

Checklist

For issuance of Certificate of a Medical Indication Certificate under Section 4(iii) (a) (I) of the Surrogacy Regulation Act, 2021

S. No.	Details of Documents for Intending Couple/Woman																																										
1.	<ul style="list-style-type: none"> Application with specific clause of medical indication necessitating gestational surrogacy under Rule 14 of The Surrogacy (Regulation) Act, 2021 and Rules, 2022 i.e. clause (a) or (b) or (c) or (d) to be mentioned in submitted application Letter (along with 2 passport-sized photographs) from Intending Couple/Woman. 																																										
2.	<p>(i) For application under Rule 14 of The Surrogacy (Regulation) Act, 2021 and Rules 2022, clause (a) or (c) or (d) needful medical reports to be submitted in following format in chronological / date wise manner: -</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 10%;">S. No.</th><th style="width: 15%;">Medical Diagnosis</th><th style="width: 15%;">Relevant Date</th><th style="width: 15%;">Medical Case Summary</th><th style="width: 15%;">Result / Final Outcome</th><th style="width: 15%;">Documents Enclosed at Page No.</th><th style="width: 15%;">Remarks if Any</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>(ii) For application under Rule 14, clause (b) needful medical reports to be submitted in following format in chronological / date wise manner: -</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 10%;">S. No.</th><th style="width: 20%;">Medical Procedure (IVF, IUI, ICSI, etc)</th><th style="width: 15%;">Date of Event</th><th style="width: 15%;">Event Summary</th><th style="width: 15%;">Result / Final outcome</th><th style="width: 15%;">Documents Enclosed at Page No.</th><th style="width: 15%;">Remarks if Any</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	S. No.	Medical Diagnosis	Relevant Date	Medical Case Summary	Result / Final Outcome	Documents Enclosed at Page No.	Remarks if Any															S. No.	Medical Procedure (IVF, IUI, ICSI, etc)	Date of Event	Event Summary	Result / Final outcome	Documents Enclosed at Page No.	Remarks if Any														
S. No.	Medical Diagnosis	Relevant Date	Medical Case Summary	Result / Final Outcome	Documents Enclosed at Page No.	Remarks if Any																																					
S. No.	Medical Procedure (IVF, IUI, ICSI, etc)	Date of Event	Event Summary	Result / Final outcome	Documents Enclosed at Page No.	Remarks if Any																																					
3.	Self-attested copy of Aadhar Card and Passport (if applicable) of the Intending Couple/Woman. As proof of DOB, Address etc.																																										
4.	Self-attested copy of valid Marriage Certificate along with Photographs of the Intending Couple.																																										