

CHECKLIST FOR INTENDING COUPLE/INTENDING WOMAN

NAME OF APPLICANT:

DATE OF APPLICATION:

ADDRESS:

MOBILE:

| NO | ITEM | TICK IF SUBMITTED | DATE OF SUBMISSION | SIGNATURE (APPLICANT) | SIGNATURE (OFFICE) | DATE FOR INTERVIEW |
|----|--|-------------------|--------------------|-----------------------|--------------------|--------------------|
| 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) | | | | | |
| 8. | SURROGATE MOTHER | | | | | |
| | AADHAR CARD | | | | | |
| | CONSENT CERTIFICATE as per FORM 2 of Surrogacy (Regulation) Rules, 2022 | | | | | |
| | PROOF OF MARRIAGE | | | | | |
| | PROOF OF AGE: Birth certificate/10th certificate/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 | | | | | |
| | DECLARATION that the SURROGATE MOTHER WILL NOT PROVIDE HER OWN GAMETE for this procedure | | | | | |