[Affidavit in case of Individual Ownership]

(Affidavit to be attested from Registered Notary/ Oath Commissioner.)

I,.....Age.....Gender.....Address

2) That any change of above i.e. (point no. 1) will be intimated 7 days prior to the expected date of such change without any fail.

4) That my contact details are listed below :

1	Mobile No.	
2	Email ID	
3	Communication Address	
4	Permanent Address	

5) That I have read and understood the ART Act/Rules 2021 , Surrogacy Act/Rules 2021 and PC &PNDT Act/Rules 1994

6) That I also undertake to explain the said Acts and Rules to all employees of the ART centre/hospital/ART bank/Surrogacy Clinic in respect of which registration is sought and to ensure that Act and Rules are fully complied with.

7) That I accept my vicarious liability as on behalf of the (Name of the ART centre/hospital/ART bank/Surrogacy Clinic) under all applicable laws as deemed fit

8) That I will follow instructions issued by the Appropriate Authority, GNCTD from time to time.

10) That I will neither engage our-self and our centre into any techniques/ methods etc which is capable of Pre Conception /Pre Natal Determination of sex nor shall disclose the sex of foetus to anybody

11) That I shall exercise all due diligence to prevent the commission of any offe	nce, puni	shable
under this Act committed by M/s	(Name	of the
Clinic/Centre/Hospital) and shall be liable to be proceeded against and punishe	ed accord	ingly.

Deponent

Verification :

Verified that the contents of the above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent