regulated service providers"*

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**DR. NANDITA PALSHETKAR**  
MBBS, M.D - OBGYN,  
F.R.C.O.G. (HON.),  
F.C.P.S, F.I.C.O.G

Current President, Indian Society of Assisted Reproduction (ISAR)

"Assisted Reproductive Technology (ART) practice started long back in India and got its first success in the year 1978 by Dr Subhash Mukherjee and his team. Since then many babies have been born through this revolutionary technology in India. The ART Regulation & Surrogacy Act 2021 represents a significant step forward in the regulation of assisted reproductive procedures and Surrogacy PAN India. It brings clarity and ethical guidelines to the realm of assisted reproduction, ensuring the well-being of all parties involved. The act promotes inclusivity and accessibility, creating a supportive environment for couples seeking fertility treatments. By prioritizing the rights and health of surrogate mothers, it establishes safeguards for their protection. Emphasizing transparency, the legislation provides clear protocols for procedures, fostering informed decision-making. It adapts to the evolving landscape of reproductive medicine, accommodating emerging technologies while upholding ethical standards. The act celebrates diversity in family structures resulting from assisted reproductive procedures. It ensures the integrity of genetic material through clear guidelines on gamete donation and storage. The legislation encourages quality care by accredited fertility clinics and supporting continuous improvement and innovation. With a commitment to privacy, it safeguards the confidentiality of individuals undergoing assisted reproductive procedures. Overall, the act creates a positive, regulated environment, championing research, extensive data management, collaboration, and responsible practices in the field of reproductive medicine."



**DR. NEENA MALHOTRA**  
MBBS, M.D - OBGYN, DNB,  
FRCOG (London),  
Co- Convener, Education  
Committee, IFS

Prof. & Head. (AIIMS NEW DELHI)  
Email - malhotraneena@yahoo.com

"The introduction of the ART & Surrogacy Act in India represents a commendable step towards regulating Assisted Reproductive Technologies.

This long-awaited legislation addresses the need for structure in the field, emphasizing a balance between scientific progress and ethical considerations. Noteworthy is the act's focus on optimizing pregnancy rates while minimizing complications, aligning with the evolving nature of ART research.

Its positive impact on scientific decision-making and patient welfare is evident, making it a significant and praiseworthy effort in the realm of reproductive medicine.

It gives legitimacy to the services provided as it defines the skills and training of all those providing care to the infertile couples."



**DR. ROHIT GUTGUTIA**  
MBBS, DGO  
Medical director,  
Nova IVF Fertility, India

Full time fertility physician at  
Kolkata

"Basically as a corporate I hugely welcome the law and the enforcement discipline that the law brings. My suggestions are more to do with making the law effective and enforceable:

1. Add an IVF practitioner to the list of members in state boards
2. Conduct training classes and issue certificates for all enforcement agencies like government officials, police and even press. Medical journalists/ reporters should have a minimum medical qualification.
3. All IVF labs to report on self and donor cycles in separate sheets. Donor cycles to be performed with prior permission only. No flexibility for clinics to use donor sperms/ eggs/ embryos at last moment.

All self cycles should carry a cycle note from the clinic stating the person who did the OPU, who handled the gametes in the lab included witnesses and who did the transfer like in any OT note. The note should also clearly state that this is a self cycle. If any such cases turn out to be mismatch due to any reason, then due process should be followed as in any case of medical negligence.

Finally, as this law needs self governance, all societies should insist on supporting only those units who follow due processes like witnessing, single or double embryo transfer and strict adherence to non mixing of gametes. Societies should appoint auditor for this purpose who shall visit the units on periodic basis and check for deviations and send report to society office. Any unit reporting repeated deviations should not be supported by society in case penal action is taken by govt agencies."

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**DR. SM RAHMAN**  
MBBS, MD (Obs & Gynae)  
(Gold Medalist, AIIMS New Delhi),  
Founder & Director  
Cradle Fertility Center  
Former Senior Resident,  
AIIMS New Delhi

"ART practice in India needed a proper regulation for a long time. So the ART & Surrogacy Act was required to come into force, but the present act has encroached on our scientific decision making. One example of the same is collection of seven oocytes from one donor - no scientific logic can explain this! I can mention so many more things. Keeping in mind that ART is still undergoing so much of research, our main purpose is to increase the pregnancy rate along with minimal complications. But the lawmakers failed to understand this. The patients are also suffering, particularly due to the surrogacy law. More balance was expected while drafting this law."



**DR. SUDIP BASU**  
MBBS, MS, DNB, FRCOG,  
FRCPI, CCST(UK)  
Past research fellow : Cardiff Assisted  
Reproduction Unit, UK  
Consultant Gynaecologist  
and Infertility specialist  
Medical Director , Srishti Clinic, Kolkata

"After years of deliberations the much awaited ART bill was legalised in the year 2023. Though the guidelines in legal frame was welcomed by most of the infertility specialists and patients, it is not without its due controversies. For any new law yet to be come or popularised, it is bound to happen. But apprehension could be easily avoided if the advisory board would have taken the concern of renowned and experienced infertility expert's opinion into consideration. But like many dogmatic legal frameworks, it could not come out of bureaucratic stranglehold and kept option open for wild criticism. It lost the chance of being a popular law which looked after the interest of yearlong sufferers but ultimately became diktats of few confused and strict legal words. It still can serve the purpose if the scope of amendments kept open.

Though there are many point of contentions which has been highlighted by experts, few points worth mentioning. State Governments have given the task of forming the state ART board but inclusion of ART specialist is not mandatory. A mere gynaecologist who has some experience of treating infertility patients with medicines may not have the knowledge of intricate details of IVF treatment and henceforth will not be able to implement the legalities without controversy. Inclusion of ART specialist should be a must rather than optional. If Government servants not available, then ART specialists from private sector of good standing should be considered. Regarding training and recognition of infertility specialists and embryologist, there needs to be a smooth transition over a period of time. Being a relatively new speciality, training options are limited specially in Government sector.

The embryology training largely depends on private initiative and not necessarily standardised. Many of such training are not even recognised by Government led bodies. That leads to disparity between supply and demand as the number of level 3 ART clinics are ever increasing. Clinician training ( MSc or Mch of FNB) in recognised institutes are sparse and unless more Institutes come up with such training facilities, lieu period should be given for those who have been well trained in the past. This huge workforce should be taken into confidence rather than making outcast. There is no mention of who should do the ultrasound for such patients. Most of the time ART specialists are well trained and comfortable to do these ultrasounds but even putting simple procedures like Folliculometry under ART clinic's license holders (as some states insist) seems ludicrous. The inclusion of PCPNDT in infertility seem controversial ( as the ultrasound are being done even before embryo is created) but this minor issues can be easily cleared with discussion. The ART law is a good starting point and it will work well if we all work together rather than in tandem.



**DR. SURABHI GUPTA**  
Additional Professor  
Dept of Reproductive Biology  
All India Institute of Medical  
Sciences (AIIMS New Delhi)

"The Assisted Reproductive Technology Act, 2021 and the ART rules, 2022 are a much-needed step in the right direction for streamlining operations of the ART clinics which were mushrooming in India. As a faculty for a Masters course in Reproductive Biology & Clinical Embryology, it was encouraging to see that Post-graduates in clinical embryology have been given due recognition for employment as Embryologists in the new rules. Another welcome step in my opinion are the strict guidelines for engaging women as oocyte donors / surrogates. I wish these guidelines / law are implemented in good faith."

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**DR. AKASH AGARWAL**  
MBBS,

ESHRE certified Clinical Embryologist,  
Scientific Director, Hegde Fertility,  
Hyderabad

“Successful IVF in humans became a reality 45 years ago – a feat worthy of the Nobel Prize in Medicine. Numerous noteworthy technologies have been developed since its inception, including, ICSI, Blastocyst Culture, Vitrification, and Pre-implantation Genetic Testing (PGT). Each new technology sets a new zenith and pushes the results chart upwards and also results in - new hope. While there is another side to the coin always – these come with their own set of checkpoints and set of rules that need to be followed. The ART field has grown by leaps and bounds in the last four decades globally and in India as well. With the exponential increase in the ART procedures being done, regularisation was long overdue. The ART Regulations Act, 2021, by the Government of India, is a first step in that direction. It specifies for certain minimum level of standards. These specifications aim to create standardization in practice in what was erstwhile, an unregulated field. It safeguards the interests of the patients primarily and at the same time sets the framework for the ART Clinics to act. The safety of the third-party reproduction is also looked in, thereby preventing their exploitation. Additionally, it is a welcome act that for the first time aims to create a National Registry which would help in having our very own Indian Database. This adds many positive values to the field. It brings Research to the forefront, which is unfortunately lacking to a large extent in the Indian ART field in India. No Law is perfect and similarly, The ART Regulations Law, 2021, will have to and hopefully will evolve with time. The law’s evolution would help in simplifying procedures, remove practical difficulties and at the same time would act as a catalyst for furthering the standard of care, which consequentially results in the benefit of all the parties involved.”



**DR. BINDU CHIMOTE**

M. Sc (Biochemistry),  
M. Phil., Ph. D.(IVF)

M. Sc. Clinical Embryology  
(Leeds, UK)

Consultant Senior Embryologist  
Vaunshdhara Fertility Centre Pvt. Ltd

“Every individual human-being has a right to become a parent’, may seem like a very logical and just statement conforming to the norms of reproductive autonomy. However, parenthood via assisted reproductive technology (ART) is a three pronged proposition focussing on the: i) right to have a child, ii) right and welfare of the child thus born and most importantly to iii) protect the treating ART personnel/clinic from any legal issues arising as result of the treatment procedure.

The ART and Surrogacy (Regulation) Act 2021 formulated by the Ministry of Health and Family Welfare, Government of India, caters to all these three aspects.

The Act proposes systematic guidelines for individuals/couples who cannot conceive naturally, the access to assisted reproductive technology (ART) to legally become parents. The law also has provision whereby donor sperm and donor eggs can be obtained from a registered ART Bank, after obtaining proper informed consent from respective spouse/couple. However, as per the law, egg sharing is not allowed and there are strict restrictions on the use of a designated donor only for a single recipient. This guideline is important to prevent consanguinity and to protect the long term health and wellbeing of the child thus born.

Oocyte Donor and donor sperm must be obtained from sperm-bank and cannot be donated by a relative or acquaintance of either husband or wife. This confidentiality provision allows anonymity of donor (from the couple) and recipient (from the donor) and also prevents the legal hassles that might arise over possession, rights and property issues.

There are several consent forms available conforming to all the provisions within the ART ambit so that the treating clinicians and ART clinics are lawfully protected against any unforeseen legal complications. Having said that, the law is still ambiguous on many counts. For example, there is no way to track whether the single donor/ single recipient clause is being followed stringently. Also there is no clarity on the number of eggs that can be retrieved and whether the same egg donor can be employed for another recipient if no pregnancy results in the first recipient.

Lastly, since ART treatment in India is self-funded and not yet covered under any government health schemes, it is a major economic burden for the couple undergoing treatment.

However, we have come a long way from the law-less state of mere ‘guidelines’ to a more concrete state of a well formulated ART Law. Once implemented in all its entirety, practical experiences may prompt more feasible amendments and prove to be a boon for all.

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**DR. BISWANATH GHOSH DASTIDAR**

MBBS (Hons.), MCE on Felix and Commonwealth scholarships from Oxford, UK, MS (Obg & Gynae) Gold Medalist, Fellowship in gynecoscopic surgery from Antwerp, Belgium.  
Research Director,  
GD Institute for Fertility Research  
Research Associate, Cambridge Reproduction, Cambridge University

In-vitro fertilization (IVF) and other assisted reproductive techniques (ART) have completely changed the landscape of infertility treatment over the last 45 years. With the advent of any path-breaking technology, society and legislation always lags behind by a few years and this catch-up is evident in the case of IVF as well. While countries such as the UK took early steps for regulating IVF through the Human Fertilisation and Embryology Authority (HFEA), India has taken an important step towards this end with the implementation of the ART and Surrogacy Act on 25th December, 2021. However, the novel and highly specialized nature of the infrastructure, skill-sets and know-how needed to successfully lead an IVF program means that the current regulations will need regular updation and refinement.

We feel that a few such areas which need the attention of the IVF community as well as our lawmakers are:

1. Specific provision needed for Level 2 ART clinics to register clinicians to whom it provides facilities to perform IUI
2. Complaints against an IVF-ART clinic may range from the minor (eg. Clerical/typographical error) to the substantial (eg. Sale of embryos) amounting to malpractise and negligence. All of these should not be subject to the same penalties.
3. Staff requirements for level 1 clinics need to be amended to include at least one lab technician.
4. Consideration must be given to permit Gynecologists or general surgeons with extensive experience and documented expertise to perform basic procedures like PESA-TESE in the absence of sub-specialist uro-surgeons
5. Streamlined procedures must be defined for transfer and exchange of gametes and embryos for clinical purposes (eg. A couple shifts residence to a different city) or research purposes, following well-consented practices and ethical guidelines.
6. Upper age limits for treatment eligibility needs to be further refined to iron out inconsistencies between current rules for single, married and separated/ divorced women.
7. The upper limit for maximum number of oocytes aspirated makes little sense currently from a scientific, ethical or technical point of view. Rather, guidelines need to be made to prevent OHSS and encourage milder ovarian stimulation.
8. Amount and duration of health insurance for egg donors and surrogates need to be defined more clearly.

We hope that with due consideration and implementation of the above suggestions, as well as those from other stakeholders with clinical, scientific, technical, social and legal expertise- the ART laws as applied to the practice of IVF in India shall evolve to become a robust, comprehensive, ethical, progressive and practical governance tool in India.



**DR. CHANDAN.N**

MSc., Ph.D EmbCol  
Scientific Director for ARC and AFRC Fertility  
Director of Aikya Academy and Lanka Academy of embryology  
Training Colombo

"Though new ART has brought a welcoming changes to monitor the ethical aspect in IVF it lack few clarity on certain things when we consider it in actual day to day ART procedures. Form industry point of view policy decision were made without consulting ART specialist and Embryologist. One of the most challenging law is using a single donor for a intending couple,

From Government point : Yes, I appreciate and welcome this since donor exploitation by the IVF centre can be bought under control. Considering the donors health , insurance was given to assure their health safety. It prevents consanguineous marriage which will happen in a closed community. Since patient who undergone IVF via Donor program generally not reveals it to others, there is a high possibilities in a closed community sibling may get married without their knowledge which is considered as a sin in our culture.

From Embryologist point of view: To prevent consanguineous genes getting spread in the society , as a scientific approach we could have used only donor egg as a host by removing donor gene and replacing with recipient gene in order to get good embryos for the intended couples , this we call it has 3 parenting. Government should start looking at this and give permission implement this techniques. This will lower the financial burdens on patients and the lack of single donors availability.

To conclude : ART law must be reviewed again with expert panels by considering the difficulties and challenges which are faced after the law enforcement ad reframe it in a better approachable way that it benefits patients and the ART centres to do IVF procedure more legally and stress free."



**DR. CHARUDUTT JOSHI, PhD**

Senior Embryologist  
Former President, ACE, India.  
Founder & Director  
Genes India, The ART Bank,  
J47 LIG Colony, Indore: 452010 MP.  
joshicharudutt@gmail.com

- "1) Transportation of gametes with in india ? It should be smoothly channelised.
- 2) Payment part to donors should be given some amount for apparition of their contribution to the society.
- 3) Once in life time for donor should be reconsidered with empathy. Sperm donor at least 7 times and female donor atleast 3 times should be considered.
- 4) Appropriate representation of the IVF fraternity in various boards, to ease the inspection and checking processes."

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**DR. CHARULATA CHATTERJEE**

M.Sc. Ph.D,  
Senior consultant  
embryologist of India

*"The Assisted Reproductive Technology (Regulation) Act, 2021 (ART Act) is a landmark legislation that regulates the provision of ART services in India. It was enacted in 2021, based on guidelines issued by the Indian Council for Medical Research (ICMR) in 2005.*

*Key features of the ART Act: Mandatory registration of ART clinics and ART banks: All ART clinics and banks must be registered under the National Registry of Banks and Clinics of India.*

*Clear eligibility criteria for couples and gamete donors. Like, only married couples and single women are eligible to receive ART services. Clear guidelines for consents and conditions for offering ART services. Duties of ART clinics and ART banks: As, they must provide all couples and gamete donors with accurate information about ART procedures and also maintain all records of ART procedures.*

*Offences and penalties for not following any provisions of the Act. The ART Act is a progressive piece of legislation and it should also consider the needs of different groups of people, including single men and the LGBTQ community.*

*Overall, the ART Act is a welcome step towards regulating the provision of ART services in India in a safe and ethical manner. It is expected to benefit a large number of couples and individuals who are struggling to conceive naturally."*



**DR. DURAI P**

PhD in Biotechnology  
Head, Embryology Lab Services,  
Dept. of Reproductive Medicine,  
KIMS Fertility Centre  
Krishna Institute of Medical Sciences,  
Ex Executive committee member,  
Academy of clinical embryologist  
(ACE), India.

*"The Assisted Reproductive Technology (ART) Regulation Bill and the Surrogacy (Regulation) Bill 2021 have made strides in ensuring ethica compliance, quality assurance, and the well being of surrogates and children born through ART. However, these bills do not fully address the welfare and support of fertility service providers. It is essential to give attention to these providers who play a role in reproductive assistance, including their professional rights, working conditions, and support systems. This gap emphasizes the need for legislation that considers all parties involved in reproductive medicine.*

*The ART Regulation Bill aims to tackle concerns regarding transparency and accountability in sperm and egg donation processes. It ensures that donor recruitment, screening, counseling are conducted ethically while maintaining confidentiality of donor records. These laws also establish much-needed regulations for infertility treatments in India by setting qualifications for professionals like embryologists, clinicians, counselors and andrologists.*

*It is important to note that regulating gamete donation helps prevent unfair practices portrayed in movies like "Vicky Donor." However we must also acknowledge that increased regulation may result in costs for donor materials, which could potentially limit access to fertility treatments for those seeking them. India's implementation of these laws signifies a progressive step forward in the field of reproductive medicine, serving as a noteworthy model for other nations to emulate. Being the world's most populous country India's dedication, to ethical and controlled fertility treatments offers optimism and inspiration to individuals striving to create their own families.*



**DR. Goral Gandhi**

M.Sc in Applied Biology  
Founder and Scientific Director,  
Global Fertility Solutions  
Global Fertility & IVF Center

*"Before this law, there was no regulation governing the ART providers. The ART & Surrogacy (Regulation) Act 2021 is most definitely a great and desired welcome relief as it fills this regulatory vacuum.*

*The law has specified the minimum requirements in terms of qualified personnel, equipment and infrastructure. This will greatly benefit the patients as sub-standard service providers will find it difficult to function.*

*The law is mainly aimed at regulating the much needed field of third party reproduction. There is no doubt that the rights of all the stakeholders - the donors, surrogates, patients and service care providers need to be protected. I hope that the law is successful in achieving all its aims. Currently, we are in the initial phases of implementation and the picture does not seem to be clear in certain aspects. With time, we will realise the benefits. There may also be felt a need for certain changes, which can be well represented for amendments. "*

# Opinion about the ART & Surrogacy Act 2021

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**DR. HARSHA BHADARKA**

Ph.D, Diploma in IVF and Reproductive Medicine (Kiel, Germany)  
IVF Lab Director and Chief Embryologist,  
Akanksha Hospital and Research Institute, Anand, Gujarat.  
IVF Lab Director,  
ZIVIA IVF Mumbai, Maharashtra.  
Secretary-SKHPL Institutional Ethics Committee.

*"The goal of India's most recent laws on assisted reproductive technology (ART) and surrogacy, which were unveiled in December 2021 and go into effect in March 2022, is to guarantee banks and fertility clinics follow morally and safely. The law, which aims to prohibit the misuse of reproductive health services and provide a safe and moral environment, was created to address issues pertaining to infertility, diseases, and other associated concerns.*

*The sector has been better organised, and the creation of an extensive data registry in India has improved accountability and transparency. These are the main advantages. Patients are currently having trouble adjusting to the new rules, nevertheless. Extensive paperwork, stringent eligibility requirements, uncertainty for single couples, comparatively low age restrictions, and harsh fines for noncompliance are all part of the procedure.*

*Despite these challenges, the law's overarching goal is to provide a regulated and secure environment for individuals seeking assistance with fertility issues. By emphasizing safe and ethical practices, the regulations offer hope to those navigating the complexities of reproductive health."*



**DR. KERSI M AVARI**

Ph.D (Reproductive Endocrinology),  
Senior Embryologist,  
Founder Director EART

*"Dr. Faced with the towering demand for surrogates and the increased awareness amongst the infertile couples, commercial surrogacy had flourished as a business in lieu of the vast number of underprivileged women eager to make a fair living by renting their wombs. Unfortunately, this need was capitalized on by middlemen, and an nexus was created between the healthcare system and women, resulting in the exploitation of the latter. Due to the widening financial gap and the disparity between individuals engaged in the practice of commercial surrogacy, both the surrogate and the child were vulnerable to exploitation leading to numerous incidents of harassment of surrogate mothers. The Surrogacy Regulation Bill, has to its best tried to end such exploitation and the unscrupulous activities and ill treatment of the vulnerable group.*

*Altruistic surrogacy includes no money related pay to the surrogate other than the clinical costs and protection inclusion during the pregnancy, meticulous documentation, precise screening coupled with legal documents all will pave way for precision in implementing procedures much to the advantage of the couple and the surrogate. Synchronised manner in which the processes right from recruitment, medical investigations, subsequent care and treatment and routine follow ups all will streamline the data for subsequent evaluation, apart from eliminating stress to the couple and surrogate alike. In a nutshell this step seems to streamline the concept of Surrogacy to perfection as its objectives are to control and supervise the ART facilities as well, and at the same time curbing unethical practices like sex selection and financial gymnastics. Most important of it all, a robust data base will be created for evaluation purpose to streamline the line of treatment."*

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**DR. KRISHNA CHAITANYA M**  
MBBS, GRS, MCE(Monash Australia)  
Scientific Head  
Oasis Fertility  
Expert ART state board member

*"The new ART Bill 2022, is a landmark decision in the history of India*

*This bill is an opportunity for every Indian IVF clinic to show the world the expertise we all have gained over the years and the data from the national registry will help us evolve as a leader in the fertility industry globally*

*The government has done its duty, now it's our turn to ensure this law is implemented for best patient care and ethical practices."*



**PROF. DR. MANISHA VAJPEYEE**  
PhD in Microbial Genetics  
Head Department of Embryology  
And Research.  
Pacific Medical University  
Udaipur (Raj)

*"As our center is located in tribal predominant belt of Rajasthan the ART & Surrogacy Act brings both promise and complexity. While vital, the legislation lacks clarity in certain areas, demanding careful interpretation in our unique healthcare setting. Navigating these challenges highlights the need for ongoing dialogue, education, and collaboration to ensure ethical practices.*

*Despite uncertainties, the Act establishes a crucial framework, safeguarding practitioners' rights and fostering ethical practices. The National Registry Data, though commendable, requires refinement. We remain hopeful that continuous feedback will shape the Act, making it more adaptive and effective for practitioners in diverse contexts."*



**DR. MS SRINIVAS**  
PhD,  
Founder President, ACE India  
Current Chairperson of Embryologist,  
ISAR India.  
Founder and Director  
Caree Fertility Clinic, Bangalore, India

*"It is really good to have an ART Act 2021 to regulate ART Procedure in India, but we have to self retrospect, whether this Act and Rules are ready to implement in all over India, because health sector is majorly governed by state health ministry. Each and every state should come up with sate ART portal which is linked to central portal system in order to avoid repeated stimulation procedure of same patients and or donors at different state portals.*

*To avoid malpractice, daily monitoring of all levels of ART clinics through unique portal system should be mandatory and need of this hour."*

◆ ◆ CURRENT UPDATES ◆ ◆

# Opinion about the ART & Surrogacy Act 2021

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**DR. NATCHANDRA CHIMOTE**  
B.Sc, MCE (Clinical Embryology), Phd  
Scientific Director  
Vaunshdhara Fertility Centre  
Nagpur, India

“ART and Surrogacy (Regulation) Act 2021 is a landmark law introduced after a 48 year history of IVF in India. It is an extremely welcome step that addresses the concerns of all stakeholders in the ART/ IVF scenario. Among the several positive provisions imparted by the ART law, the most modern and encouraging stipulation is that there is no discrimination against single women for ART-access; with offspring benefitting from all legal rights.

The guidelines for surrogacy aim at preventing exploitation of young women by middlemen and agents and offer a respite from the defamed state that ‘commercial surrogacy’ had caused. Donor gamete (sperm and oocyte) programmes are now channelized through ‘ART Banks’ and the law also makes it clear that an oocyte donor cannot be a surrogate mother. This is a necessary step to avoid any emotional and legal complications. However, the law is not clear on situations where a woman may face medical situations requiring both oocyte donation and surrogacy. Can such a woman receive eggs from one donor and have the embryos transferred to a different surrogate? Such intricate medical aspects need to be looked into, understood and clarified. But the most beneficial impact of the new law is the proposed ‘National registry’. Once properly formed and adequately streamlined, particularly with facilities of online up-dation, the National registry would be a treasure trove of data. At a given time, about 13-19 million couples are infertile in India out of which about 8% seriously need advanced ART treatment. With such figures, we can only imagine the voluminous amount of data that will be generated from the various IVF centres across India. The access of this data, its management, computation, analysis and results can pave the way for better treatment protocols and modalities in near future. It is heartening to even imagine how India can be a global leader so far as pathbreaking research in this field is concerned.



**DR. NISHAD CHIMOTE**  
M.Sc Biochem, M.Sc Clinemb  
University of Leeds UK  
Scientific Director & Chief  
Embryologist - Vaunshdhara Fertility  
Centre Pvt Ltd

“The ART & Surrogacy (Regulation) Act has been a game-changer for our IVF center, bringing a new era of transparency and ethical practices. It has elevated patient care standards, particularly with rigorous new protocols for donor sperm and egg usage, ensuring optimal compatibility and health safeguards. The Act’s comprehensive consent guidelines and surrogate screening procedures have significantly bolstered patient trust. Additionally, the meticulous record-keeping not only streamlines our administrative processes but also immensely contributes to the national registry, aiding vital research and policymaking. This robust regulatory framework has not only improved our operational efficiency but also placed us at the forefront of advanced, responsible reproductive healthcare, aligning our practice with the highest global standards.”

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**DR. NITIZ MURDIA**  
Co-Founder & MD,  
Indira IVF

Expert Member of National ART & Surrogacy board

"The ART and Surrogacy Acts in India mark an exciting turning point in infertility treatment. With clear guidelines on who can perform ART procedures, on whom, with what equipment, and how, the government is ensuring a regulated and ethical approach. These acts pave the way to eliminate any improper or unwanted practices that might have existed before, fostering a more reliable and trustworthy landscape for infertility treatments. The patients seeking ART treatment will be greatly benefited by the better outcomes and patient safety that the Act will ensure. They now have access to an ART authority for specific approvals and for redressal of their complaints. Interests of donors and surrogates have been safeguarded to ensure that vulnerable women are not exploited. The National Registry Data uplifts India's global stature, affirming our commitment to authentic IVF data management. Upon setting up an ART registry, all clinics will furnish outcome data, aiding patients in selecting the most promising clinics while enabling global comparisons of ART facilities in India. We whole heartedly welcome this new era and the positive change it is set to usher. This Act heralds a new era, strengthening our position on the world stage in comprehensive healthcare implementation."



**DR. PARAG NANDI**  
M.Sc, Ph.D

Scientific Director & Clinical Embryologist  
Cradle Fertility Centre, Kolkata

The main purpose of the ART & Surrogacy Regulation Act is to regulate the Assisted Reproductive Technology (ART) services in our country, to make the practice safer and ethically sound. Consequently, infertile couples will be more ensured/confident of the ethical practices in ARTs. India's First and World's second IVF Baby "Durga" (Ms. Kanupriya Agarwal) was born in 1978 in Kolkata, India, by the renowned reproductive physiologist Dr. Subhash Mukherjee's team but ART has grown by leaps and bounds in the last two decades. India has one of the highest growths in the ART centers and the number of ART cycles performed every year. ART, including In-Vitro Fertilization (IVF), has given hope to a multitude of persons suffering from infertility, but also introduced a plethora of legal, ethical and social issues. Before this Act, there were no standardisation of protocols and reporting was still very inadequate. The need to regulate the ART Services was mainly to protect the affected Women and the Children from exploitation. The oocyte donor and surrogate mother needs to be supported by an insurance cover as well, protected from multiple embryo implantation and children born through ART, should be provided all rights equivalent to Biological Children. The cryopreservation of sperm, oocytes and embryo by the ART Banks are being strictly regulated for the benefit of the child born through assisted reproductive technology.

Commercial surrogacy is now strictly prohibited including sale and purchase of human embryos and gametes. Altruistic surrogacy will be allowed on fulfilment of certain conditions to the Indian Married couples, Indian Origin Married Couples and Indian Single Women (Widow or Divorcee). Surrogacy Regulation Act 2021 and Rules 2022 intends to strictly prohibit the unethical practices in surrogacy, prevent commercialization of surrogacy and potential exploitation of surrogate mothers and children born through surrogacy.

Protecting and promoting public health and safety, including the provisions of healthcare, is one of the primary functions of the Government. It makes sense that Regulation occasionally raises unique concerns, difficulties, and disputes. For stakeholders involved in the health care business, the multitude of international regulations governing this field can be daunting.

There are instances when patients experience gaps between their lips and cups due to stringent healthcare regulations and any clinical workup ultra vires the Act. Sometimes it can be quite difficult for appropriate authority to identify gaps in the design and implementation of policies for healthcare regulation and to look into the underlying causes of the gaps that are not discovered. Healthy discussions between Government and all stakeholders including patients and professionals, will surely minimise that gap with time.

In my opinion Government of India (GOI) has shown an honest effort, to bring academically qualified and highly trained people into this field to enhance the quality of clinical practices. Besides, as Clinical Embryologist, I feel that, time has come when GOI should introduce a Clinical Registration Unique Number to all the Registered Clinical Embryologists, as and when they get registered in ART National Registry through State Health Department.

# Opinion about the ART & Surrogacy Act 2021

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**DR. PARASURAM GOPINATH**  
MBBS, MS ( OBG)  
Sr Consultant & Scientific Director  
CIMAR: The women's hospital,  
Edappal - Kochi - Thrissur

"It's indeed a welcome move to have the right regulations and guidelines with regards to ART treatment in India. It's helps in providing a more standardised care to patients by defining basic requirements like minimal requirement of equipments and trained manpower in each centre. It also give proper guidance to centre as well as the doctor to keep the required documentation in each centre and laboratory. The major challenges that I have seen is mainly in the situation of third party reproduction where there is still a log of ambiguity with respect to the anonimity of the gamete donors. The other major challenge is the criteria of the gamete donors where they can donate only once in a lifetime. This will bring in major challenge in getting donors after some time and make the whole treatment very expensive and difficult. It's important that we try and adopt policies used by other regulatory bodies around the world where these policies are tried and tested . Hence it's important we amend our regulations and guidelines to make this treatment safe, standardised, affordable and convenient."



**DR. RAHUL SEN**  
M.sc, Ph.D  
Chief Consultant Embryologist  
Neelkant IVF, Rajasthan

"The Assisted Reproductive Technology & Surrogacy (Regulation) Act 2021, passed by the Parliament, aims to regulate ART clinics & banks owing to rapid mushrooming of IVF facilities across India. It ensures supervision, licensing and protection of women's rights during fertility treatments. The Act covers rights to safeguard surrogate mothers, oocyte donors and promotes ethical, legal practices for successful treatments.

**Strength's:** The Act focuses on regulating Surrogacy & assisted reproduction. It defines technical terms in clarity and also cover registration, ethical practices, penalties for non-compliance and rights of children born via assisted reproduction & surrogacy. It establishes National & State boards for its proper implementation, emphasizes on the creation of a national registry for data analysis. It grants the government flexibility for future adjustments based on technological and socio-political changes.  
**Weaknesses:** The current act concerning Assisted Reproduction could have more clarity on the qualifications, experience and skills required for professionals working in ART clinics & banks. The act missed to mention requisites for infrastructure, equipment's needed during an ART clinic setup. The Act's implementation faces challenges in registering numerous ART clinics and banks across the country. Ensuring compliance with all aspects of Act poses a significant challenge nationwide."

# Opinion about the ART & Surrogacy Act 2021

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**DR. RAJEEV SHARMA, PhD**  
Director/Senior Embryologist  
Avhya IVF

*"In the realm of Assisted Reproductive Technology (ART), the spotlight is now on the groundbreaking Healthcare Regulation Act, a long-awaited beacon of change. This robust law has become the cornerstone of our daily practice, weaving ethical standards and efficiency into the intricate tapestry of IVF procedures.*

*For practitioners, the essence of this legislation lies in its ability to provide a structured framework, ensuring a seamless and accountable workflow. The benefits extend beyond the clinic walls, profoundly impacting patients in their battle against infertility. While challenges may arise, the overall effect is a revolutionary step towards prioritizing patient care and well-being.*

*A pivotal aspect of this legislation is the establishment of a National Registry Data. This monumental development not only enhances data management but propels India onto the global stage as a pioneer in authentic IVF data. The implementation of this Healthcare Regulation Act positions our nation as a leader, shaping the future of reproductive healthcare and fostering international trust and collaboration. As we decode the complexities of IVF, this law emerges as a guiding light, steering us towards a future of standardized excellence and global recognition."*



**DR. RAJNARAYAN SAHOO**  
M.Sc (Biotech), PhD,  
Director and Chief Embryologist,  
Ankuram IVF

*"The ART & Surrogacy Act has revamped assisted reproductive practices, offering a structured approach for practitioners like me. Patients benefit from legal clarity, but eligibility restrictions and the commercial surrogacy ban bring challenges. The National Registry is a game-changer, streamlining data and placing India at the forefront of global IVF discussions. Personally, it feels like contributing to a narrative of authenticity and transparency in reproductive healthcare. This law is shaping daily practices, providing reassurance yet introducing complexities in the fertility journey."*



**DR. RAJVI MAHETA**  
M.Sc, PhD,  
Academic Consultant -  
CooperSurigcals India; Scientific  
Consultant Trivector Biomed India

*"It was sometime around 2001-2002, that I remember making corrections to the draft guidelines on the Accreditation and Regulation of ART guidelines, a concept mooted by Dr Anand Kumar as there was a concern about the quality of care with the number of clinics mushrooming across India. It took nearly 20 years, extensive deliberations of all stake holders for it is to become a law. A new law like a toddler would surely have teething troubles. There are some technical ambiguities, some implementation difficulties which should hopefully settle with time.*

*As an embryologist, I feel that this law gives total recognition to an embryologist and their contributions - which was long overdue. The insistence of a Masters in Clinical Embryology has now led to a mushrooming of Universities offering this programme. At the last count, at least 16 Universities have started a MCE course in the last 2 years. Who is going to "regulate" the quality of education being provided? As of now, there are Universities where none of the faculty have stepped into an IVF Unit, they do not have all the equipment required by an IVF laboratory and are not affiliated with any ART Clinic. My worry is that the values, seriousness, commitment and dedication that the profession demands may not be inculcated, by provided by just "information" based education. I do hope that these are just the preliminary issues and ethical education is provided to build up knowledgeable, ethical and skilled embryologists in the future."*

# Opinion about the ART & Surrogacy Act 2021

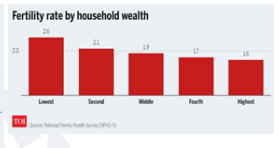
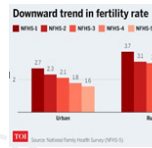
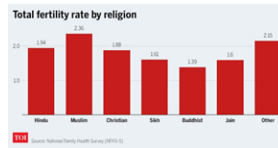
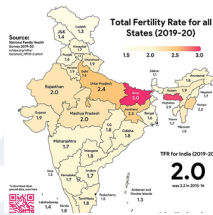
ALL NAMES ARE IN ALPHABETICAL ORDER



**DR. RAMDOSS SRINIVASAN**  
Chief Embryologist  
at Aasthafertility, Jaipur

“There is no gainsaying the fact that ART practice in India needs to be supervised with proper documentation to avoid overuse and abuse of ART on gullible patients. Whereas our Indian Govt ended up strangulating it and that too when every other country in the world is relaxing the rules more and more for couples and single woman etc., Because all the countries including China realized their folly of over controlling the ART and curtailing the reproductive freedom especially when the fertility rate is on a downward spiral. The Govt must review its harsh stand on restricting gamete donation norms which are making ART by third party reproduction almost impossible.

Even Surrogacy must be permitted with proper monetary compensation to make the same viable for intending couples and surrogates. The comparison of surrogacy with organ donation is highly arbitrary and insensitively unmindful of the pain of childless women and without taking any feedback from hundreds of surrogates in India. Our country had the unique experience of having produced so many surrogate babies without any major incidences.”



**DR. RATNA CHATTERJEE**  
MBBS, PhD,  
Scientific Director &  
Chief Embryologist  
Institute of Reproductive Medicine  
(IRM), Kolkata

“It is really a warning bell against the unscrupulous practices in the field of Assisted Reproductive Techniques (ART), but the frustrated infertile couples with high expectations when comes to an ART specialist, its create a tremendous stressful and confusing situation as the rules and regulations of ART bill are still not very clear specially those related to surrogacy and gamete donation. Regulations are too clumsy and some are without the touch of humanity so the setting up of ART bank if controlled and run by government it will be a better solution for both the infertile couples looking for ART treatment and the ART centres providing such facilities.”



**DR. RAVI NIRWANI**  
M.Sc, Ph.D, Lab Director & Chief  
Embryologist

1. This surrogacy law is outstanding law in favor of those patients who are struggling with infertility issues.
2. It has completely irradiated the misutilization of surrogates in terms of money and health as it has become fully altruistic and now surrogates have their health insurance for 3 years. But at the same time
3. Patients are struggling with lots of difficulties in getting the documentation done . It's time consuming as it requires almost 3 to 4 months altogether to complete one surrogacy procedure due to delay in documentation.Its very stressful for the patient to visit government officers more often and it involves bribery at every step of their activities.
4. It is difficult to hold the surrogate mother for such a longer time to take all the expenses.
5. In cases of Donors, still lots of misuse is going on. ART Banks does not have a database to maintain.
6. Donor Sperm charges are so expensive. 7. Banks & Clinic should arrange local donors otherwise the human race will be unethically culminated. Bcz pts will believe Clinicians & actually these are the real culprit.

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**PROF DR. SANJAY SHUKLA**

M.Sc, PhD,

Senior Consultant Embryologist &  
Adjunct Professor-  
Clinical Embryology  
Current President, ACE India

*"These ART and Surrogacy Acts and Regulations appear to have been rushed through. The government must have established a system capable of providing this extremely important and critical healthcare service in India. Despite the fact that the Acts were passed by parliament nearly two years ago, the government has failed miserably to provide the necessary help and regulatory infrastructure.*

*Particularly third-party assisted reproduction is harmed by a number of irrational legal regulations. In other situations, it seems to be an infringement on a person's basic right to procreate, and many couples' hopes of becoming parents via ART have been shattered. Regrettably, a large number of them are forced to resort to judicial interventions, as seen by the volume of writ petitions submitted to different courts. In the lack of a national registry, it is believed that agents and middlemen may breach the one-time donor policy."*

*"The Assisted Reproductive Technology (Regulation) Act, 2021, stands as a commendable effort to instill a comprehensive framework that prioritizes ethical considerations, safeguarding the well-being of patients and establishing legal protection within the realm of assisted reproductive technology (ART). Addressing issues of potential exploitation, the act aspires to elevate medical practices to high standards, ensuring that individuals seeking ART are treated with dignity and fairness. By fostering equity and accessibility, the legislation aims to create a balanced and closely monitored environment, emphasizing the rights and health of all parties involved.*

*Despite the admirable intentions outlined in the Act, its implementation at the state or ground level appears to face challenges, manifesting in a significant dilution of its impact. This discrepancy raises concerns and has led to substantial confusion among stakeholders. There is a pressing need for a consistent interpretation and application of the regulations across all states. A uniform approach is essential to ensure that the ethical, safety, and legal objectives of the Act are uniformly met, thus preventing potential exploitation and upholding the desired standards of care in ART practices.*

*Furthermore, the regulation of healthcare in India extends beyond the purview of the ART Act. There is a compelling case for enhancing the regulatory landscape to advance two critical aspects within the field of assisted reproductive technology.*

*1) The establishment of minimum academic degrees for Clinical Embryology aligns India with global standards, promising an elevated standard of practice.*

*To foster advancements in research and development (R&D), the government's support is vital. Providing grants for R&D initiatives, including research paper publications and travel grants for presentations at renowned international conferences like ESHRE/ASRM, will serve as a powerful incentive. This financial backing not only attracts high-caliber students but also lays the groundwork for substantial contributions to basic research in the field of Assisted Reproductive Technology (ART).*

*2) Ethical practices must be robustly enforced among Embryologists, who are registered with state boards. These professionals play a pivotal role in the success of ART procedures and are accountable in the event of any issues arising in the laboratory setting. Ensuring adherence to ethical standards not only establishes a culture of responsible conduct but also reinforces accountability in ART laboratories, contributing to the overall integrity of the field and the well-being of patients. The symbiotic relationship between robust healthcare regulations, quality education, and ethical practices is paramount for realizing the full potential of ART in India."*



**DR. SANKETH DHUMAL SATHYA**

M.Sc., MCE, ECE, EMPH (PhD)  
Senior Consultant Embryologist-  
Hegde Fertility, Hyderabad

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**DR. SARABPREET SINGH**  
MBBS, MD (AIIMS)  
Head, Clinical Embryology &  
Andrology at the Artemis Health  
Institute, Gurgaon  
India's first ESHRE-certified Senior  
Clinical Embryologist

ART ACT, 2021 was enforced to regulate and supervise the assisted reproductive technology clinics & banks, encourage safe and ethical practice of assisted reproductive technology services for addressing the issues of reproductive health. We would like to highlight its benefits and drawbacks in our opinion, keeping in mind its impact on clinical practice.

## Benefits:

1. ART can be offered to female age between 21 to 50 years which makes it medically safer
2. Documentation will improve.
3. Involvement of insurance, notary and recommendation for surrogacy keeps the gynecologist in a better position.
4. It allows ART centers to manage ART banks.
5. Documentation of the donor gametes is more streamlined
6. Surrogacy can be done with self gametes only makes it more couple oriented.

## Drawbacks:

1. Allows 7 eggs to be used from the donor. There is no recommendation regarding the use of remaining oocytes.
2. Donors usually have normal ovarian reserve so limiting to retrieving oocytes is difficult. We propose a higher number of oocytes (e.g. 12-15) would have been better, it's equally safe and number of better embryos for freezing.
3. Oocyte donors can donate once in a lifetime making the procedure expensive and unaffordable for the common man. Plus, it is difficult to find donors. We propose oocyte donation for atleast 2-3 times may be at an year long interval.
4. Insurance is expensive and coverage is for 1 year. Duration of insurance cover may be reduced with subsequent reduction in the premium value. This will also bring down the cost.
5. Restriction of sperm donation to only one commissioning couple has made IUI/IVF with donor sperm expensive and unaffordable. Sperm sample should be allowed to be used for atleast 5 couples.
6. Having known donors has ethical concerns & may invite unforeseen situations.
7. Consent form for TESA is not defined.
8. To improve the lab conditions, the ART Act should have laid down a more elaborate list of equipment focusing on air quality including temperature and relative humidity.
9. The donor should be compensated for medical expenses, lost time & wages, and discomfort due to treatment and an egg retrieval procedure. Similarly, surrogates should also be compensated.
10. If the authorities don't legalise the payments for donor and surrogates, it might spur up the development of an illegal, informal market in egg donation and surrogacy services. Besides, the cost of third party reproduction will go up exponentially.
11. Doctors are not sure about the impact of ART act on their practice. There is considerable ambiguity regarding the implementation of the new ACT.
12. The high cost of registration & severe punishments proposed by the ACT will only discourage the new practitioners from entering the field.

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**PROF. DR. SATISH ADIGA**  
M.Sc, PhD,  
Head, Centre of Excellence in  
Clinical Embryology,  
Kasturba Medical College,  
Manipal, India

*"There was a lack of comprehensive regulation governing ART procedures in India which led to concerns about the exploitation of patents, and importantly the absence of standards for clinics, embryological procedures and practitioners.*

*The regulatory bill aimed to protect all stakeholders involved in ART procedures, including intended parents, donors, surrogates, and children born through these technologies. A well-crafted ART regulation bill can now significantly contribute to improving the quality, safety, and ethical standards of fertility services in India, fostering a more reliable and trustworthy environment for individuals seeking assistance with reproductive technologies.*

*Decoding IVF: Current Updates" by Dr Nandi is an excellent work in the landscape of reproductive healthcare, serving as an invaluable guide elucidating the intricate legal framework surrounding IVF treatment in India. This comprehensive compendium, encompassing consents, affidavits, and pivotal insights aligned with Indian regulations, serves as a vital tool for all stakeholders navigating the realm of assisted reproductive technology."*



**DR. SUJATHA RAMAKRISHNAN**  
M.Sc, PhD,  
Head, Department of Embryology,  
NOVA IVF Fertility

*"Indian IVF marked it's beginning with the great work of Dr Subhash Mukherjee, which was performed alongside pioneering work in the pursuit of creating history conducted in other parts of the world. Unfortunately our success was contested from various quarters and ended up in lots of controversies because of the lack of presentation of scientific evidence and documents in appropriate forums at the right time.*

*Since then, most of the IVF work done in the subcontinent had only anecdotal references. Though we kept up with the world in terms of technological advancements and performed thousands of cycles every year, most of our work neither could be published in peer reviewed journals nor could help us with any information which would be beneficial in improving treatment efficiency. We had to rely on work done on other ethnic population in other parts of the world. With the implementation of ART Act, we have started to witness a change in our practice of IVF. Though mired with initial hiccups, points in ART Act such as mandatory qualification recommended for performing IVF, facilities required, guidelines regarding the use of donor gametes and most of all requirement of record keeping and submission would standardize performance of IVF, safeguard couples seeking infertility treatment, bring in more transparency and eventually will give us authentic data which will help in the formulation of right algorithms in infertility treatment for Indian couples."*



**EMB. SHRIKANT YATNALE**  
M.Sc,  
Senior Consultant Clinical  
Embryologist Of India

*"It was a great decision to implement this ART & SURROGAY LAW.*

*Few changes like restriction of Gamete Donation ONLY ONCE in life time should be relaxed and reformed. EMBRYO donation should be allowed in cases where both husband and wife are unable to produce gametes. Embryo donation is same like BABY ADOPTION but if the lady bears child in her WOMB will have emotional attachment also more than social one. Discarding embryo procedure should be clearly explained as to throw away and or for research what specific study can be done."*

## CURRENT UPDATES

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**PROF. DAKSHINAMOORTHY SWAMINATHAN**

M.Sc, PhD,  
Scientific Director  
Santhathi Crm, Mangalore.  
Former President, ACE, India.  
Visiting faculty & consultant  
Department of art  
K.S.Hegde medical college,  
Mangalore  
MD&CEO, Jones academy of clinical  
embryology, Chennai.

"We welcome the move to regulate the ART/SURROGACY practice in india. The issue with the current blanket ban on donor gametes for surrogacy is a setback. One can not predict the gamete preference by law alone. It is biology, we cannot control or sideline biology by law for the needy. Moreover, the entire code of practice is to be redone, with experts' opinions. After all, being a parent is an individuals choice. Let the choice be with the people concerned. The patients and the professionals involved, legitimately."



**DR. VARSHA SAMSON ROY**  
MBBS, MD( O&G), MCE (Singapore)  
Scientific Director  
BabyScience IVF clinics  
Former President, ACE, India.

"Any sector which is growing at a fast pace, has implications on the health of those undertaking the procedure & or impacts the society at large needs to be regulated .

The ART & surrogacy Act 2021 regulates & monitors the ART & Surrogacy services .  
This was much needed not only to regulate the ART sector but also to capture the data related to self & most importantly the donor & surrogacy cases.

The bill describes the minimum requirements of the infrastructure , the qualifications of the professionals involved & also the penalties & punishments of violating the law.  
There are however certain concerns for eg, it excludes single men but allows single women to avail ART services hence leading to discrimination in accessibility of ART services.  
A surrogacy clinic is not required to report surrogacy to the National registry, hence making the reporting to multiple bodies confusing.

There needs fine tuning of certain issues relating to the donor gametes especially the female gamete.  
Preventing the use of donor gametes in cases of surrogacy has already been challenged in the court of law.  
Much needs to be done regarding research involving embryos .  
All in all it's a good beginning .... But much more is needed especially in trying to implement it .  
The Govt's mindset as of now, "We-know-all" is very much myopic. The sudden spate of Court cases against the flaws is an ample proof to show that many infertile patients are affected unfairly by this ART Bill.

Not addressing the problems faced by infertile patients is bound to have far reaching worse consequences in terms of democratic dividend."



**DR. VED PRAKASH**  
M.Sc, PhD  
Consultant Clinical Embryologist,  
Scientific Director, Spermlife,  
Advanced Andrology Lab, Delhi  
Founder, iHERA  
Former President, ACE, India.

"The ART & Surrogacy (Regulation) Act is a landmark legislation addressing assisted reproductive technology in India. Its essence lies in safeguarding patients and regulating ART practices. The law significantly benefits daily practices by ensuring ethical standards, protecting patients' rights, and establishing a National Registry for IVF data. Patients will definitely experience more transparency and accountability in their ART and Surrogacy treatments, although challenges may arise in compliances of this Act.  
World's 2nd IVF Baby was born in India. Since then we didn't have any regulations other than ICMR guidelines. Enacting this robust ART & Surrogacy Act is itself a challenge for all stakeholders to implement in everyday practice in pan India basis. The National Registry Data will definitely enhance India's global standing, offering a comprehensive and authentic database, thereby contributing to global perspectives on IVF data management and healthcare regulation implementation."

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**DR. VIJAY MANGOLI**  
MSc, PhD.  
Laboratory Director  
Fertility Clinic  
Mumbai

India has made strides in assisted reproductive technology (ART) regulation, but there are areas where improvement could be beneficial:

**Surrogacy Regulations:** India has seen cases of exploitation in surrogacy arrangements. Strengthening laws to protect the rights of surrogates, ensuring fair compensation, and preventing commercialization and exploitation are necessary. However, genuinely needy couples face increased difficulties. There has to be a balance between prevention and permissions.

**Ethical Guidelines:** Clear guidelines on the ethical use of ART methods need reinforcement. This includes defining the permissible procedures, setting boundaries on genetic manipulation, and addressing issues related to embryo selection.

**Parental Rights and Responsibilities:** Defining the legal rights and responsibilities of all parties involved, especially in cases of gamete donation or surrogacy, is crucial. Clarity in parentage laws can prevent legal complications later on.

**Regulation of ART Clinics:** Establishing the basic infrastructure is extremely important. It is necessary to deploy sufficient and trained manpower to implement the law. Most of the local authorities are unaware of the interpretations of the clauses mentioned. Hence, there exist inter-state or even intra-state variations in decision-making, causing confusion. Regular audits and oversight of ART clinics by a dedicated regulatory body can help in maintaining quality standards and enforcing adherence to guidelines.

**Data Protection and Confidentiality:** Safeguarding patient data and ensuring confidentiality is crucial in ART due to the sensitive information involved. Strengthening laws to protect this data from misuse or breaches is essential.

**Age Restrictions and Limits:** Age restrictions and donation attempts for both donors and recipients are beneficial to safeguard the health of both the child and the parents. However, the rule of 'once in a lifetime' may become non-feasible and exorbitantly expensive.

**Law Awareness and Education:** There is a need for widespread public awareness campaigns to educate people about ART methods, their limitations, risks, and ethical considerations. It is equally necessary for the experts involved in the law-making process to communicate with IVF specialists through various platforms like conferences, webinars, etc., to clear doubts regarding its applicability.

**Affordability and Accessibility:** Making ART procedures more affordable and accessible, especially for economically disadvantaged individuals, can be considered through policy measures or subsidies. Improving the legal framework around ART in India demands a comprehensive approach that balances technological advancements with ethical considerations and safeguards the rights and well-being of all involved parties.



**DR. VIJAYKUMAR CHELUR**  
M.Sc, PhD,  
Senior Consultant Embryologist and  
a Great Teacher in the  
Field of Embryology

"Assisted Reproductive Technologies are no more a nascent scientific treatment but, has quite well an established medical procedure. It's no doubt evolving to newer heights but, not definitely an investigational research level treatment. In the entire treatment cycle the treating team of professionals and infertile couple gets bonded over thin tight rope walk on self regulated medical ethics, moral and spiritual decisions. When this self regulation starts getting off track a legal regulation and guidelines for functioning becomes a necessity. Many European and American states enacted these legal regulations much before India and have refined-revised the laws governing ART. In India we have this only from 2022. As an embryologist I welcome this wholeheartedly now we can say in India ART is not new but it's regulation is definitely new and in its nascent stages which requires many revisions before being potent to regulate the patient centric, medical & moral ethics centric, spiritual & socially acceptable regulation of ART. It's the collective responsibility of infertile couple, professionals from medical & legal departments, as well as lawmakers and people involved in law enforcement to make this ART law a good governing and regulating good practices by 2025."

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**ADV. JAYDIP GHOSH**

Judges Court (Allipore),  
High Court, Kolkata,

Contact: +91 9433441098,  
+91 9477986383,  
+91 9433432925,

Email: anamikaandjaydipghosh@gmail.com

*"Human conscience and aspirations today make such unbelievable achievements which are no less than God's grace if we do not use them otherwise and furthermore this alternative reproduction technology including surrogacy bloom smiles to many naturally unsuccessful couples.*

*The ART & Surrogacy ACT as implemented by The Government Of India definitely claims its pious intention to boost up a nation's morality as well as overcoming its deficiencies.*

*Different opinions have been observed in respect of the age limit of scientific application of alternative reproduction, however the Govt. of India, by its expert committee, may reconsider the same and may frame further guidelines regarding its activation.*

*Finally, this sort of act and activity is highly appreciable and time will show its success or failure."*



**ADV. MOHINI PRIYA,**

Advocate on Record  
Supreme Court of India

*"Infertility has been classified as a disease by the WHO, affecting one in every six individuals worldwide. The field of Artificial Reproductive Technology has seen a tremendous growth in the last few decades in India owing to our state of the art facilities at affordable prices. While the Surrogacy Act and the ART Act, 2021 are a welcome move for regulating the same, these two Acts in their present form fail to achieve the desired objectives. While the object behind the passing of the Surrogacy Act is to regulate commercial surrogacy and safeguard the rights of the surrogate mother and the child born out of surrogacy, they have majorly overlooked the reproductive rights of the major beneficiaries under the Act, which is the intending couple. The provisions by virtue of being excessively harsh and restrictive making it almost impossible for a couple to avail surrogacy treatment. Adding to this, the Central Government by a recent notification dated 14.03.2023 has banned the use of donor eggs for surrogacy by a married intending couple, which vitiates the entire purpose of availing of surrogacy by couples having a medical indication under Rule 14 of the Surrogacy Rules 2022. The notification in essence disables those very people that the Act was meant for. Apart from that, the Act allows only altruistic surrogacy. While the intent behind the same is noble, the law makers failed to take into account the ground realities of Indian society. Altruism is too high an ideal to be achieved in a country like India where there is rampant poverty and inequality. In fact going through the scheme of the Surrogacy Act, 2021, "altruistic" surrogacy is a misnomer, as the Act provides for "other prescribed expenses" to be worked upon between the surrogate mother and the intending couple, apart from the insurance coverage. Hence the Surrogacy Act in essence envisages a "compensated surrogacy" model as is practised in many developing countries of the world. The use of the term "altruistic" is creating confusion and should be read down by the Hon'ble Supreme Court. Apart from this there are inconsistencies between the two Acts as regards the age limits for availing surrogacy and ART treatments. While the minimum age for availing ART by a single woman is 21 years, the same for a couple availing surrogacy is 23 years. There is no logic behind this 2 years age gap as some couples (for example where the woman has an absent uterus) might need surrogacy since inception. Also, while single unmarried women can avail ART treatments, single women (apart from widows and divorcees) cannot go for surrogacy. There seems to be no rational basis for such intra class distinction between single women per se, considering single unmarried women have a right to adopt in India. Another loophole is that the ART Act, 2021 has completely overlooked the rights of egg donors, by restricting donations to only once and providing no compensation for egg donors, which is likely to lead to a major shortage of egg donors in the country. The heavy penalties and punishments provided for medical practitioners for contravention of the Acts is disproportionate and excessive, as the fear of prosecution would likely affect the judgments of doctors, which could prove to be counterproductive. Thus in order to make the Acts workable, the Government should strive to make them enabling rather than unnecessarily harsh and restrictive."*

# Opinion about the ART & Surrogacy Act 2021

ALL NAMES ARE IN ALPHABETICAL ORDER



**ADV. NITYASH SOLANKI**  
ASSOCIATE PARTNER AT ARENESS  
CONSULTANCY

- Litigation of cases before forums such as NCLT, NCLAT, High Court and other trial courts in Delhi.
- Handling responsibilities such as client counselling, drafting, pleading, briefing designated senior advocates of Supreme Court of India.  
Mobile: +91 8764280845,  
Email: nityashsolanki@gmail.com

## *"Where Health meets Justice – Creating Lives and Safeguarding Rights.*

Questions regarding infertility treatment methodologies in India should be addressed to intending couples seeking to conceive. Every couple in our country deserves the opportunity to raise a child who grows into a responsible citizen, bringing pride to the parents. Enforcing stringent legal policies concerning the desires of a couple should be framed reasonably, using intelligent differentiation under special circumstances. India recently enacted laws to govern ART (Assisted Reproductive Technology) and surrogacy services within the country. The Surrogacy (Regulation) Act 2021 and the Assisted Reproductive Technology (Regulation) Act 2021 were officially notified by the central government. Their primary objectives include establishing a National Surrogacy Board at the central level, along with state surrogacy boards and appropriate authorities in states and union territories. These measures aim to ensure the safe and ethical practice of assisted reproductive technology services, addressing reproductive health issues where such technology is necessary for individuals seeking parenthood, dealing with infertility, or preserving gametes, embryos, and embryonic tissues for future use. According to the Union Health Ministry, India has emerged as a hub for the global fertility industry, witnessing a significant rise in reproductive medical tourism in recent years. The Central Ministry of Health and Family Welfare has, over the past two years, paved the way through rules and regulations related to the professional standards of services operated by ART Clinics & Banks in our country. Starting with the registration process to qualification requirements, the Ministry has notified the essential criteria to legitimately address concerns. It is noteworthy that Level 2 ART clinics must accommodate at least one 'Expert Professional' (such as a Gynaecologist, Embryologist, Counsellor, or Andrologist) to keep pace with the challenges faced by intending couples regarding conception. To validate the role of the nationwide IVF industry, it was essential to draft regulatory norms concerning professional standards. The breach of professional standards must not go unnoticed in the eyes of the law."

# DECODING IVF

◆ ◆ CURRENT UPDATES ◆ ◆

# Important Discussions About ART & Surrogacy Act.




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Video Disclaimer: The views, opinions and statements made in the Video, are solely those of the speakers and may not reflect the views of this Newsletter "Decoding IVF: Current Updates".




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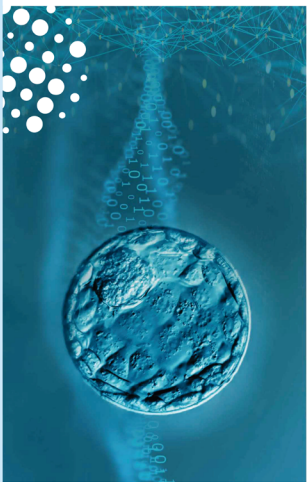
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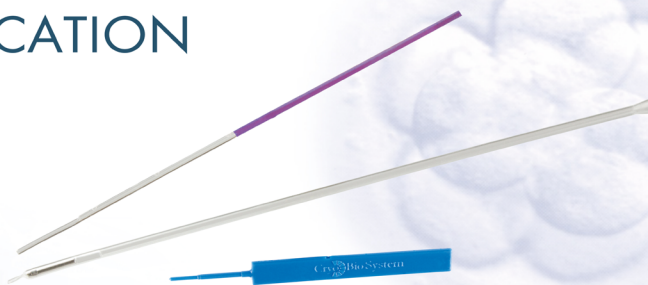
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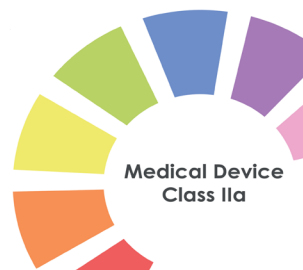
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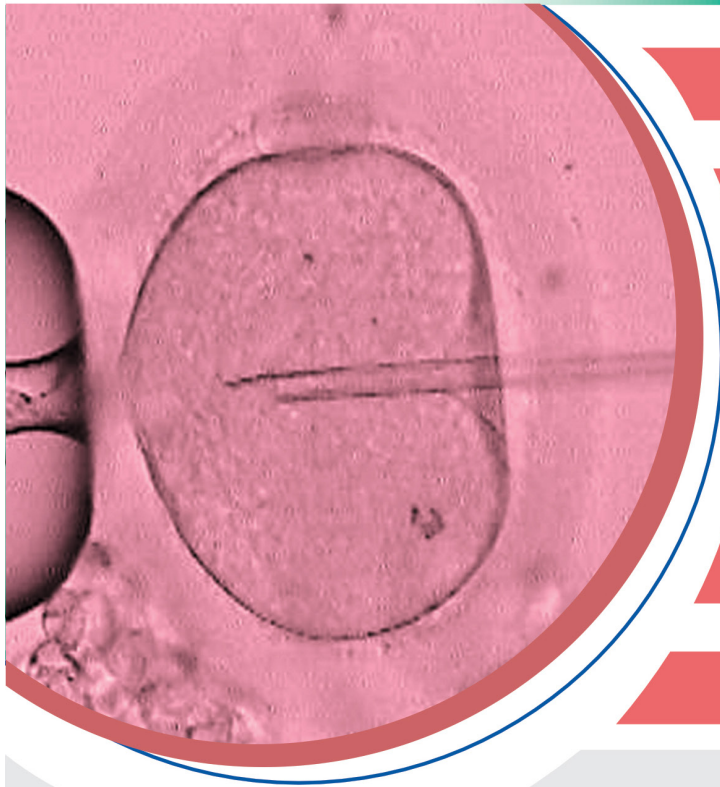
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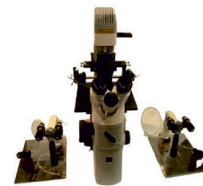
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