DIARY NO. 26554/2024

IN THE SUPREME COURT OF INDIA

(CIVIL ORIGINAL JURISDICTION)

WRIT PETITION (CIVIL) NO. --------- OF 2024

(UNDER ARTICLE32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

DR. AQSA SHAIKH …Petitioner

Vs.

UNION OF INDIA & ORS. ...Respondents

PAPER BOOK

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RADIAM LAW

ADVOCATE FOR THE PETITIONER

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A

PROFORMA FOR FIRST LISTING

SECTION X (PIL)

The Case pertains to (Please tick/check the correct box):

☐	Central Act : (Title)	THE SURROGACY (REGULATION) ACT, 2021, .
☐	Section :	Section 2(S)
☐	Central Rule : (Title)	N.A.
☐	Rule No(s) :	N.A.
☐	State Act : (Title)	N.A.
☐	Section :	N.A.
☐	State Rule : (Title)	N.A.
☐	Rule No(s) :	N.A.
☐	Impugned Interim Order : (Date)	N.A.
☐	Impugned Final Order/Decree : (Date)	N.A.
☐	High Court : (Name)	N.A.
	Name of Judges	N.A.
☐	Tribunal/Authority : (Name)	N.A.

1. Nature of Matter : ☐ Civil ☐ Criminal
2. (a) Petitioner/Appellant no. : Dr. Aqsa Shaikh.
   (b) e-mail ID : emailtoaqsa@gmail.com
   (c) Mobile Phone Number : N.A.
3. (a) Respondent No. 1 : Union of india & Ors.
   (b) E-mail ID : N.A.
   (c) Mobile Phone Number : N.A.
4. (a) Main category classification : 18

(b) Sub classification : 1807 (Others)

5. Not to be listed before : N.A.

6. (a) Similar/disposed of matter with citation if any case details: No Similar matter disposed off.

(b) Similar pending matter with case details : **W.P.(C) No. 756/2022**

7. Criminal Matters:

(a) Whether accused/convict has surrender: ☐ Yes ☐ No

(b) FIR No. N.A. Date :N.A.

(c) Police Station : N.A.

(d) Sentence Awarded : N.A.

(e) Sentence Undergone : N.A.

8. **Land Acquisition Matter :**

(a) Date of Section 4 notification : N.A.

(b)Date of Section 6 notification : N.A.

(c) Date of Section 17 notification : N.A.

9. **TaxMatters :** State the tax effect : N.A.

10. **Special Category** (first petitioner/appellant only): N.A.

☐ Senior citizen > 65 years ☐ SC/ST ☐ Woman/child ☐ Disabled

☐ Legal Aid case ☐ In custody

11. Vehicle Number (in case of Motor Accident Claim matters) : N.A.

Date: 23.03.2023

AOR for Petitioner(s)/Appellant(s)
RADIAM LAW
registration no. 3101
Email :radiamlawfirm@gmail.com

Mob:7388888839

SYNOPSIS

The Petitioner, Dr. Aqsa Shaikh, is a medical doctor and Community Medicine Specialist. She is a trans person and activist who has filed the present petition in public interest seeking a declaration that the Surrogacy (Regulation) Act, 2021 ("The 2021 Act"), to the extent that it excludes single unmarried women and trans persons from availing surrogacy procedures is violative of Articles 14, 15(1) and 21 of the Constitution of India.

Section 2(s) of the 2021 Act defines "intending woman" who can avail of surrogacy procedures, as an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail of surrogacy. Following this, the Respondent Government issued the Surrogacy (Regulation) Rules, 2022 ("The Rules") which were subsequently amended by Notification numbered GSR 179 (E) dated 14.3.2023, amending para 1 (d) of Form 2 under the Surrogacy (Regulation) Rules, 2022 relating to obtaining consent of the surrogate mother. Para 1 (d) was omitted and substituted by a provision limiting women availing of surrogacy to divorced or widowed women. Therefore, the Rules and Amendment Notification state that only married couples or women who are divorced or widowed can avail of surrogacy procedures, thus excluding single unmarried women and transgender persons from availing surrogacy. As such, all women who are single, and never married, or women in live-in relationships, women in

same-sex relationships and queer women are completely excluded from availing surrogacy procedures.

By such exclusion from availing surrogacy and through it the right to form a family, the statute discriminates on the basis of marital status and gender identity and violates women's right to reproductive autonomy. Excluding unmarried single women from within the remit of "intending woman" is a sex-based classification under Article 15(1) as it is based on women's marital status or single status. Such exclusion without any justification for such classification perpetuates negative stereotypes against single unmarried women that they are incapable of parenthood which has been held to be unconstitutional by the Supreme Court in ***Anuj Garg v. Hotel Association of India*** **((2008) 3 SCC 1).** Further, in in ***Indian Young Lawyers Association Ors. v. The State of Kerala and Ors***. (2019) 11 SCC 1 it was held that the constitutional values of dignity and freedom necessitate that the Courts cannot accept any claims that in their final effect will stigmatize or stereotype women as being weak and lesser human beings, having the effect of impairing individual dignity. Childbearing and parenthood are a means to a family life which forms an important facet of the Right to Life under Article 21. In excluding single women and transgender persons from availing surrogacy procedures, the Act and the Rules deny them the right to start a family life through surrogacy and would render the finding of the Supreme Court in ***Deepika Singh v. Central Administrative Tribunal*** **(2022**

D

SCCOnline SC 1088) ineffective where it has been held that family life would include atypical families as well and not just those of heterosexual married couples. Further, such a classification would impinge on women's reproductive autonomy which has been recognized as part of Article 21 in ***Suchita Srivastava v. Chandigarh Admn***., (2009) 9 SCC 1 and as a facet of the right to privacy in ***Justice K.S. Puttaswamy (Retd.) v. Union of India*** **(2019) 1 SCC 1.** The Supreme Court in ***NALSA v. Union of India and Ors***. ***(2014) 5 SCC 438*** has recognized the rights of trans persons including the right to non-discrimination on the basis of gender identify and their right to family life and adoption. As such, if trans persons are capable becoming parents and raise adopted children, there cannot be any basis for denying them the right to be a parents through surrogacy procedure.

It is therefore essential that the Court issue appropriate writ, orders or directions declaring that the Surrogacy (Regulation) Act 2021 as being ultra vires Articles 14, 15(1) and 21 of the Constitution of India to the extent that it excludes single unmarried women and transgender persons from availing surrogacy procedure and further set aside the Amendment Notification dated 14.3.2023 to the extent that it amends para (d) of Form 2 under the Surrogacy (Regulation) Rules, 2022 to exclude single unmarried women and transgender persons from availing the surrogacy procedure.

E

LIST OF DATES

25.12.2021 The Government of India through the Ministry of Health and Family Welfare notifies the Surrogacy (Regulation) Act, 2021 with the stated purpose of being an act to *"constitute National Assisted Reproductive Technology and Surrogacy Board, State Assisted Reproductive Technology and Surrogacy Boards and appointment of appropriate authorities for regulation of the practice and process of surrogacy and for matters connected therewith or incidental thereto."* The Act carried Section 2(s) which defines "intending woman" as a woman who can avail of surrogacy procedures, as an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail of surrogacy thereby excluding single unmarried women and trans persons from the remit of the Act.

21.6.2022 The Government of India through the Ministry of Health and Family Welfare notifies the Surrogacy (Regulation) Rules, 2022 covering among other things, matters relating to the requirement, qualification, employment at a registered surrogacy clinic, the requirement in relation to equipment, and the manner of obtaining consent of a surrogate mother.

F

14.3.2023 The Government of India through the Ministry of Health and Family Welfare issued amendment notification number GSR 179 (E) amending para 1 (d) of Form 2 under the Surrogacy (Regulation) Rules, 2022 relating to obtaining consent of the surrogate mother. Para 1 (d) was omitted and substituted by a provision limiting women availing of surrogacy to divorced or widowed women giving effect to Section 2(s) of the Act.

Hence, the present Petition before this Hon'ble Court.

IN THE SUPREME COURT OF INDIA

(CIVIL ORIGINAL JURISDICTION)

WRIT PETITION (CIVIL) NO. --------- OF 2024

(UNDER ARTICLE32 OF THE CONSTITUTION OF INDIA)

IN THE MATTER OF:

DR. AQSA SHAIKH

D/o Mr. Abdulsattar Shaikh

Aged about 41 years

R/o D-401, Jamia Hamdard,

Delhi - 110062 …Petitioner

Vs.

1. Union of India

   Through its Secretary

   Ministry of Health and Family Welfare

   Nirman Bhawan

   New Delhi – 110001.

   Represented by its Principal Secretary …Respondent No.1

2. Union of India

   Through its Secretary

Ministry of Law and Justice

Room No. 436, A Wing, 4th Floor

Shastri Bhawan, Rajendra Prasad Rd.

New Delhi - 110001 …Respondent No. 2

3. Union of India

Through its Secretary

Ministry of Women and Child Development

Room No. 353, A Wing, 3rd Floor

Shastri Bhawan, Dr Rajendra Prasad Rd.

New Delhi - 110001 …Respondent No. 3

A WRIT PETITION UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA CHALLENGING SECTION 2 (S) OF THE SURROGACY (REGULATION) ACT, 2021, AND THE SURROGACY RULES TO THE EXTENT THAT 'INTENDING WOMAN' IS RESTRICTED TO DIVORCED AND WIDOWED WOMEN, THUS BARRING ALL OTHER SINGLE UNMARRIED WOMEN FROM AVAILING SURROGACY, AND ALSO THE LEGISLATION TO THE EXTENT THAT IT DOES NOT ALLOW TRANSGENDER

PERSONS TO AVAIL OF SURROGACY PROCEDURES, AND SEEKING APPROPRIATE WRIT, ORDER OR DIRECTION FOR THE PROTECTION OF FUNDAMENTAL RIGHTS GUARANTEED UNDER ARTICLES 14, 15(1) AND 21 OF THE CONSTITUTION OF INDIA.

TO,

THE HON'BLE CHIEF JUSTICE OF INDIA AND
HIS COMPANION JUSTICES OF THE HON'BLE
SUPREME COURT OF INDIA

MOST RESPECTFULLY SHOWETH:

1. That the Petitioner, Dr. Aqsa Shaikh, is a medical doctor and Community Medicine Specialist. She is a Professor of Community Medicine at Hamdard Institute of Medical Sciences & Research (HIMSR), Jamia Hamdard. She is a transgender woman and activist. She is an educator at Jamia Hamdard and has talked about her transition story to dismantle the stigma and discrimination against transgender persons in India.

(A copy of the Petitioner's Aadhar Card No. 2131 6201 9915 is annexed herewith and marked as **ANNEXURE - P/1page(30)**

(A copy of the Petitioner's Medical Practice Certificate No. 66477 is annexed herewith and marked as **ANNEXURE - P/2 page(** *31)*

2. The complete name and address of the Petitioner is as mentioned hereinabove. The e-mail address of the Petitioner is emailtoaqsa@gmail.com. The PAN card number of the Petitioner is CWFPS3696P and she has an annual income of approximately Rs. 30 Lacs.

   (A copy of the Petitioner's E-PAN card is annexed herewith and marked as **ANNEXURE – P/3 page (32)**

   (A copy of the Petitioner income tax returns filed for the financial year 2021-22 is annexed herewith and marked as **ANNEXURE – P/4 page (33-37)**

3. That in 2021, the Petitioner became the first trans woman to head a COVID-19 vaccination centre in the country. The Petitioner, along with other doctors successfully petitioned the Delhi Commission for Protection of Child Rights to recommend the Delhi Government to ban medically unnecessary interventions on intersex children. The Petitioner works on LGBTQIA+ rights,

rights of Persons with Disability, and Mental Health. She has a keen interest in Medical Ethics, Medical Humanities, and Medical Education Technology. She is a Fellow of Advanced Course in Medical Education. She is an author of medical books, and blogs with Times of India, Indian Express, Women's Web, and Youth ki Awaaz along with other publications. She received the Youth ki Awaaz Award for the best article on Mental Health. She is recipient of National Transgender Awards. She is a poet and writes in English, Hindi, and Urdu. She is also a TEDx and Josh Talks Speaker and has spoken at various colleges and universities across India to raise the issue of healthcare access to transgender people.

4. The Petitioner works towards ending gender-based discrimination and violence against women and trans persons. The Petitioner is a trans rights activist working on the protection of their rights for the last 5 years, and has worked towards organizing support groups, public consultation, advocacy campaigns for implementation of stronger laws for the protection and equal treatment of women and trans persons.

(A copy of the newspaper article from The Week titled, "Meet Dr. Aqsa Shaikh, the first transgender to head a Covid centre in India" is annexed herewith and marked as **ANNEXURE – P/5 page (***38-40*)

(A copy of the newspaper article from Forbes titled, "Discrimination against trans persons plagues India's health care…" is annexed herewith and marked as **ANNEXURE – P/6 page (** *41-45* **)**

5. That the petitioner is filing the present Public Interest Litigation under Article 32 of the Constitution of India for the larger interest of the community and does not have any personal interest, private motive or oblique reason for filing the present petition.

6. That there is no civil, criminal or revenue litigation involving the petitioner which could have a nexus with the issues involved in the PIL.

7. That it is to state that the present matter involves enforcement of an important fundamental right under Articles 14, 15 and 21 of the Constitution of India of women and trans persons to avail the facilities under the Surrogacy Act, 2021 and in view of the

importance of this matter affecting the public at large, the Petitioner is filing the instant writ petition. Hence, the Petitioner has not submitted any representation to any authority and is instead filing the present Writ Petition by way of public interest litigation under Article 32 of the Constitution of India.

8. That the Petitioner has not filed any petition/petitions before this Hon'ble Court or any other Court/Tribunal seeking same/similar reliefs as have been prayed for in this Writ Petition.

9. The brief facts leading to the filing of this petition are as follows:

10. It is submitted that Section 2(s) under the Surrogacy (Regulation) Act 2021, ("The 2021 Act") defines "intending woman" who can avail of surrogacy procedures, as an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail of surrogacy. Following this, the Respondent Government issued the Surrogacy (Regulation) Rules, 2022 which were subsequently amended by Notification numbered GSR 179 (E) ("The impugned notification") dated 14.3.2023, amending para 1 (d) of Form 2 under the Surrogacy (Regulation) Rules, 2022 relating to obtaining consent of the surrogate mother. Para 1 (d)

was omitted and substituted by a provision limiting women availing of surrogacy to divorced or widowed women.

11. These Rules and the said Form II state that only married couples or women who are divorced or widowed can avail of surrogacy procedures, thus excluding single unmarried women and transgender persons from availing surrogacy.

(A copy of the Surrogacy (Regulation) Act, 2021 is annexed herewith and marked as **ANNEXURE – P/7 page (** *46-66*)

(A copy of the Surrogacy Regulation Rules, 2022 is annexed herewith and marked as **ANNEXURE – P/8 page (** *67-78*)

(A copy of the amendment notification dated 14.3.2023 amending Rule 7 of the Surrogacy Regulation Rules, 2022 is annexed herewith and marked as **ANNEXURE – P/9 page (** *79-80* **)**

12. Thus, the Act and the Rules only entitle women who are married, divorced or widowed from availing of surrogacy procedures. They exclude single unmarried women from availing surrogacy. This would mean that all women who are single, and never married, or women in live-in relationships, women in same-sex relationships and queer women would be completely excluded from availing surrogacy procedures.

13. These would also exclude transgender persons from availing of surrogacy procedures. Transgender people are increasingly opting for surrogacy as their chosen path for building a family. Transgender persons who have stored eggs or sperm before their gender affirmation procedures, may have eggs, sperm or embryos in storage available for them to use in a surrogacy process. Alternatively, they may be able to provide eggs or sperm to create embryos to conceive a child through surrogacy. However, Section 2 (s) of the Act, only refers to "intending woman" and does not include transgender persons, and therefore they would be excluded from using surrogacy procedures to have a child.

14. That the exclusion of queer and transgender persons from availing of surrogacy, also amounts to discrimination on the ground of gender identity and sexual orientation. Queer persons would not be able to get legally married, as there is no legal recognition of marriage for queer persons except for transgender persons in a heterosexual relationship as held by this Hon'ble Court in ***Supriyo@Supriya Chakraborty and Anr. v. Union of India*** **W.P. No. 1011/2022.** Hence excluding queer persons from availing surrogacy would not only amount to discrimination on the basis of

sexual orientation and gender identity it will also hinder their right to family life.

15. That further, the right of trans persons to adopt children has been recognized by this Hon'ble Court in ***NALSA v. Union of India and Ors***. ***(2014) 5 SCC 438*** As such, if trans persons are capable becoming parents and raise adopted children, there cannot be any basis for denying them the right to be a parents through surrogacy procedure.

16. That the provisions which exclude single unmarried women and transgender persons from availing surrogacy bear no nexus with the stated intent of the Act, which is the provision of surrogacy procedures and the regulation of the practice and process of surrogacy in India. There has been no medical or scientific reason forthcoming for such an exclusion. The marital or single status of the "intending woman' has no reasonable nexus with the object of the legislation and hence such exclusion of single unmarried women from its scope is completely discriminatory and in excluding single unmarried women it perpetuates harmful stereotypes and impinges upon women's reproductive autonomy and right to family life.

17. In many other jurisdictions where surrogacy is legally permitted, there is no restriction of marital status of the person intending to have the child through surrogacy, nor is there a restriction on their gender identity or sexual orientation. the Surrogacy Arrangements Act 1985 of the United Kingdom for example, all 'persons' can avail of surrogacy arrangements.

(A copy of the Surrogacy Arrangements Act 1985 is annexed herein and is marked as **ANNEXURE – P/10 page (** *81-89* **)**

18. Further, the Yogyakarta principles, under the Yogyakarta Plus 10, in principle 24 direct that legal, surrogacy provisions should be provided without discrimination based on gender identity and sexual orientation. Principle 24 states as follows:

"RELATING TO THE RIGHT TO FOUND A FAMILY (PRINCIPLE 24) STATES SHALL:

H. Protect children from discrimination, violence or other harm due to the sexual orientation, gender identity, gender expression or sex characteristics of their parents, guardians, or other family members;

I. Issue birth certificates for children upon birth that reflect the self-defined gender identity of the parents;

J. Enable access to methods to preserve fertility, such as the preservation of gametes and tissues for any person without discrimination on grounds of sexual orientation, gender identity, gender expression, or sex characteristics, including before hormonal treatment or surgeries;

K. Ensure that surrogacy, where legal, is provided without discrimination based on sexual orientation, gender identity, gender expression or sex characteristics.

(A extract of the Yogyakarta Principles is annexed herewith and marked as **ANNEXURE – P/11 page (** *90-92* **)**

19. That the Surrogacy Act and Rules along with the impugned notification to the extent that they prohibit single unmarried women from availing surrogacy facilities falls foul of Article 21 of the Constitution of India. This takes away the reproductive rights of single unmarried women to be able to decide the manner in which they want to have children. In the present law, as they are excluded from the Act, the only option available to them to have children would be through adoption, which may not always be available or which may not be the option they choose. Hence, this restricts their rights to reproductive autonomy.

20. The 2013 Report of the Committee of Elimination of Discrimination Against Women ("CEDAW") has noted in Decision 57/II that the *"right to autonomy (for women) requires measures to guarantee the right to decide freely and responsibly on the number and spacing of their children."* It has also expressed concern where countries fail to ensure the reproductive rights of women, which include *"the right of women to autonomous decision-making about their health."*

21. Human Rights law and commitment under International Law requires States to ensure non-discrimination in the context of laws and policies around reproductive health and rights. This includes ensuring laws on reproductive choices are not based on gender stereotypes including traditional conceptions of motherhood and maternity.

22. Hence, the restriction of the "intending woman' amounts to a violation of the constitutional rights of persons under Articles 14, 15(1) and 21 of the constitution.

23. Thus, based on the facts set out hereinabove, the Court ought to declare that the provisions of the Surrogacy Act, impugned notification and the Rules to the extent that they prohibit single unmarried women and transgender persons from availing surrogacy fall foul of Articles 14, 15(1) and 21 of the Constitution of India.

24. That the Petitioner has filed the present Writ Petition seeking protection of their fundamental rights on the following grounds:

GROUNDS

(A) That the Surrogacy Act and Rules along with the impugned notification to the extent that they only permit 'intending woman' which is defined as divorced or widowed women, to avail surrogacy facilities and prohibits single, unmarried women and transgender persons, from availing surrogacy, fall foul of Articles 14 and 15(1) of the Constitution of India. It is now settled law that for any legislative classification to be reasonable under Article 14 of the Constitution, the classification must be founded on intelligible differentia and the differentia must have a rational nexus to the objective sought to be achieved by the legislation.

(B) **THAT** the Act and Rules along with the impugned notification in excluding single unmarried women and trans persons from availing surrogacy without providing any reasons for the disqualification perpetuate harmful stereotypes against single unmarried women and trans persons which ultimately lead to their ostracization from society or in some cases also violence. A difference in treatment has no objective and reasonable justification if it does not pursue a legitimate aim or if there is not a reasonable relationship of proportionality between the means employed and the aim sought to be realized.

(C) **THAT** there is no such intelligible differentia or reason for classification placed on record by the State the basis on which a heterosexual married couple or a divorced or widowed woman is considered to be inherently more capable of being a parent and forming a family as compared to an unmarried woman or a trans person and therefore denied access to surrogacy procedures. The Act and Rules along with the impugned notification in excluding single unmarried women from availing surrogacy without providing any reasons for the disqualification perpetuate harmful stereotypes against single unmarried women which ultimately lead

to their ostracization from society or in some cases also violence. A difference in treatment has no objective and reasonable justification if it does not pursue a legitimate aim or if there is not a reasonable relationship of proportionality between the means employed and the aim sought to be realized.

(D) **THAT** This Hon'ble Court in ***Anuj Garg v. Hotel Association of India*** **((2008) 3 SCC 1)** has expounded on the anti-stereotyping principle in the context of sex discrimination. Excluding unmarried single women from within the remit of "intending woman" is a sex-based classification under Article 15(1) as it is based on women's marital status or single status. Such exclusion without any justification for such classification perpetuates negative stereotypes against single unmarried women that they are incapable of parenthood. In *Anuj Garg*, this Court has unequivocally stated that:

"Legislation should not be only assessed on its proposed aims but rather on the implications and effects … No law in its ultimate effect should end up perpetuating the oppression of women." [paras 46 and 47]

(E) **THAT** this Hon'ble Court has in ***Indian Young Lawyers Association Ors. v. The State of Kerala and Ors***. (2019) 11 SCC 1 held that the constitutional values of dignity and freedom necessitate that the Courts cannot accept any claims that in their final effect will stigmatize or stereotype women as being weak and lesser human beings, having the effect of impairing individual dignity.

(F) **THAT** in ***Joseph Shine v. Union of India*** ((2019) 3 SCC 39, that gendered provisions perpetuate harmful stereotypes and laws that undermine or which are based on stereotypes of lack of autonomy of women over their bodies cannot be sustained.

(G) This Hon'ble Court in ***D.*Velusamy v *D.Patchaiammal,* (2010) 10 SCC 469** has in fact recognized cohabitation as "relationships in the nature of marriage" In fact, When it comes to the form of a couple's relationship, the Protection of Women from Domestic Violence Act, 2005 offers protection to women who may live or have lived in a shared household in a "relationship in the nature of marriage." Thus, when courts have progressively recognized changed forms of coupledom and cohabitation and recognized live-in relations and relationships in the nature of marriage, and

even atypical families, the exclusion of single, unmarried women from the scope of the Act and denying them access to surrogacy procedures amounts to a violation of the right to family life under Article 21 of the constitution.

(H) **THAT** there is a widespread bias against single women which is steeped in negative stereotypes. Compared to married or coupled people, who are often described in positive terms, single, never married women and queer women are assumed to be immature, maladjusted and are presumed to be unable to handle family life. These negative stereotypes lead to discrimination in systemic, structural, institutional ways in which single women are unfairly disadvantaged. Often this systemic discrimination is built into laws and an example of this is the Act and the Rules which exclude single unmarried women from availing of surrogacy.

(I) **THAT** childbearing and parenthood is a means to a family life which forms an important facet of the Right to Life under Article 21. In excluding single women and transgender persons from availing surrogacy procedures, the Act and the Rules deny single unmarried women the right to start a family life through surrogacy. This would be even more pronounced for women in live-in

relationships, where they have partners but are unmarried and hence unable to avail of surrogacy, or queer women or women in same sex relationships where they are unable to get married as the law does not permit same sex marriages. In such situations, unmarried women would be deprived of the right to a family life.

(J) **THAT** this Hon'ble Court has held that reproductive rights of a woman will include the choice to give birth and raise children. That there should be no restriction on exercise of reproductive choices. Such a reproductive right would be part of Article 21 in ***Suchita Srivastava v. Chandigarh Admn***., (2009) 9 SCC 1. As such, the Act and the Rules violate the reproductive autonomy, dignity and right to privacy under Article 21 of the Constitution by disallowing single women from availing surrogacy. It is for the State to show that such restriction is reasonable or proportional to satisfy the objective of the law.

(K) **THAT** Under Article 14 of the European Convention of Human Rights, the Courts have now interpreted marital status to be one of the characteristics included in "other status" and thus a ground on which discrimination prohibited. The European Court of Human Rights considers the absence of a marriage tie as one of the aspects

of personal "status" which may be a source of discrimination prohibited by Article 14.

(L) **THAT** childbearing and parenthood is a means to a family life which forms an important facet of the Right to Life under Article 21. In excluding single women from availing surrogacy procedures, the Act and the Rules deny single unmarried women the right to start a family life through surrogacy.

(M) **THAT** family life today has been recognized by this Hon'ble Court to also include atypical families and not only of heterosexual married couples in ***Deepika Singh v. Central Administrative Tribunal*** **(2022 SCCOnline SC 1088)** and this Hon'ble Court held:

> *"26. The predominant understanding of the concept of "family" both in the law and in society is that it consists of a single, unchanging unit with the mother and a father (who remain constant over time) and their children. This assumption ignores both, the many circumstances which may lead to a change in one's familial structure, and the fact that many families do not conform to this expectation*

to begin with. Familial relationships may take the form of domestic, unmarried partnerships or queer relationships. Household may be a single parent household for any number of reasons, including the death of a spouse, separation, or divorce. Similarly, the guardians and caretakers (who traditionally occupy the roles of the "mother" and the "father") of children may change with the remarriage, adoption, or fostering. <u>These manifestations of love and of families may not be typical but they are as real as their traditional counterparts. Such atypical manifestations of the family unit are equally deserving not only of protection under law but also of the benefits available under social welfare legislation. The black letter of the law must not be relied upon to disadvantage families which are different from traditional ones.</u> ..."[para 26]

(N) **THAT** This Hon'ble Court in ***Justice K.S. Puttaswamy (Retd.) v. Union of India*** **(2019) 1 SCC 1**, has recognized right to reproductive autonomy as a facet of the right to privacy wherein

the Court held that "a woman's freedom of choice whether to bear a child or abort her pregnancy are areas which fall in the realm of privacy." Further, it was noted that:

> *"the sanctity of marriage, the liberty of procreation, the choice of a family life and the dignity of being are matters which concern every individual irrespective of social strata or economic well-being. The pursuit of happiness is founded upon autonomy and dignity. Both are essential attributes of privacy, which makes no distinction between the birth marks of individuals" [para 157]*

(O) **THAT** the Supreme Court in ***Navtej Johar and ors. v. Union of India*** ((2018) 10 SCC 1) has observed that right to privacy included the right to union and companionship. The Act must embrace the decision in ***Navtej*** by allowing queer women or women in same-sex relationships to avail of surrogacy and the same would be denied if single unmarried women are excluded from the Act.

(P) **THAT** It is submitted that this Hon'ble Court has held that reproductive rights of a woman will include the choice to give birth and raise children. That there should be no restriction on exercise of reproductive choices. Such a reproductive right would be part of Article 21 as declared in ***Suchita Srivastava v. Chandigarh Admn***., (2009) 9 SCC 1

(Q) **THAT** women's right to reproductive autonomy, and the elimination of prejudice and harmful stereotypes against women is enshrined in international human rights law. Article 16.1 of the Universal Declaration of Human Rights and Article 23.2 of the International Covenant on Civil and Political Rights recognize the right of every individual to found a family.

(R) **THAT** Articles 1, 2 and 3 of the Convention of Elimination of all forms of Discrimination Against Women ("CEDAW") provide that there should be equal political, economic, social, cultural and civil rights for women regardless of their marital status. That Article 5 of CEDAW provides that States have clear obligations to commit to the elimination of prejudices and all practices which are based on stereotyped notions of the proper roles and places for men and women.

(S) **THAT** The 2013 Report of the Committee of Elimination of Discrimination Against Women ("CEDAW") has noted in Decision 57/II that the "right to autonomy (for women) requires measures to guarantee the right to decide freely and responsibly on the number and spacing of their children." It has also expressed concern where countries fail to ensure the reproductive rights of women, which include "the right of women to autonomous decision-making about their health."

(T) THAT the right of transgender persons to equality under the Constitution and the right against discrimination was recognized by this Court in ***NALSA v. Union of India and Ors. (2014) 5 SCC 438***, which held that, *"Gender identity forms the core of one's personal self, based on self-identification, not on surgical or medical procedure and that Gender identity is an integral part of sex and no citizen can be discriminated on the ground of gender identity, including those who identify as third gender. Hence discrimination on the basis of sexual orientation or gender identity includes any discrimination, exclusion, restriction or preference, which has the effect of nullifying or transposing equality by the law or the equal protection of laws guaranteed under our*

Constitution." Thus, the exclusion of transgender persons from the Surrogacy Act and Rules amounts to discrimination against them on the basis of their gender identity, under Articles 14 and 15 (1) of the constitution.

(U) THAT as held by this Hon'ble Court in ***Supriyo@Supriya Chakraborty and Anr. v. Union of India 2023 INSC 920,*** transgender persons in a heterosexual relationship have the right to marry, and therefore the exclusion of transgender persons from availing of surrogacy would be in violation of their fundamental rights to life under Article 21 of the constitution which includes the right to autonomy and the right to have a family and also would amount to discrimination on the basis of gender identity under Article 15 of the Constitution.

(V) That the right against discrimination under the Transgender Persons Act, 2019. Section 3 of the Transgender Persons Act codifies the prohibition against discrimination in the following terms:

"3. Prohibition against discrimination. — No person or establishment shall discriminate against a transgender person on any of the following grounds, namely: —

(a) the denial, or discontinuation of, or unfair treatment in, educational establishments and services thereof;
(b) the unfair treatment in, or in relation to, employment or occupation;
(c) the denial of, or termination from, employment or occupation;
(d) the denial or discontinuation of, or unfair treatment in, healthcare services;
(e) the denial or discontinuation of, or unfair treatment with regard to, access to, or provision or enjoyment or use of any goods, accommodation, service, facility, benefit, privilege or opportunity dedicated to the use of the general public or customarily available to the public;
(f) the denial or discontinuation of, or unfair treatment with regard to the right of movement;
(g) the denial or discontinuation of, or unfair treatment with regard to the right to reside, purchase, rent, or otherwise occupy any property;
(h) the denial or discontinuation of, or unfair treatment in, the opportunity to stand for or hold public or private office; and
(i) the denial of access to, removal from, or unfair treatment in, Government or private establishment in whose care or custody a transgender person may be." (emphasis supplied)

As evident from Clauses (a) to (i), this provision is a catch-all provision which seeks to eliminate discrimination against the transgender community both in public as well as private spaces. Hence, the exclusion of transgender persons from Section 3 (d) and 3 (e) to avail surrogacy would amount to discrimination in health care services and also in access to services and facilities, and deserves the intervention of this Hon'ble Court.

(W) THAT the Yogyakarta principles, under the Yogyakarta Plus 10, in principle 24 direct that were legal, surrogacy provisions should be provided without discrimination based on gender identity and sexual orientation.

That the Petitioner has not filed any other petition before this Hon'ble Court or any other court seeking the same relief.

PRAYER

Wherefore, in view of the facts and circumstances stated hereinabove, it is most respectfully prayed that this Hon'ble Court may be pleased to:-

(a) Issue a writ of mandamus or any other writ or direction in the nature of certiorari or any other appropriate writ, declaring that the Surrogacy (Regulation) Act 2021 as being ultra vires Articles 14, 15(1) and 21 of the Constitution of India to the extent that it excludes single unmarried women and transgender persons from availing surrogacy procedure; AND

(b) Issue an appropriate Writ, Order or Direction in the nature of certiorari or any other appropriate writ, setting aside the Amendment Notification dated 14.03.2023 to the extent that it amends para (d) of Form 2 under the Surrogacy (Regulation) Rules, 2022 to exclude single unmarried women and transgender persons from availing the surrogacy procedure; AND/OR

(c) Pass any other order deemed fit in the interest of justice

AND FOR THIS ACT OF KINDNESS, THE PETITIONERS SHALL, AS IN DUTY BOUND EVER PRAY

DRAWN BY

APARNA MEHROTRA
ADVOCATE

FILED BY:

SETTLED BY

JAYNA KOTHARI
(SENIOR ADVOCATE)

RADIAM LAW

ADVOCATE FOR THE PETITIONER

DRAWN ON: 30.05.2024
FILED ON: 10.05.2024

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)
IN
WRIT PETITION (CIVIL) NO. _____OF 2024

IN THE MATTER OF:

DR. AQSA SHAIKH ....PETITIONER

VERSUS

UNION OF INDIA AND ORS. ...RESPONDENTS

AFFIDAVIT

I, AQSHA SHAIKH, D/O ABDULSATTAR SHAIKH, R/O D-401, JAMIA HAMDARD, NEW DELHI-110062, DO HEREBY SOLEMNLY AFFIRM AND STATE ON OATH AS UNDER:-

1. That I am the Petitioner in the present Writ Petition. I am well conversant with the facts of the case and thus competent to swear and affirm to this affidavit.

2. That the contents of accompanying Synopsis & List of Dates (Page B to E), Writ Petition (Page No. 1 to 29, Para 1 to 24) and accompanying application(s) are true and correct to my knowledge and belief.

3. That the annexures annexed herewith are true copies of their respective originals.

IDENTITY THE EXECUTANT/DEPONENT WHO WAS SIGNED IN THE PRESENCE OF

Ashaich

DEPONENT

VERIFICATION:

Verified at New Delhi on 7th day of June 2024, that the contents of above affidavit are true and correct to my knowledge and belief and nothing material has been concealed therefrom.

Ashaich

DEPONENT

The Seal of the Oath Commissioner Sl. No. 64/2023 B.P. YADAV App. By Delhi High Court Period: 15.07.2023 to 14.07.2025

CERTIFIED THAT THE DEPONENT Shri/Smt./Km. Aqsa Shaikh S/o W/o D/o Abdulsattar Shaikh R/o Identified by Shri/Smt. Apurb Srivastava Adv. signed before me at New Delhi on 10/6/24 as Sl. No. ... day ... that the contents of ... to him

10/6/24

ANNEXURE- P/1

भारत सरकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम/ Enrolment No.: 0623/12144/03357

To
अक़्सा शेख
Aqsa Shaikh
C/O Abdulsattar Sulaiman Shaikh
D-401, Third Floor, Block D
Jamia Hamdard University Campus
Hamdard Nagar
Near Batra Hospital
Hamdard Nagar
Pushpa Bhawan
South Delhi Delhi - 110062
8527148505

Download Date: 13/10/2019

Generation Date: 10/09/2016

Signature valid

Digitally signed by CS UNIQUE IDENTIFICATION AUTHORITY OF INDIA 04 Date: 2019.10.13 13:26:29 IST

QR Code with Photograph

आपका आधार क्रमांक / Your Aadhaar No. :

2131 6201 9915

VID : 9108 2972 0227 4380

मेरा आधार, मेरी पहचान

भारत सरकार

Government of India

अक़्सा शेख
Aqsa Shaikh
जन्म तिथि/DOB: 15/02/1983
महिला/ FEMALE

2131 6201 9915

VID : 9108 2972 0227 4380

मेरा आधार, मेरी पहचान

Government of India

AADHAAR

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं |
- पहचान का प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारा प्राप्त करें |
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है |

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है ।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा ।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
अब्दुलसत्तार सुलाईमान शेख, डी-४०१, थर्ड फ्लोर, ब्लॉक डी, जामिया हमदर्द यूनिवर्सिटी कैंपस, बत्रा हॉस्पिटल के पास, हमदर्द नगर, हमदर्द नगर, साउथ दिल्ली,
दिल्ली - 110062

Address:
C/O Abdulsattar Sulaiman Shaikh, D-401, Third Floor, Block D, Jamia Hamdard University Campus, Near Batra Hospital, Hamdard Nagar, Hamdard Nagar, South Delhi, Delhi - 110062

QR Code with Photograph

2131 6201 9915

VID : 9108 2972 0227 4380

1947 help@uidai.gov.in www.uidai.gov.in

TRUE COPY

ANNEXURE-P/2

DELHI MEDICAL COUNCIL

(Constituted under the Delhi Medical Council Act, 1997)

Certificate of Registration

Registration No. 66477 - Original Registration Date - 27 December, 2013

Name, Father's Name & DOB	Address	Qualifications with Year	Name of College	Name of University	Validity of Certificate
Dr. AQSA SHAIKH (FEMALE) ABDULSATTAR SULEMAN SHAIKH 15 February, 1983	D-401, Residential Accommodatio, Jamia Hamdard, Delhi, 110062	M.B.B.S. - 2006 M.D. (COMMUNITY MEDICINE) - 2010	Seth G.S. Medical College, Bombay Seth G.S. Medical College, Bombay	Maharashtra University of Health Sciences, Nashik Maharashtra University of Health Sciences, Nashik	This Certificate is valid upto - 28 February, 2029

DELHI MEDICAL COUNCIL NEW DELHI

DR. GIRISH TYAGI
REGISTRAR

Dated The: 29 February, 2024

IMPORTANT NOTICES

- Every Registered Medical Practitioner should be careful to send to the Registrar's immediate notice of any change in his address and also answer all enquiries that may be sent to him by the Registrar in regard thereto in order that his correct address may be duly inserted in the State Medical Register.
- MD (Physician) qualification awarded by various medical universities/institute outside India is equivalent to MBBS qualification in India.
- This is computer generated certificate. You may scan the QR Code from your mobile and check the credentials of this certificate at www.delhimedicalcouncil.org

ANNEXURE-P/3

आयकर विभाग INCOME TAX DEPARTMENT

सत्यमेव जयते

भारत सरकार GOVT. OF INDIA

ई– स्थायी लेखा संख्या कार्ड
e - Permanent Account Number (e-PAN) Card

CWFPS3696P

नाम / Name	AQSA SHAIKH
पिता का नाम / Father's name	ABDULSATTAR SULEMAN SHAIKH
जन्म की तारीख / Date of Birth	15/02/1983
लिंग / Gender	Female

हस्ताक्षर / Signature

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

Signature Not Verified

Digitally signed by Income Tax PAN Services Unit, NSDL eGovernance
Date: 2019.11.14 12:53:49 IST
Reason: NSDL e-PAN Sign
Location: Mumbai

- ✓ Permanent Account Number (PAN) facilitate Income Tax Department linking of various documents, including payment of taxes, assessment, tax demand tax arrears, matching of information and easy maintenance & retrieval of electronic information etc. relating to a taxpayer.
  स्थायी लेखा संख्या (पैन) एक करदाता से संबंधित विभिन्न दस्तावेजों को जोड़ने में आयकर विभाग को सहायक होता है, जिसमें करों के भुगतान, आकलन, कर मांग, टैक्स बकाया, सूचना के मिलान और इलक्ट्रॉनिक जानकारी का आसान रखरखाव व बहाली आदि भी शामिल है ।
- ✓ Quoting of PAN is now mandatory for several transactions specified under Income Tax Act, 1961 (Refer Rule 114B of Income Tax Rules, 1962)
  आयकर अधिनियम, 1961 के तहत निर्दिष्ट कई लेनदेन के लिए स्थायी लेखा संख्या (पैन) का उल्लेख अब अनिवार्य है (आयकर नियम, 1962 के नियम 114B, का संदर्भ लें)
- ✓ Possessing or using more than one PAN is against the law & may attract penalty of upto Rs. 10,000.
  एक से अधिक स्थायी लेखा संख्या (पैन) का रखना या उपयोग करना, कानून के विरुद्ध है और इसके लिए 10,000 रुपये तक का दंड लगाया जा सकता है।
- ✓ The PAN Card enclosed contains Enhanced QR Code which is readable by a specific Android Mobile App. Keyword to search this specific Mobile App on Google Play Store is "Enhanced QR Code Reader for PAN Card.
  संलग्न पैन कार्ड में एनहान्स क्यूआर कोड शामिल है जो एक विशिष्ट एंड्रॉइड मोबाइल ऐप द्वारा पठनीय है। Google Play Store पर इस विशिष्ट मोबाइल ऐप को खोजने के लिए कीवर्ड "Enhanced QR Code Reader for PAN Card" है।

Cut

आयकर विभाग INCOME TAX DEPARTMENT — भारत सरकार GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CWFPS3696P

नाम / Name
AQSA SHAIKH

पिता का नाम / Father's Name
ABDULSATTAR SULEMAN SHAIKH

जन्म की तारीख / Date of Birth
15/02/1983

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

Fold

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं:
आयकर पैन सेवा इकाई, एन एस डी एल
चौथी मंजिल, मंत्री स्टर्लिंग,
प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कालोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

HOLO GRAM

If this card is lost / someone's lost card is found, please inform / return to :
Income Tax PAN Services Unit, NSDL
4th Floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: tininfo@nsdl.co.in

Electronically issued and Digitally signed ePAN is a valid mode of issue of Permanent Account Number (PAN) p… e
Explanation occurring after sub-section (8) of Section 139A of Income Tax Act, 1961 and sub-rule (6) of Rule 114… re

TRUE COPY

Data updated till 20-Jul-2022

TDS Centralized Processing Cell | TRACES TDS Reconciliation Analysis and Correction Enabling System

ANNEXURE-P/4

सत्यमेव जयते
Government of India
Income Tax Department

Form 26AS

Annual Tax Statement under Section 203AA of the Income Tax Act, 1961

- See Section 203AA and second provision to Section 206C (5) of the Income Tax Act, 1961 and Rule 31AB of Income Tax Rules, 1962

Permanent Account Number (PAN)	CWFPS3696P	Current Status of PAN	Active	Financial Year	2021-22	Assessment Year	2022-23
Name of Assessee	AQSA SHAIKH						
Address of Assessee	D-401 THIRD FLOOR BLOCK D, NEAR BATRA HOSPITAL JAMIA, HAMDARD UNIVERSITY CAMPUS, HAMDARD NAGAR HAMDARD, NAGAR SOUTH DELHI, DELHI, 110062						

- Above data / Status of PAN is as per PAN details. For any changes in data as mentioned above, you may submit request for corrections Refer www.tin-nsdl.com / www.utiitsl.com for more details. In case of discrepancy in status of PAN please contact your Assessing Officer
- Communication details for TRACES can be updated in 'Profile' section. However, these changes will not be updated in PAN database as mentioned above

(All amount values are in INR)

PART A - Details of Tax Deducted at Source

Sr. No.	Name of Deductor				TAN of Deductor	Total Amount Paid/ Credited	Total Tax Deducted #	Total TDS Deposited
1	SANGATH				BLRS19168C	245000.00	24500.00	24500.00
Sr. No.	**Section [1]**	**Transaction Date**	**Status of Booking***	**Date of Booking**	**Remarks****	**Amount Paid / Credited**	**Tax Deducted ##**	**TDS Deposited**
1	194JB	24-Mar-2022	F	24-May-2022	-	30000.00	3000.00	3000.00
2	194JB	11-Jan-2022	F	24-May-2022	-	45000.00	4500.00	4500.00
3	194JB	15-Dec-2021	F	29-Jan-2022	-	60000.00	6000.00	6000.00
4	194JB	07-Oct-2021	F	29-Jan-2022	-	90000.00	9000.00	9000.00
5	194JB	24-May-2021	F	29-Jul-2021	-	20000.00	2000.00	2000.00
Sr. No.	**Name of Deductor**				**TAN of Deductor**	**Total Amount Paid/ Credited**	**Total Tax Deducted #**	**Total TDS Deposited**
2	NATIONAL LAW INSTITUTE UNIVERSITY				BPLN01204A	5000.00	500.00	500.00
Sr. No.	**Section [1]**	**Transaction Date**	**Status of Booking***	**Date of Booking**	**Remarks****	**Amount Paid / Credited**	**Tax Deducted ##**	**TDS Deposited**
1	194JB	06-Mar-2022	F	02-Jun-2022	-	5000.00	500.00	500.00
Sr. No.	**Name of Deductor**				**TAN of Deductor**	**Total Amount Paid/ Credited**	**Total Tax Deducted #**	**Total TDS Deposited**
3	HAMDARD INSTITUTE OF MEDICAL SCIENCES AND RESEARCH				DELH14577D	1762515.00	292505.00	292505.00
Sr. No.	**Section [1]**	**Transaction Date**	**Status of Booking***	**Date of Booking**	**Remarks****	**Amount Paid / Credited**	**Tax Deducted ##**	**TDS Deposited**
1	192	31-Mar-2022	F	06-Jun-2022	-	126491.00	62731.00	62731.00
2	192	28-Feb-2022	F	06-Jun-2022	-	125743.00	45000.00	45000.00
3	192	28-Feb-2022	F	06-Jun-2022	-	231825.00	34774.00	34774.00
4	192	31-Jan-2022	F	06-Jun-2022	-	122992.00	45000.00	45000.00
5	192	31-Dec-2021	F	31-Jan-2022	-	133312.00	30000.00	30000.00
6	192	01-Dec-2021	F	31-Jan-2022	-	120928.00	9000.00	9000.00
7	192	31-Oct-2021	F	31-Jan-2022	-	120928.00	9000.00	9000.00
8	192	30-Sep-2021	F	07-Nov-2021	-	162906.00	9000.00	9000.00
9	192	31-Aug-2021	F	07-Nov-2021	-	198700.00	9000.00	9000.00
10	192	31-Jul-2021	F	07-Nov-2021	-	105552.00	5000.00	5000.00
11	192	30-Jun-2021	F	09-Nov-2021	-	105552.00	10000.00	10000.00
12	192	31-May-2021	F	09-Nov-2021	-	102034.00	10000.00	10000.00
13	192	30-Apr-2021	F	09-Nov-2021	-	105552.00	14000.00	14000.00
Sr. No.	**Name of Deductor**				**TAN of Deductor**	**Total Amount Paid/ Credited**	**Total Tax Deducted #**	**Total TDS Deposited**
4	ANUSANDHAN TRUST				MUMA09167E	5000.00	500.00	500.00
Sr. No.	**Section [1]**	**Transaction Date**	**Status of Booking***	**Date of Booking**	**Remarks****	**Amount Paid / Credited**	**Tax Deducted ##**	**TDS Deposited**
1	194JB	06-Oct-2021	F	04-Feb-2022	-	5000.00	500.00	500.00
Sr. No.	**Name of Deductor**				**TAN of Deductor**	**Total Amount Paid/ Credited**	**Total Tax Deducted #**	**Total TDS Deposited**
5	HDFC BANK LIMITED				MUMH03189E	85719.00	8571.90	8571.90
Sr. No.	**Section [1]**	**Transaction Date**	**Status of Booking***	**Date of Booking**	**Remarks****	**Amount Paid / Credited**	**Tax Deducted ##**	**TDS Deposited**
1	194A	31-Mar-2022	F	03-May-2022	-	16221.00	1622.10	1622.10

2	194A	22-Feb-2022	F	03-May-2022	-	21585.00	2158.50	2158.50
3	194A	11-Jan-2022	F	03-May-2022	-	4968.00	496.80	496.80
4	194A	30-Nov-2021	F	17-Jan-2022	-	42945.00	4294.50	4294.50

PART A1 - Details of Tax Deducted at Source for 15G / 15H

Sr. No.	Name of Deductor			TAN of Deductor	Total Amount Paid / Credited	Total Tax Deducted #	Total TDS Deposited
Sr. No.	**Section [1]**	**Transaction Date**	**Date of Booking**	**Remarks****	**Amount Paid/Credited**	**Tax Deducted ##**	**TDS Deposited**

No Transactions Present

PART A2 - Details of Tax Deducted at Source on Sale of Immovable Property u/s 194IA/ TDS on Rent of Property u/s 194IB / TDS on payment to resident contractors and professionals u/s 194M (For Seller/Landlord of Property/Payee of resident contractors and professionals)

Sr. No.	Acknowledgement Number	Name of Deductor	PAN of Deductor	Transaction Date	Total Transaction Amount	Total TDS Deposited***
Sr. No.	**TDS Certificate Number**	**Date of Deposit**	**Status of Booking***	**Date of Booking**	**Demand Payment**	**TDS Deposited*** **
Gross Total Across Deductor(s)						

No Transactions Present

PART B - Details of Tax Collected at Source

Sr. No.	Name of Collector				TAN of Collector	Total Amount Paid/ Debited	Total Tax Collected +	Total TCS Deposited
Sr. No.	**Section [1]**	**Transaction Date**	**Status of Booking***	**Date of Booking**	**Remarks****	**Amount Paid/ Debited**	**Tax Collected ++**	**TCS Deposited**

No Transactions Present

PART C - Details of Tax Paid (other than TDS or TCS)

Sr. No.	Major[3] Head	Minor[2] Head	Tax	Surcharge	Education Cess	Penalty	Interest	Others	Total Tax	BSR Code	Date of Deposit	Challan Serial Number	Remarks**

No Transactions Present

Part D - Details of Paid Refund

Sr. No.	Assessment Year	Mode	Refund Issued	Nature of Refund	Amount of Refund	Interest	Date of Payment	Remarks

No Transactions Present

Part E - Details of SFT Transaction

Sr. No.	Type Of Transaction [4]	Name of SFT Filer	Transaction Date	Amount (Rs.)	Remarks**
1	SFT-005 Time deposit	HDFC BANK LTD, HDFC BANK HOUSE 1 SENAPATI BAPAT MARG LOWER PAREL, MUMBAI, MAHARASHTRA, INDIA, 400013	-	1000000.00	O

Notes for SFT: -
1. Amount shown for SFT-005 and SFT-010 is as per below formula:-
Aggregate gross amount received from the Person (-) Aggregate gross amount paid to the Person

PART F - Details of Tax Deducted at Source on Sale of Immovable Property u/s 194IA/ TDS on Rent of Property u/s 194IB /TDS on payment to resident contractors and professionals u/s 194M (For Buyer/Tenant of Property /Payer of resident contractors and professionals)

Sr. No.	Acknowledgement Number	Name Of Deductee	PAN of Deductee	Transaction Date	Total Transaction Amount	Total TDS Deposited***	Total Amount ### Deposited other than TDS
Sr. No.	**TDS Certificate Number**	**Date of Deposit**	**Status of Booking***	**Date of Booking**	**Demand Payment**	**TDS Deposited*** **	**Total Amount ### Deposited other than TDS**
Gross Total Across Deductor(s)							

No Transactions Present

(All amount values are in INR)

PART G - TDS Defaults* (Processing of Statements)

Sr. No.	Financial Year	Short Payment	Short Deduction	Interest on TDS Payments Default	Interest on TDS Deduction Default	Late Filing Fee u/s 234E	Interest u/s 220(2)	Total Default
Sr. No.	**TANs**	**Short Payment**	**Short Deduction**	**Interest on TDS Payments Default**	**Interest on TDS Deduction Default**	**Late Filing Fee u/s 234E**	**Interest u/s 220(2)**	**Total Default**

No Transactions Present

***Notes:**

1.Defaults relate to processing of statements and donot include demand raised by the respective Assessing Officers.

2.For more details please log on to TRACES as taxpayer.

PART H - Details of Turnover as per GSTR-3B

Sr. No.	GSTIN	Application Reference Number (ARN)	Date of filing	Return Period	Taxable Turnover	Total Turnover

No Transactions Present

Notes:-

1. The GSTN data displayed above includes internal stock transfers as well.

Contact Information

Part of Form 26AS	Contact in case of any clarification
A	Deductor
A1	Deductor
A2	Deductor
B	Collector
C	Assessing Officer / Bank
D	Assessing Officer / ITR-CPC
E	Concerned AIR Filer/SFT Filer
F	NSDL / Concerned Bank Branch
G	Deductor
H	GSTN

Legends used in Form 26AS

*Status Of Booking

Legend	Description	Definition
U	Unmatched	Deductors have not deposited taxes or have furnished incorrect particulars of tax payment. Final credit will be reflected only when payment details in bank match with details of deposit in TDS / TCS statement
P	Provisional	Provisional tax credit is effected only for TDS / TCS Statements filed by Government deductors."P" status will be changed to Final (F) on verification of payment details submitted by Pay and Accounts Officer (PAO)
F	Final	In case of non-government deductors, payment details of TDS / TCS deposited in bank by deductors have matched with the payment details mentioned in the TDS / TCS statement filed by the deductors. In case of government deductors, details of TDS / TCS booked in Government account have been verified with payment details submitted by Pay and Accounts Officer (PAO)
O	Overbooked	Payment details of TDS / TCS deposited in bank by deductor have matched with details mentioned in the TDS / TCS statement but the amount is over claimed in the statement. Final (F) credit will be reflected only when deductor reduces claimed amount in the statement or makes additional payment for excess amount claimed in the statement

**Remarks

Legend	Description
'A'	Rectification of error in challan uploaded by bank
'B'	Rectification of error in statement uploaded by deductor
'C'	Correction/Rectification of error in Statement uploaded by SFT Filer
'D'	Rectification of error in Form 24G filed by Accounts Officer
'E'	Rectification of error in Challan by Assessing Officer
'F'	Lower/ No deduction certificate u/s 197
'G'	Reprocessing of Statement
'O'	Original Statement uploaded by SFT Filer
'R'	Reversal of Entry in Original/Correction Statement uploaded by SFT Filer
'T'	Transporter

Total Tax Deducted includes TDS, Surcharge and Education Cess
Tax Deducted includes TDS, Surcharge and Education Cess
+ Total Tax Collected includes TCS, Surcharge and Education Cess
++ Tax Collected includes TCS, Surcharge and Education Cess
*** Total TDS Deposited will not include the amount deposited as Fees and Interest
Total Amount Deposited other than TDS includes the Fees , Interest and Other ,.etc

Notes for Form 26AS

a. Figures in brackets represent reversal (negative) entries
b. In Part C, details of tax paid are displayed excluding TDS or TCS, payments related to Securities Transaction Tax and Banking Cash Transaction Tax
c. Tax Credits appearing in Part A, A1, A2 and B of the Annual Tax Statement are on the basis of details given by deductor in the TDS / TCS statement filed by them. The same should be verified before claiming tax credit and only the amount which pertains to you should be claimed
d. This statement is issued on behalf of the Income Tax Department. See Section 203AA and second provision to Section 206C(5) of the Income Tax Act, 1961 and Rule 31AB of Income Tax Rules, 1962
e. This statement does not include payments pertaining to Assessment Year (AY) other than the AY mentioned above and payments against penalties
f. Date is displayed in dd-MMM-yyyy format
g. Details of Tax Deducted at Source in Form 26AS, for Form 15G/15H includes transactions for which declaration under section 197A has been Quoted

1.Sections

Section	Description	Section	Description
192	Salary	194LD	TDS on interest on bonds / government securities
192A	TDS on PF withdrawal	194M	Payment of certain sums by certain individuals or Hindu Undivided Family
193	Interest on Securities	194N	Payment of certain amounts in cash
194	Dividends	194O	Payment of certain sums by e-commerce operator to e-commerce participant
194A	Interest other than 'Interest on securities'	194P	Deduction of tax in case of specified senior citizen
194B	Winning from lottery or crossword puzzle	194Q	Deduction of tax at source on payment of certain sum for purchase of goods
194BB	Winning from horse race	195	Other sums payable to a non-resident

194C	Payments to contractors and sub-contractors
194D	Insurance commission
194DA	Payment in respect of life insurance policy
194E	Payments to non-resident sportsmen or sports associations
194EE	Payments in respect of deposits under National Savings Scheme
194F	Payments on account of repurchase of units by Mutual Fund or Unit Trust of India
194G	Commission, price, etc. on sale of lottery tickets
194H	Commission or brokerage
194I(a)	Rent on hiring of plant and machinery
194I(b)	Rent on other than plant and machinery
194IA	TDS on Sale of immovable property
194IB	Payment of rent by certain individuals or Hindu undivided family
194IC	Payment under specified agreement
194J(a)	Fees for technical services
194J(b)	Fees for professional services or royalty etc
194K	Income payable to a resident assessee in respect of units of a specified mutual fund or of the units of the Unit Trust of India
194LA	Payment of compensation on acquisition of certain immovable
194LB	Income by way of Interest from Infrastructure Debt fund
194LC	Income by way of interest from specified company payable to a non-resident
194LBA	Certain income from units of a business trust
194LBB	Income in respect of units of investment fund
194LBC	Income in respect of investment in securitization trust

196A	Income in respect of units of non-residents
196B	Payments in respect of units to an offshore fund
196C	Income from foreign currency bonds or shares of Indian
196D	Income of foreign institutional investors from securities
196DA	Income of specified fund from securities
206CA	Collection at source from alcoholic liquor for human
206CB	Collection at source from timber obtained under forest lease
206CC	Collection at source from timber obtained by any mode other than a forest lease
206CD	Collection at source from any other forest produce (not being tendu leaves)
206CE	Collection at source from any scrap
206CF	Collection at source from contractors or licensee or lease relating to parking lots
206CG	Collection at source from contractors or licensee or lease relating to toll plaza
206CH	Collection at source from contractors or licensee or lease relating to mine or quarry
206CI	Collection at source from tendu Leaves
206CJ	Collection at source from on sale of certain Minerals
206CK	Collection at source on cash case of Bullion and Jewellery
206CL	Collection at source on sale of Motor vehicle
206CM	Collection at source on sale in cash of any goods(other than bullion/jewelry)
206CN	Collection at source on providing of any services(other than Chapter-XVII-B)
206CO	Collection at source on remittance under LRS for purchase of overseas tour program package
206CP	Collection at source on remittance under LRS for educational loan taken from financial institution mentioned in section 80E
206CQ	Collection at source on remittance under LRS for purpose other than for purchase of overseas tour package or for educational loan taken from financial institution
206CR	Collection at source on sale of goods

2.Minor Head

Code	Description
100	Advance tax
102	Surtax
106	Tax on distributed profit of domestic companies
107	Tax on distributed income to unit holder
300	Self Assessment Tax
400	Tax on regular assessment
800	TDS on sale of immovable property

3.Major Head

Code	Description
0020	Corporation Tax
0021	Income Tax (other than companies)
0023	Hotel Receipt Tax
0024	Interest Tax
0026	Fringe Benefit Tax
0028	Expenditure Tax / Other Taxes
0031	Estate Duty
0032	Wealth Tax
0033	Gift Tax

4.Type of Transaction

Code	Description
SFT-001	Payment made in cash for purchase of bank drafts or pay orders or banker's cheque of an amount aggregating to ten lakh rupees or more in a financial year.
SFT-002	Payments made in cash aggregating to ten lakh rupees or more during the financial year for purchase of pre-paid instruments issued by Reserve Bank of India under section 18 of the Payment and Settlement Systems Act, 2007 (51 of 2007).
SFT-003	03A - Cash deposits aggregating to fifty lakh rupees or more in a financial year, in or from one or more current account of a person.
	03B - Cash withdrawals (including through bearer's cheque) aggregating to fifty lakh rupees or more in a financial year, in or from one or more current account of a person.
SFT-004	Cash deposits aggregating to ten lakh rupees or more in a financial year, in one or more accounts (other than a current account and time deposit) of a person.
SFT-005	One or more time deposits (other than a time deposit made through renewal of another time deposit) of a person aggregating to ten lakh rupees or more in a financial year of a person.
SFT-006	Payments made by any person of an amount aggregating to— (i) One lakh rupees or more in cash; or (ii) Ten lakh rupees or more by any other mode, against bills raised in respect of one or more credit cards issued to that person, in a financial year.
SFT-007	Receipt from any person of an amount aggregating to ten lakh rupees or more in a financial year for acquiring bonds or debentures issued by the company or institution (other than the amount received on account of renewal of the bond or debenture issued by that company).
SFT-008	Receipt from any person of an amount aggregating to ten lakh rupees or more in a financial year for acquiring shares (including share application money) issued by the company.
SFT-009	Buy back of shares from any person (other than the shares bought in the open market) for an amount or value aggregating to ten lakh rupees or more in a financial year.
SFT-010	Receipt from any person of an amount aggregating to ten lakh rupees or more in a financial year for acquiring units of one or more schemes of a Mutual Fund (other than the amount received on account of transfer from one scheme to another scheme of that Mutual Fund).
SFT-011	Receipt from any person for sale of foreign currency including any credit of such currency to foreign exchange card or expense in such currency through a debit or credit card or through issue of travellers cheque or draft or any other instrument of an amount aggregating to ten lakh rupees or more during a financial year.
SFT-012	Purchase or sale by any person of immovable property for an amount of thirty lakh rupees or more or valued by the stamp valuation authority referred to in section 50C of the Act at thirty lakh rupees or more.
SFT-013	Receipt of cash payment exceeding two lakh rupees for sale, by any person, of goods or services of any nature (other than those specified at Sl. Nos. 1 to 10 of Rule 114E)
SFT-014	Cash deposits during the period 09th November, 2016 to 30th December, 2016 aggregating to (i) twelve lakh fifty thousand rupees or more, in one or more current account of a person; or (ii) two lakh fifty thousand rupees or more, in one or more accounts (other than a current account) of a person. Cash deposits during the period 1st April, 2016 to 9th November, 2016 in respect of accounts that are reportable.

Glossary

Abbreviation	Description
AIR	Annual Information Return
AY	Assessment Year
EC	Education Cess
SFT	Statement of Financial Transaction

Abbreviation	Description
TDS	Tax Deducted at Source
TCS	Tax Collected at Source
GSTIN	Goods and Services Tax Identification Number

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 ANNEXURE –P/5

Meet Dr Aqsa Shaikh, the first transgender to head a Covid centre in India

(https://www.theweek.in/authors.Mini.html) *By Mini P Thomas (Https://Www.Theweek.In/Authors.Mini.Html)*

Issue Date: June 06, 2021
Updated: May 27, 2021 20:02 IST

Mission mode: Shaikh at the Covid-19 vaccination centre she heads | Sanjay Ahlawat

You are living a lie when you perform roles based on your assigned sex at birth rather than your own perceived gender identity, says Dr Aqsa Shaikh. She chose to embrace the truth at the age of 20. The first transgender person to become the nodal officer of a Covid vaccination centre in India, Shaikh, 38, is now a happy woman.

Her journey into womanhood, however, has not been easy. As a child, she preferred playing with girls. Later on, her parents put her in a boys' school. “I felt completely disconnected from my classmates,” she recalls. “Being a woman trapped in a man’s body is very suffocating. You end up hating your body.” Eventually, it can lead to self-harm and suicidal thoughts. “Once I realised that I had gender incongruence and that there is a solution possible, I had this intense urge to shed my old skin and build a new one,” she says. “Living in a man’s body was a punishment.”

She did not venture into self-harm. “However, it was extremely difficult and

psychologically traumatising, especially when it is forced upon you by your family—people you consider your caregivers or protectors. You always feel no one understands what makes you happy. It is an extremely frustrating and anxiety-inducing situation."

At 20, she saw a counsellor and opened up to her. Later, she shared her feelings with friends, colleagues and family. Her parents and brother had a hard time coping with it. "It was devastating for them to know that I was planning to undergo gender reassignment surgery, and to change my name and gender legally," she says. "Acceptance is a long process. I am still working on it."

Gender transitioning to affirm as a woman is a lengthy process. It involves surgical procedures (breast/genital surgeries), hormone treatment and laser therapy, and social and legal transition. In addition, people also undergo facial feminisation surgeries.

Despite all the challenges she faced, being a woman has been a liberating experience. "It is a euphoric feeling to be living as a woman, socially and biologically," she says. "Men have limited choices when it comes to how they can dress and what colours they can choose. Women can wear whatever colour they want or whatever accessories they want. Women have a lot of courage to face situations not just physically, but mentally and emotionally. That feeling of strength is intensely satisfying."

Asked whether who has it easier—men or women—she says, as someone who always identified as a woman, she cannot speak for men. That said, she quickly adds as an afterthought that in a patriarchal society, where the rights of women are not fully given to them, men have it better.

Shaikh brims with energy as she speaks about how she got inspired by transgender screenwriter Gazal Dhaliwal. She happened to watch a programme on her on TV. Says Shaikh: "She was very happy after she underwent the surgery, and her journey was quite motivating."

Shaikh is currently an associate professor of community medicine at Hamdard Institute of Medical Sciences and Research (HIMSR), New Delhi. She is also one of the co-investigators in clinical trials on the Sputnik V Covid-19 vaccine. The nodal officer of a vaccination centre at HIMSR, she is immensely proud of her work and is on a mission to bring positive changes to society. "It has been an enriching and humbling experience," she says. "The vaccine is the only hope the entire world has to fight Covid-19. It is great to be able to provide hope to thousands of people…. That is something surreal."

Her days are packed. Music and reading help her de-stress and unwind. She

loves listening to ghazals. A social activist, she is into blogging and writing. Human Solidarity Foundation, an NGO that she founded, provided relief to thousands during the lockdown.

She lives with her mother, who has been accepting of her even post-transition. She has also created a close circle of friends. “I am extremely blessed to have them in my life. Otherwise, I am a single woman,” she smiles.

“The transgender community in India still faces the problem of othering, she says. “We face challenges of non-acceptance and demonisation. All we want is to be considered human beings. We want our rights to be secured. We want ethical treatment. It is sad to see that the trans community is stigmatised and discriminated against so much so that sometimes they are denied access to basic services like food and health. Getting into a school or to get a job without being discriminated against or even using a washroom without feeling unsafe. All these are daily challenges. We also have challenges of marriage, adoption and surrogacy.”

It is a never-ending battle. Shaikh still has the hope that tomorrow is going to be better than today, and that keeps her going.

TAGS
Health (Https://Www.Theweek.In/Tag.Theweek~Lifestyle@Health.Html)

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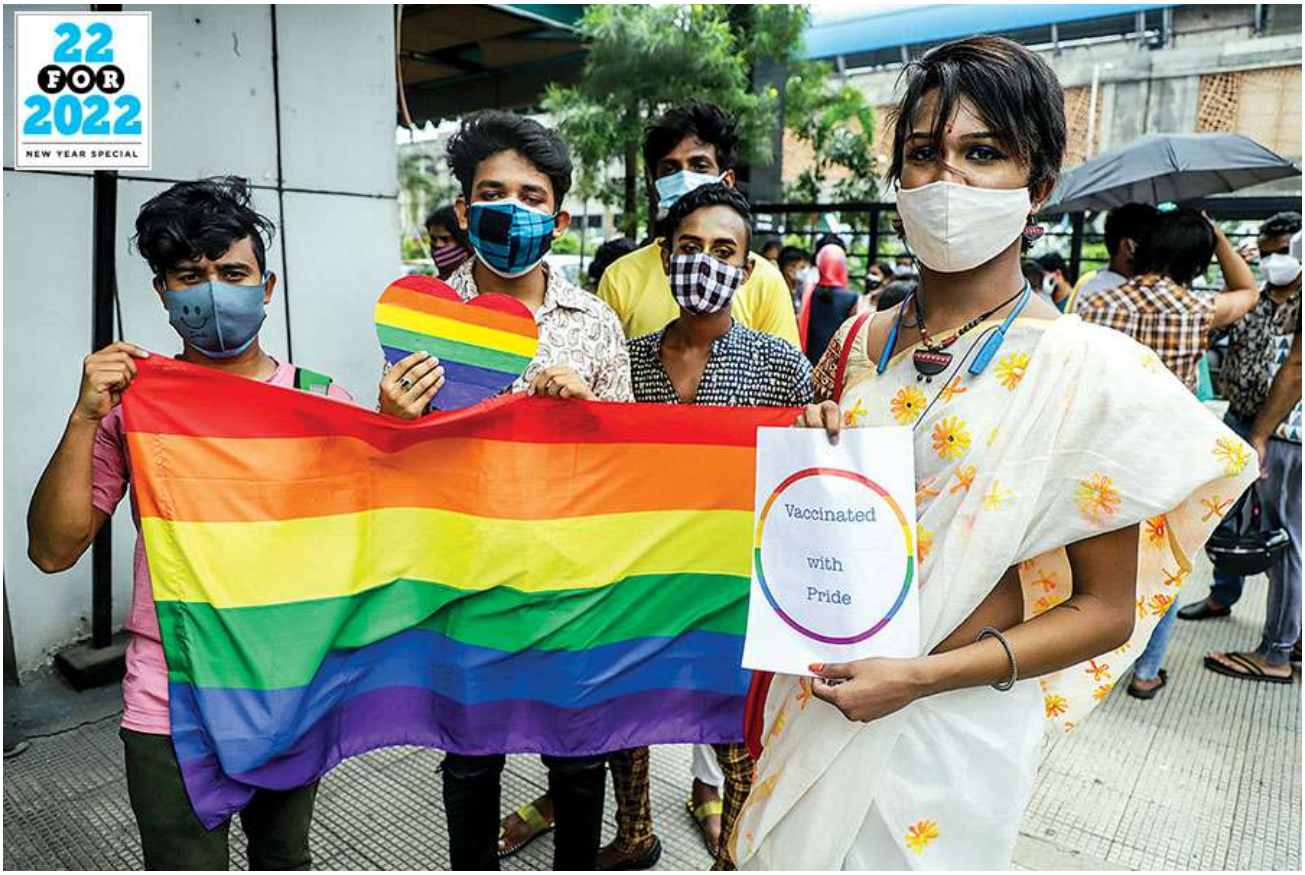
ANNEXURE-P/6

Discrimination against transpersons plagues India's health care system. It's time to overhaul it: Aqsa Shaikh, Harikeerthan Raghuram (https://www.forbesindia.com/article/new-year-special-2022/discrimination-against-transpersons-plagues-indias-health-care-system-its-time-to-overhaul-it-aqsa-shaikh-harikeerthan-raghuram/72791/1)

By Aqsa Shaikh, Harikeerthan Raghuram| Jan 7, 2022

To enable transgender people gain access to Covid-19 treatment and vaccines, there needs to be a fundamental shift in how health care systems view them, Shaikh, associate professor of community medicine at Hamdard Institute of Medical Sciences and Research; and Raghuram, project coordinator, Sangath, write



The lack of data to track the progress of vaccinating transgender individuals has not been taken as a serious issue by the government
Image: Getty Images

"Despite being a faculty in the same medical college, there were mistakes made in the care given to me because of my gender identity. The shadow of the breast implants seen in my chest X-Ray was mistaken as pneumonia and I was given unnecessary antibiotics. No one asked me about my medical or surgical history related to transition."– Aqsa Shaikh

By **AQSA SHAIKH & HARIKEERTHAN RAGHURAM**

These are just some of the several challenges faced by transgender individuals while accessing health care in India. Now the Covid-19 pandemic has greatly exacerbated this inequality in access. And one of the pressing consequences we are seeing is challenges in Covid-19 vaccination.

As per the 2011 Census, there are 4,32,949 adults who identify as transgender individuals in India. Others estimate the number to be manifold higher. But when a question was posed by Dravida Munnetra Kazhagam (DMK) leader DM Kathir Anand in Lok Sabha in August on how many transgender individuals have been vaccinated so far, the government did not have a number to give as transgender individuals are not counted on the CoWin platform.

_RSS_The CoWin (https://www.forbesindia.com/article/take-one-big-story-of-the-day/india-wants-to-take-cowin-global-but-it-remains-disempowering-for-many-back-home/68931/1) dashboard actually presents data under 'male', 'female' and 'other', with around three lakh doses administered to individuals who have marked their gender as 'other'. However, this data is not representative of the number of transgender individuals who are vaccinated as not all transgender individuals would indicate 'other' as their gender. Transgender individuals who have medically transitioned often prefer to indicate their gender as male or female, depending on whether they are transmen or

transwomen.

The lack of data to track the progress in vaccinating transgender individuals has not been taken as a serious issue by the government. Government officials argue that since vaccination centres are not gender-segregated, there is no reason for transgender individuals to not get vaccinated (https://www.forbesindia.com/article/global-news/india-scripted-a-spectacular-covid19-vaccination-drive-is-it-losing-steam-now/71457/1). But several people in the community have faced a lot of difficulty getting vaccinated, which is often viewed as vaccine 'hesitancy' at the individual level. Instead, this needs to be viewed against the backdrop of the systemic discrimination, historical marginalisation and negative experiences faced by transgender individuals in the health system.

VACCINATION 'HESITANCY' DUE TO SYSTEMIC ISSUES

Several transgender individuals have had difficulty getting concerns around vaccination addressed. There are apprehensions about side-effects because a lot of transgender individuals are on hormone replacement therapy or are undergoing treatment for HIV or tuberculosis or gender-affirmation surgeries. Usually, when someone has a medical doubt, they consult a medical friend, visit a clinic to ask a doctor or access the internet. However, transgender individuals are at a huge disadvantage. It is unlikely they have friends who have graduated in medicine or nursing, they hesitate accessing a clinic or hospital due to past bad experiences, and are unlikely to find information on the internet due to lack of data on health issues related to transgender persons.

Systemic discrimination of transgender people have resulted in lower levels of education, lower income status, poor access to health and social isolation. When someone has had traumatic experiences, including abuse, every time they have visited a health facility, it is not an easy choice to visit a hospital. Lack of information on trans health issues is related to the lack of enough research on transgender health concerns.

Of 488,000 transgender individuals in India, only 64,374 have Aadhaar cards, as told by the government in the Lok Sabha recently

Research priorities need to respond to the needs of the community. For example, because of the Aids epidemic, there is a lot of research of HIV/Aids in the community, but not much research on the social determinants of health and health access. It must be noted that vaccine trials have systematically excluded trans individuals (https://www.forbesindia.com/article/lifes/trinetra-haldar-gummaraju-transgender-doctor-and-instagram-star-fights-bigotry-in-india/71867/1) as they are put under 'vulnerable population'. The only data available is anecdotal.

No special drives/efforts have been made to communicate vaccine adoption among the transgender community. Only an advisory has been released by the Government of India, which does not serve the purpose. Further, difficulty in getting legal identification such as Aadhaar cards also impedes access to vaccination. Thus, it is not fair to label such structural and systemic issues as 'hesitancy'. Several of these challenges, present from before the pandemic, have been significantly worsened by it.

CHALLENGES DUE TO COVID-19

When lockdowns and other restrictions are announced, transgender individuals, several of whom who are otherwise dependent on traditional professions like 'badhai', sex work and begging for their livelihood, lose their source of income. Measures like social distancing are nearly impossible to follow as a huge proportion of the population lives in overcrowded housing. In addition, with hormone therapy-related lower immunity, higher rates of chronic diseases, HIV and tuberculosis, and higher rates of substance abuse, they are at an increased risk of infection and death due to

infection.

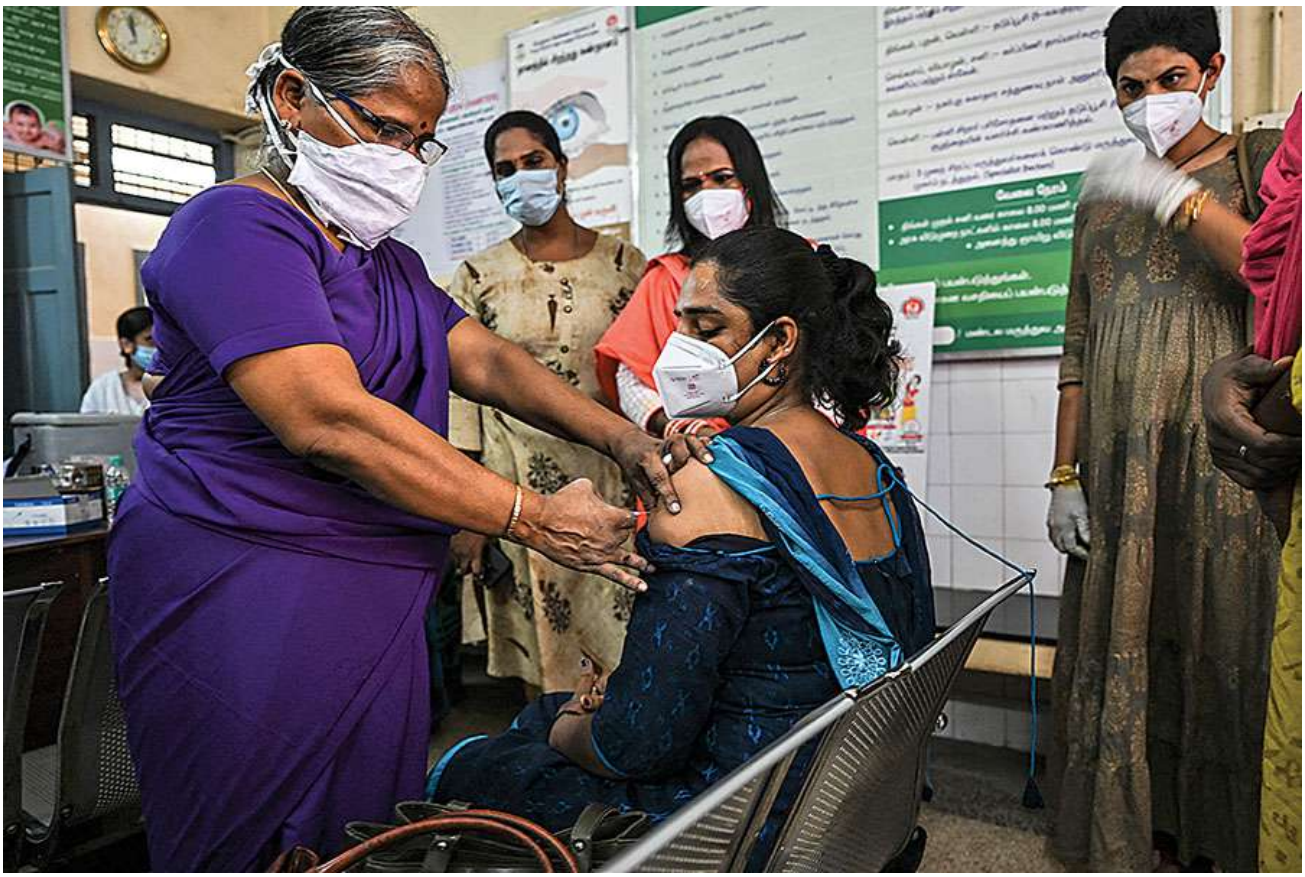
But despite this higher risk of infection and death due to infection, several transgender individuals (https://www.forbesindia.com/article/30-under-30-2021/periferry-giving-indias-transgender-community-a-shot-at-education/66423/1) are scared to be hospitalised and hence resort to self-medication even if it means getting oxygen cylinders at homes, if they can afford it.

Further, lockdown and other restrictions have also taken a serious indirect toll on the community. For example, a lot of transgender individuals, after losing their livelihoods and unable to pay rents, have been forced to move back to a relative's house, disconnecting them from the vital social connection with the rest of the community. This results in an increased mental health burden, with reports of several transgender individuals going into depression and dying by suicide.

How can 2022 be different?

Two years ago, India passed a historic Transgender Persons (Protection of Rights) Act, 2019, which was the first Central law to recognise the existence of transgender individuals. The law explicitly mandates the need to 'facilitate access to transgender persons in hospitals and other health care institutions and centres'. Despite this, not much action has been taken for the last two years. We could start with implementing this legislation.

To facilitate equal access, there needs to be changes in the attitudes of all health care staff, not just doctors. For this there needs to be gender sensitisation and inclusion, starting from the school level —often to unlearn the social biases that we passively learn. Recently, the NCERT released a roadmap for trans-inclusion in schools, which is extremely important in this context. Unfortunately, it was taken down due to the backlash.



The government can take the help of community-based organisations to launch a separate vaccination drive to reach the transgender community
Image: Arun Sankar/ AFP

At the undergraduate and postgraduate level, the medical curriculum needs to be reformed. Currently, doctors and nurses are taught a lot of content that portrays transgender individuals as sexual perverts, people with mental health problems and biological disorders. In response to multiple court orders, the National Medical Commission recently sent a directive to remove content that is derogatory to the LGBT community. However, it does not give a road map, does not clarify what such content is and does not amend its own problematic competency-based medical education (CBME) curriculum. Recently, the Dean of Kasturba Medical College, Manipal, announced that they will take steps to make their campus and teaching trans-inclusive. Several more medical colleges and hospitals need to take such leadership.

Because of how the medical system has historically pathologised trans experiences and seen it as disorders to be fixed, abusive forms of treatment like conversion therapy are common. Conversion therapy is where doctors try to 'convert' someone's gender identity or sexual orientation using psychiatric medication and counselling. This has scientifically proven to be harmful but continues to be practiced. The Madras High Court and the Kerala High Court recently directed the State governments to frame guidelines to ensure that stringent action is taken to prevent the practice of forced conversion therapy often subjected to persons belonging to the LGBTQIA+ community.

Besides medical education and practice of unethical treatments, medical college and hospital spaces also need to be made safe for, and inclusive of, transgender individuals. These spaces are often segregated in the male-female binary and therefore excludes transgender individuals. For example, trans individuals are often pushed away from both the male and female lines. Lack of gender-neutral toilets means they have to hold their pee for the whole duration they are in the hospital. Both health care staff and other patients and relatives often stare at them, laugh at them, make jokes, and even abuse them. Such experiences impede trans individuals' access to health care, with serious downstream effects.

For vaccination (https://www.forbesindia.com/article/global-news/omicronfuelled-booster-drive-may-hurt-access-to-first-shots-in-poor-countriesagain/72113/1), there needs to be a separate vaccination drive to reach the transgender community. For this, the government can take the help of several community-based organisations. In addition, the government needs to allow registration for vaccination without the requirement of Aadhaar cards or smartphones. Of the 488,000 transgender individuals, only 64,374 have Aadhaar cards, as told by the government in the Lok Sabha recently. In addition, there needs to be more information and education for the transgender community on vaccines. This communication campaign cannot be just on social media, but on the ground, even door-to-door. We also need more research on the safety and efficacy of vaccines for trans individuals with varied medical experiences.

We also need to realise that the stigma and discrimination felt by transgender people is pervasive and is now part of the way the health system and society is structured. Hence, it is necessary for a complete foundational shift in our thinking of gender and how gender norms are enforced in society. Unless we start reflecting on the way we have constructed gender in society, the marginalisation of transgender people will continue and transgender persons like me (Aqsa) will continue to receive improper care in health care settings.

Shaikh is associate professor of community medicine at Hamdard Institute of Medical Sciences and Research, Delhi, and Raghuram is project coordinator, Sangath, Bhopal

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ANNEXURE-P/7

THE SURROGACY (REGULATION) ACT, 2021

ARRANGEMENT OF SECTIONS

CHAPTER I

PRELIMINARY

SECTIONS

CHAPTER II

REGULATION OF SURROGACY CLINICS

CHAPTER III

REGULATION OF SURROGACY AND SURROGACY PROCEDURES

CHAPTER IV

REGISTRATION OF SURROGACY CLINICS

CHAPTER V

NATIONAL ASSISTED REPRODUCTIVE TECHNOLOGY AND SURROGACY BOARD AND STATE ASSISTED REPRODUCTIVE TECHNOLOGY AND SURROGACY BOARDS

SECTIONS

THE SURROGACY (REGULATION) ACT, 2021

ACT NO. 47 OF 2021

[*25th December*, 2021.]

An Act to constitute National Assisted Reproductive Technology and Surrogacy Board, State Assisted Reproductive Technology and Surrogacy Boards and appointment of appropriate authorities for regulation of the practice and process of surrogacy and for matters connected therewith or incidental thereto.

BE it enacted by Parliament in the Seventy-second Year of the Republic of India as follows:—

CHAPTER I

PRELIMINARY

1. Short title, extent and commencement.—(*1*) This Act may be called the Surrogacy (Regulation) Act, 2021.

(*2*) It shall come into force on such date[1] as the Central Government may, by notification in the Official Gazette, appoint.

2. Definitions. — (*1*) In this Act, unless the context otherwise requires,—

(*a*) "abandoned child" means a child born out of surrogacy procedure who has been deserted by his intending parents or guardians and declared as abandoned by the appropriate authority after due enquiry;

(*b*) "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;

(*c*) "appropriate authority" means the appropriate authority appointed under Section 35;

(*d*) "Assisted Reproductive Technology Act" means the Assisted Reproductive Technology (Regulation) Act, 2021;

(*e*) "Board" means the National Assisted Reproductive Technology and Surrogacy Board constituted under Section 17;

(*f*) "clinical establishment" shall have the same meaning as assigned to it in the Clinical Establishments (Registration and Regulation) Act, 2010 (23 of 2010);

(*g*) "commercial surrogacy" means commercialisation of surrogacy services or procedures or its component services or component procedures including selling or buying of human embryo or trading in the sale or purchase of human embryo or gametes or selling or buying or trading the services of surrogate motherhood by way of giving payment, reward, benefit, fees, remuneration or monetary incentive in cash or kind, to the surrogate mother or her dependents or her representative, except the medical expenses and such other prescribed expenses incurred on the surrogate mother and the insurance coverage for the surrogate mother;

1. 25th January, 2021, *vide* Notification no. S.O. 292(E), dated 20th January, 2021, *see* Gazette of India, Extraordinary, Part II, sec. 3 (*ii*).

(*h*) "couple" means the legally married Indian man and woman above the age of 21 years and 18 years respectively;

(*i*) "egg" includes the female gamete;

(*j*) "embryo" means a developing or developed organism after fertilisation till the end of fifty-six days;

(*k*) "embryologist" means a person who possesses any post-graduate medical qualification or doctoral degree in the field of embryology or clinical embryology from a recognised university with not less than two years of clinical experience;

(*l*) "fertilisation" means the penetration of the ovum by the spermatozoan and fusion of genetic materials resulting in the development of a zygote;

(*m*) "foetus" means a human organism during the period of its development beginning on the fifty-seventh day following fertilisation or creation (excluding any time in which its development has been suspended) and ending at the birth;

(*n*) "gamete" means sperm and oocyte;

(*o*) "gynaecologist" shall have the same meaning as assigned to it in the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994);

(*p*) "implantation" means the attachment and subsequent penetration by the zona-free blastocyst, which starts five to seven days following fertilisation;

(*q*) "insurance" means an arrangement by which a company, individual or intending couple undertake to provide a guarantee of compensation for medical expenses, health issues, specified loss, damage, illness or death of surrogate mother and such other prescribed expenses incurred on such surrogate mother during the process of surrogacy;

(*r*) "intending couple" means a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy;

(*s*) "intending woman" means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy;

(*t*) "Member" means a Member of the National Assisted Reproductive Technology and Surrogacy Board or a State Assisted Reproductive Technology and Surrogacy Board, as the case may be;

(*u*) "notification" means a notification published in the Official Gazette;

(*v*) "oocyte" means naturally ovulating oocyte in the female genetic tract;

(*w*) "Paediatrician" means a person who possesses a post-graduate qualification in paediatrics as recognised under the Indian Medical Council Act, 1956 (102 of 1956);

(*x*) "prescribed" means prescribed by rules made under this Act;

(*y*) "registered medical practitioner" means a medical practitioner who possesses any recognised medical qualification as defined in clause (h) of Section 2 of the Indian Medical Council Act, 1956 (102 of 1956) and whose name has been entered in a State Medical Register;

(*z*) "regulation" means regulations made by the Board under this Act;

(*za*) "sex selection" shall have the same meaning as assigned to it in clause (*o*) of Section 2 of the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994);

(*zb*) "State Board" means the State Assisted Reproductive Technology and Surrogacy Board constituted under section 26;

(*zc*) "State Government" in relation to Union territory with Legislature, means the Administrator of the Union territory appointed by the President under article 239 of the Constitution;

(*zd*) "surrogacy" means a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth;

(*ze*) "surrogacy clinic" means surrogacy clinic, centre or laboratory, conducting assisted reproductive technology services, invitro fertilisation services, genetic counselling centre, genetic laboratory, Assisted Reproductive Technology Banks conducting surrogacy procedure or any clinical establishment, by whatsoever name called, conducting surrogacy procedures in any form;

(*zf*) "surrogacy procedures" means all gynaecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy;

(*zg*) "surrogate mother" means a woman who agrees to bear a child (who is genetically related to the intending couple or intending woman) through surrogacy from the implantation of embryo in her womb and fulfils the conditions as provided in sub-clause (*b*) of clause (*iii*) of Section 4;

(*zh*) "zygote" means the fertilised oocyte prior to the first cell division.

(*2*) Words and expressions used herein and not defined in this Act but defined in the Assisted Reproductive Technology Act shall have the meanings respectively assigned to them in that Act.

CHAPTER II

REGULATION OF SURROGACY CLINICS

3. Prohibition and regulation of surrogacy clinics.—On and from the date of commencement of this Act, —

(*i*) no surrogacy clinic, unless registered under this Act, shall conduct or associate with, or help in any manner, in conducting activities relating to surrogacy and surrogacy procedures;

(ii) no surrogacy clinic, paediatrician, gynaecologist, embryologist, registered medical practitioner or any person shall conduct, offer, undertake, promote or associate with or avail of commercial surrogacy in any form;

(iii) no surrogacy clinic shall employ or cause to be employed or take services of any person, whether on honorary basis or on payment, who does not possess such qualifications as may be prescribed;

(*iv*) no registered medical practitioner, gynaecologist, paediatrician, embryologist or any other person shall conduct or cause to be conducted or aid in conducting by himself or through any other person surrogacy or surrogacy procedures at a place other than a place registered under this Act;

(*v*) no surrogacy clinic, registered medical practitioner, gynaecologist, paediatrician, embryologist or any other person shall promote, publish, canvass, propagate or advertise or cause to be promoted, published, canvassed, propagated or advertised which—

(*a*) is aimed at inducing or is likely to induce a woman to act as a surrogate mother;

(*b*) is aimed at promoting a surrogacy clinic for commercial surrogacy or promoting commercial surrogacy in general;

(*c*) seeks or aimed at seeking a woman to act as a surrogate mother;

(*d*) states or implies that a woman is willing to become a surrogate mother; or

(*e*) advertises commercial surrogacy in print or electronic media or in any other form;

(*vi*) no surrogacy clinic, registered medical practitioner, gynaecologist, paediatrician, embryologist, intending couple or any other person shall conduct or cause abortion during the period of surrogacy without the written consent of the surrogate mother and on authorisation of the same by the appropriate authority concerned:

Provided that the authorisation of the appropriate authority shall be subject to, and in compliance with, the provisions of the Medical Termination of Pregnancy Act, 1971 (34 of 1971);

(*vii*) no surrogacy clinic, registered medical practitioner, gynaecologist, paediatrician, embryologist, intending couple or any other person shall store a human embryo or gamete for the purpose of surrogacy:

Provided that nothing contained in this clause shall affect such storage for other legal purposes like sperm banks, IVF and medical research for such period and in such manner as may be prescribed;

(*viii*) no surrogacy clinic, registered medical practitioner, gynaecologist, paediatrician, embryologist, intending couple or any other person shall in any form conduct or cause to be conducted sex selection for surrogacy.

CHAPTER III

REGULATION OF SURROGACY AND SURROGACY PROCEDURES

4. Regulation of surrogacy and surrogacy procedures.— On and from the date of commencement of this Act, —

(*i*) no place including a surrogacy clinic shall be used or cause to be used by any person for conducting surrogacy or surrogacy procedures, except for the purposes specified in clause (ii) and after satisfying all the conditions specified in clause (iii);

(*ii*) no surrogacy or surrogacy procedures shall be conducted, undertaken, performed or availed of, except for the following purposes, namely:

(*a*) when an intending couple has a medical indication necessitating gestational surrogacy:

Provided that a couple of Indian origin or an intending woman who intends to avail surrogacy, shall obtain a certificate of recommendation from the Board on an application made by the said persons in such form and manner as may be prescribed.

Explanation.—For the purposes of this sub-clause and item (*I*) of sub-clause (*a*) of clause (*iii*) the expression "gestational surrogacy" means a practice whereby a surrogate mother carries

a child for the intending couple through implantation of embryo in her womb and the child is not genetically related to the surrogate mother;

(*b*) when it is only for altruistic surrogacy purposes;

(*c*) when it is not for commercial purposes or for commercialisation of surrogacy or surrogacy procedures;

(*d*) when it is not for producing children for sale, prostitution or any other form of exploitation; and

(*e*) any other condition or disease as may be specified by regulations made by the Board;

(*iii*) no surrogacy or surrogacy procedures shall be conducted, undertaken, performed or initiated, unless the Director or in-charge of the surrogacy clinic and the person qualified to do so are satisfied, for reasons to be recorded in writing, that the following conditions have been fulfilled, namely:—

(*a*) the intending couple is in possession of a certificate of essentiality issued by the appropriate authority, after satisfying itself, for the reasons to be recorded in writing, about the fulfilment of the following conditions, namely: —

(*I*) a certificate of a medical indication in favour of either or both members of the intending couple or intending woman necessitating gestational surrogacy from a District Medical Board.

Explanation.—For the purposes of this item, the expression "District Medical Board" means a medical board under the Chairpersonship of Chief Medical Officer or Chief Civil Surgeon or Joint Director of Health Services of the district and comprising of at least two other specialists, namely, the chief gynaecologist or obstetrician and chief paediatrician of the district;

(*II*) 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; and

(*III*) an insurance coverage of such amount and in such manner as may be prescribed in favour of the surrogate mother for a period of thirty-six months covering postpartum delivery complications from an insurance company or an agent recognised by the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act, 1999 (41 of 1999);

(*b*) the surrogate mother is in possession of an eligibility certificate issued by the appropriate authority on fulfilment of the following conditions, namely: —

(*I*) no woman, other than an ever married woman having a child of her own and between the age of 25 to 35 years on the day of implantation, shall be a surrogate mother or help in surrogacy by donating her egg or oocyte or otherwise;

(II) a willing woman shall act as a surrogate mother and be permitted to undergo surrogacy procedures as per the provisions of this Act:

Provided that the intending couple or the intending woman shall approach the appropriate authority with a willing woman who agrees to act as a surrogate mother;

(*III*) no woman shall act as a surrogate mother by providing her own gametes;

(*IV*) no woman shall act as a surrogate mother more than once in her lifetime:

Provided that the number of attempts for surrogacy procedures on the surrogate mother shall be such as may be prescribed; and

(*V*) a certificate of medical and psychological fitness for surrogacy and surrogacy procedures from a registered medical practitioner;

(*c*) an eligibility certificate for intending couple is issued separately by the appropriate authority on fulfilment of the following conditions, namely:--

(*I*) the intending couple are married and between the age of 23 to 50 years in case of female and between 26 to 55 years in case of male on the day of certification;

(*II*) the intending couple have not had any surviving child biologically or through adoption or through surrogacy earlier:

Provided that nothing contained in this item shall affect the intending couple who have a child and who is mentally or physically challenged or suffers from life threatening disorder or fatal illness with no permanent cure and approved by the appropriate authority with due medical certificate from a District Medical Board; and

(*III*) such other conditions as may be specified by the regulations.

5. Prohibition of conducting surrogacy.— No person including a relative or husband of a surrogate mother or intending couple or intending woman shall seek or encourage to conduct any surrogacy or surrogacy procedures on her except for the purpose specified in clause (*ii*) of section 4.

6. Written informed consent of surrogate mother.—(*1*) No person shall seek or conduct surrogacy procedures unless he has—

(*i*) explained all known side effects and after effects of such procedures to the surrogate mother concerned; and

(*ii*) obtained in the prescribed form, the written informed consent of the surrogate mother to undergo such procedures in the language she understands.

(*2*) Notwithstanding anything contained in sub-section (*1*), the surrogate mother shall have an option to withdraw her consent for surrogacy before the implantation of human embryo in her womb.

7. Prohibition to abandon child born through surrogacy.— The intending couple or intending woman shall not abandon the child, born out of a surrogacy procedure, whether within India or outside, for any reason whatsoever, including but not restricted to, any genetic defect, birth defect, any other medical condition, the defects developing subsequently, sex of the child or conception of more than one baby and the like.

8. Rights of surrogate child.— A child born out of surrogacy procedure, shall be deemed to be a biological child of the intending couple or intending woman and the said child shall be entitled to all the rights and privileges available to a natural child under any law for time being in force

9. Number of oocytes or human embryos to be implanted.— The number of oocytes or human embryos to be implanted in the uterus of the surrogate mother for the purpose of surrogacy, shall be such as may be prescribed.

10. Prohibition of abortion.— No person, organisation, surrogacy clinic, laboratory or clinical establishment of any kind shall force the surrogate mother to abort at any stage of surrogacy except in such conditions as may be prescribed.

CHAPTER IV

REGISTRATION OF SURROGACY CLINICS

11. Registration of surrogacy clinics.— (*1*) No person shall establish any surrogacy clinic for undertaking surrogacy or to render surrogacy procedures in any form unless such clinic is duly registered under this Act.

(*2*) Every application for registration under sub-section (*1*) shall be made to the appropriate authority in such form, manner and shall be accompanied by such fees as may be prescribed.

(*3*) Every surrogacy clinic which is conducting surrogacy or surrogacy procedures, partly or exclusively, referred to in clause (*ii*) of section 4 shall, within a period of sixty days from the date of appointment of appropriate authority, apply for registration:

Provided that such clinic shall cease to conduct any such counselling or procedures on the expiry of six months from the date of commencement of this Act, unless such clinic has applied for registration and is so registered separately or till such application is disposed of, whichever is earlier.

(4) No surrogacy clinic shall be registered under this Act, unless the appropriate authority is satisfied that such clinic is in a position to provide such facilities and maintain such equipment and standards including specialised manpower, physical infrastructure and diagnostic facilities as may be prescribed.

12. Certificate of registration.— (*1*) The appropriate authority shall after holding an enquiry and after satisfying itself that the applicant has complied with all the requirements of this Act and the rules and regulations made thereunder, grant a certificate of registration to the surrogacy clinic, within a period of ninety days from the date of application received by it, in such form, on payment of such fees and in such manner, as may be prescribed.

(*2*) Where, after the inquiry and after giving an opportunity of being heard to the applicant, the appropriate authority is satisfied that the applicant has not complied with the requirements of this Act or the rules or regulations made thereunder, it shall, for reasons to be recorded in writing, reject the application for registration.

(*3*) Every certificate of registration shall be valid for a period of three years and shall be renewed in such manner and on payment of such fees as may be prescribed.

(*4*) The certificate of registration shall be displayed by the surrogacy clinic at a conspicuous place.

13. Cancellation or suspension of registration.— (*1*) The appropriate authority may, *suo motu* or on receipt of a complaint, issue a notice to the surrogacy clinic to show cause as to why its registration should not be suspended or cancelled for the reasons mentioned in the notice.

(2) If after giving a reasonable opportunity of being heard to the surrogacy clinic, the appropriate authority is satisfied that there has been a breach of the provisions of the Act or the rules or regulations made thereunder, it may, without prejudice to any criminal action that it may take against such clinic, suspend its registration for such period as it may think fit or cancel its registration, as the case may be.

(*3*) Notwithstanding anything contained in sub-sections (*1*) and (*2*), if the appropriate authority is of the opinion that it is necessary or expedient to do so in the public interest, it may, for reasons to be recorded in writing, suspend the registration of any surrogacy clinic without issuing any notice under sub-section (*1*).

14. Appeal.— The surrogacy clinic or the intending couple or the intending woman may, within a period of thirty days from the date of receipt of the communication relating to order of rejection of application, suspension or cancellation of registration passed by the appropriate authority under section 13 and communication relating to rejection of the certificates under section 4, prefer an appeal against such order to—

(*a*) the State Government, where the appeal is against the order of the appropriate authority of a State;

(*b*) the Central Government, where the appeal is against the order of the appropriate authority of a Union territory,

in such manner as may be prescribed.

15. Establishment of National Assisted Reproductive Technology and Surrogacy Registry.— There shall be established a Registry to be called the National Assisted Reproductive Technology and Surrogacy Registry for the purposes of registration of surrogacy clinics under this Act.

16. Application of provisions of Assisted Reproductive Technology Act with respect to National Registry.— The National Assisted Reproductive Technology and Surrogacy Registry referred to in section 15 and to be established under section 9 of the Assisted Reproductive Technology Act shall be the National Registry for the purposes of this Act and the functions to be discharged by the said Registry under the Assisted Reproductive Technology Act shall, mutatis mutandis, apply.

CHAPTER V

NATIONAL ASSISTED REPRODUCTIVE TECHNOLOGY AND SURROGACY BOARD AND STATE ASSISTED REPRODUCTIVE TECHNOLOGY AND SURROGACY BOARDS

17. Constitution of National Assisted Reproductive Technology and Surrogacy Board.— (*1*) The Central Government shall, by notification, constitute a Board to be known as the National Assisted Reproductive Technology and Surrogacy Board to exercise the powers and perform the functions conferred on the Board under this Act.

(2) The Board shall consist of—

(*a*) the Minister in-charge of the Ministry of Health and Family Welfare, the Chairperson, *ex officio*;

(*b*) the Secretary to the Government of India in-charge of the Department dealing with the surrogacy matter, Vice-Chairperson, *ex officio*;

(c) three women Members of Parliament, of whom two shall be elected by the House of the People and one by the Council of States, Members, *ex officio*;

(d) three Members of the Ministries of the Central Government in-charge of Women and Child Development, Legislative Department in the Ministry of Law and Justice and the Ministry of Home Affairs, not below the rank of Joint Secretary, Members, *ex officio*;

(*e*) the Director General of Health Services of the Central Government, Member, *ex officio*;

(*f*) ten expert Members to be appointed by the Central Government in such manner as may be prescribed and two each from amongst—

(*i*) eminent medical geneticists or embryologists;

(*ii*) eminent gynaecologists and obstetricians;

(*iii*) eminent social scientists;

(*iv*) representatives of women welfare organisations; and

(*v*) representatives from civil society working on women's health and child issues,

possessing such qualifications and experience as may be prescribed;

(*g*) four Chairpersons of the State Boards to be nominated by the Central Government by rotation to represent the States and the Union territories, two in the alphabetical order and two in the reverse alphabetical order, Member, *ex officio*; and

(*h*) an officer, not below the rank of a Joint Secretary to the Central Government, in-charge of Surrogacy Division in the Ministry of Health and Family Welfare, who shall be the Member-Secretary, *ex officio*.

18. Term of office of Members.— (*1*) The term of office of a Member, other than an *ex officio* Member, shall be—

(*a*) in case of election under clause (*c*) of sub-section (*2*) of section 17, three years:

Provided that the term of such Member shall come to an end as soon as the Member becomes a Minister or Minister of State or Deputy Minister, or the Speaker or the Deputy Speaker of the House of the People, or the Deputy Chairman of the Council of States or ceases to be a Member of the House from which she was elected; and

(*b*) in case of appointment under clause (*f*) of sub-section (*2*) of section 17, three years:

Provided that the person to be appointed as Member under this clause shall be of such age as may be prescribed.

(*2*) Any vacancy occurring in the office whether by reason of his death, resignation or inability to discharge his functions owing to illness or other incapacity, shall be filled by the Central Government by making a fresh appointment within a period of one month from the date on which such vacancy occurs and the Member so appointed shall hold office for the remainder of the term of office of the person in whose place he is so appointed.

(*3*) The Vice-Chairperson shall perform such functions as may be assigned to him by the Chairperson from time to time.

19. Meetings of Board.— (*1*) The Board shall meet at such places and times and shall observe such rules of procedure in regard to the transaction of business at its meetings (including the quorum at its meetings) as may be determined by the regulations:

Provided that the Board shall meet at least once in six months.

(*2*) The Chairperson shall preside at the meeting of the Board and if for any reason the Chairperson is unable to attend the meeting of the Board, the Vice-Chairperson shall preside at the meetings of the Board.

(*3*) All questions which come up before any meeting of the Board shall be decided by a majority of the votes of the members present and voting, and in the event of an equality of votes, the Chairperson, or in his absence, the Vice-Chairperson shall have a second or casting vote.

(*4*) The Members, other than *ex officio* Members, shall receive only compensatory travelling expenses for attending the meetings of the Board.

20. Vacancies, etc., not to invalidate proceedings of Board.— No act or proceeding of the Board shall be invalid merely by reason of—

(*a*) any vacancy in, or any defect in the constitution of, the Board; or

(*b*) any defect in the appointment of a person acting as a Member of the Board; or

(*c*) any irregularity in the procedure of the Board not affecting the merits of the case.

21. Disqualifications for appointment as Member.— (*1*) A person shall be disqualified for being appointed and continued as a Member if, he—

(*a*) has been adjudged as an insolvent; or

(*b*) has been convicted of an offence, which in the opinion of the Central Government, involves moral turpitude; or

(*c*) has become physically or mentally incapable of acting as a Member; or

(*d*) has acquired such financial or other interest, as is likely to affect prejudicially his functions as a Member; or

(*e*) has so abused his position, as to render his continuance in office prejudicial to the public interest; or

(*f*) is a practicing member or an office-bearer of any association representing surrogacy clinics, having financial or other interest likely to affect prejudicially, his function as a Member; or

(*g*) is an office-bearer, heading or representing, any of the professional bodies having commercial interest in surrogacy or infertility.

(*2*) The Members referred to in clause (*f*) of section 17 shall not be removed from their office except by an order of the Central Government on the ground of their proved misbehaviour or incapacity after the Central Government, has, on an inquiry, held in accordance with the procedure prescribed in this behalf by the Central Government, come to the conclusion that the Member ought on any such ground to be removed.

(*3*) The Central Government may suspend any Member against whom an inquiry under sub-section (*2*) is being initiated or pending until the Central Government has passed an order on receipt of the report of the inquiry.

22. Temporary association of persons with Board for particular purposes.— (*1*) The Board may associate with itself, in such manner and for such purposes as may be determined by the regulations, any person whose assistance or advice it may desire in carrying out any of the provisions of this Act.

(*2*) A person associated with the Board under sub-section (*1*) shall have a right to take part in the discussions relevant to that purpose, but shall not have a right to vote at a meeting of the Board and shall not be a Member for any other purpose.

23. Authentication of orders and other instruments of Board.—All orders and decisions of the Board shall be authenticated by the signature of the Chairperson and all other instruments issued by the Board shall be authenticated by the signature of the Member-Secretary of the Board.

24. Eligibility of Member for re-appointment.— Subject to other terms and conditions of service as may be prescribed, any person ceasing to be a Member shall be eligible for re-appointment as such Member:

Provided that no Member other than an *ex officio* Member shall be appointed for more than two consecutive terms.

25. Functions of Board.— The Board shall discharge the following functions, namely: —

(a) to advise the Central Government on policy matters relating to surrogacy;

(*b*) to review and monitor the implementation of the Act, and the rules and regulations made thereunder and recommend to the Central Government, changes therein;

(*c*) to lay down the code of conduct to be observed by persons working at surrogacy clinics;

(*d*) to set the minimum standards of physical infrastructure, laboratory and diagnostic equipment and expert manpower to be employed by the surrogacy clinics;

(*e*) to oversee the performance of various bodies constituted under the Act and take appropriate steps to ensure their effective performance;

(*f*) to supervise the functioning of State Assisted Reproductive Technology and Surrogacy Boards; and

(*g*) such other functions as may be prescribed.

26. Constitution of State Assisted Reproductive Technology and Surrogacy Board.— Each State and Union territory having Legislature shall constitute a Board to be known as the State Assisted Reproductive Technology and Surrogacy Board or the Union territory Assisted Reproductive Technology and Surrogacy Board, as the case may be, which shall discharge the following functions, namely:—

(*i*) to review the activities of the appropriate authorities functioning in the State or Union territory and recommend appropriate action against them;

(*ii*) to monitor the implementation of the provisions of the Act, and the rules and regulations made thereunder and make suitable recommendations relating thereto, to the Board;

(iii) to send such consolidated reports as may be prescribed, in respect of the various activities undertaken in the State under the Act, to the Board and the Central Government; and

(*iv*) such other functions as may be prescribed.

27. Composition of State Board.— The State Board shall consist of.—

(*a*) the Minister in-charge of Health and Family Welfare in the State, Chairperson, *ex officio*;

(*b*) the Secretary in-charge of the Department of Health and Family Welfare, Vice-Chairperson, *ex officio;*

(*c*) Secretaries or Commissioners in-charge of the Departments of Women and Child Development, Social Welfare, Law and Justice and Home Affairs or their nominees, members, *ex officio;*

(*d*) Director-General of Health and Family Welfare of the State Government, member, *ex officio;*

(e) three women members of the State Legislative Assembly or Union territory Legislative Council, members, *ex officio;*

(*f*) ten expert members to be appointed by the State Government in such manner as may be prescribed, two each from amongst—

(*i*) eminent medical geneticists or embryologists;

(*ii*) eminent gynaecologists and obstetricians;

(*iii*) eminent social scientists;

(*iv*) representatives of women welfare organisations; and

(*v*) representatives from civil society working on women's health and child issues,

possessing such qualifications and experiences as may be prescribed;

(*g*) an officer not below the rank of Joint Secretary to the State Government in-charge of Family Welfare, who shall be the Member-Secretary, *ex officio*.

28 . Term of office of members.— (*1*) The term of office of a member, other than an *ex officio* member, shall be.—

(*a)* in case of nomination under clause (*e*) of section 27, three years:

Provided that the term of such member shall come to an end as soon as the member becomes a Minister or Minister of State or Deputy Minister, or the Speaker or the Deputy Speaker of the Legislative Assembly, or the Deputy Chairman of the Legislative Council or ceases to be a member of the House from which she was elected; and

(*b*) in case of appointment under clause (*f*) of section 27, three years:

Provided that the person to be appointed as member under this clause shall be of such age, as may be prescribed.

(2) Any vacancy occurring in the office whether by reason of his death, resignation or inability to discharge his functions owing to illness or other incapacity, shall be filled within a period of one month from the date on which such vacancy occurs by the State Government by making a fresh appointment and the member so appointed shall hold office for the remainder of the term of office of the person in whose place he is so appointed.

(*3*) The Vice-Chairperson shall perform such functions as may be assigned to him by the Chairperson from time to time.

29. Meetings of State Board.—(*1*) The State Board shall meet at such places and times and shall observe such rules of procedure in regard to the transaction of business at its meetings (including the quorum at its meetings) as may be specified by the regulations:

Provided that the State Board shall meet at least once in four months.

(*2*) The Chairperson shall preside at the meetings of the Board and if for any reason the Chairman is unable to attend the meeting of the State Board, the Vice-Chairperson shall preside at the meetings of the State Board.

(*3*) All questions which come up before any meeting of the State Board shall be decided by a majority of the votes of the members present and voting, and in the event of an equality of votes, the Chairperson, or in his absence, the Vice-Chairperson shall have a second or casting vote.

(*4*) The members, other than *ex officio* members, shall receive only compensatory travelling expenses for attending the meetings of the State Board.

30. Vacancies, etc., not to invalidate proceedings of State Board.— No act or proceeding of the State Board shall be invalid merely by reason of—

(*a*) any vacancy in, or any defect in the constitution of, the State Board; or

(*b*) any defect in the appointment of a person acting as a member of the State Board; or

(*c*) any irregularity in the procedure of the State Board not affecting the merits of the case.

31. Disqualifications for appointment as member.—(*1*) A person shall be disqualified for being appointed and continued as a member if, he —

(*a*) has been adjudged as an insolvent; or

(*b*) has been convicted of an offence, which in the opinion of the State Government, involves moral turpitude; or

(*c*) has become physically or mentally incapable of acting as a member; or

(*d*) has acquired such financial or other interest, as is likely to affect prejudicially his functions as a member; or

(*e*) has so abused his position, as to render his continuance in office prejudicial to the public interest; or

(*f*) is a practicing member or an office-bearer of any association representing surrogacy clinics, having financial or other interest likely to affect prejudicially, his functions as a member; or

(*g*) is an office-bearer, heading or representing, any of the professional bodies having commercial interest in surrogacy or infertility.

(*2*) The members referred to in clause (*f*) of section 27 shall not be removed from their office except by an order of the State Government on the ground of their proved misbehaviour or incapacity after the State Government, has, on an inquiry, held in accordance with the procedure prescribed in

this behalf by the State Government, come to the conclusion that the member ought on any such ground to be removed.

(*3*) The State Government may suspend any member against whom an inquiry under sub-section (*2*) is being initiated or pending until the State Government has passed an order on receipt of the report of the inquiry.

32. Temporary association of persons with State Board for particular purposes.— (*1*) The State Board may associate with itself, in such manner and for such purposes as may be determined by the regulations, any person whose assistance or advice it may desire in carrying out any of the provisions of this Act.

(*2*) A person associated with it by the State Board under sub-section (*1*) shall have a right to take part in the discussions relevant to that purpose, but shall not have a right to vote at a meeting of the State Board and shall not be a member for any other purpose.

33 . Authentication of orders and other instruments of State Board.—All orders and decisions of the State Board shall be authenticated by the signature of the Chairperson and all other instruments issued by the State Board shall be authenticated by the signature of the Member-Secretary of the State Board.

34. Eligibility of member for re-appointment.— Subject to the other terms and conditions of service as may be prescribed, any person ceasing to be a member shall be eligible for re-appointment as such member:

Provided that no member other than an *ex officio* member shall be appointed for more than two consecutive terms.

CHAPTER VI

APPROPRIATE AUTHORITY

35. Appointment of appropriate authority.— (*1*) The Central Government shall, within a period of ninety days from the date of commencement of this Act, by notification, appoint one or more appropriate authorities for each of the Union territories for the purposes of this Act and the Assisted Reproductive Technology Act.

(*2*) The State Government shall, within a period of ninety days from the date of commencement of this Act, by notification, appoint one or more appropriate authorities for the whole or any part of the State for the purposes of this Act and the Assisted Reproductive Technology Act.

(*3*) The appropriate authority, under sub-section (*1*) or sub-section (*2*), shall,—

(*a*) when appointed for the whole of the State or the Union territory, consist of—

(*i*) an officer of or above the rank of the Joint Secretary of the Health and Family Welfare Department--Chairperson, *ex officio*;

(*ii*) an officer of or above the rank of the Joint Director of the Health and Family Welfare Department--Vice Chairperson, *ex officio*;

(*iii*) an eminent woman representing women's organisation--member;

(iv) an officer of Law Department of the State or the Union territory concerned not below the rank of a Deputy Secretary--member; and

(*v*) an eminent registered medical practitioner--member:

Provided that any vacancy occurring therein shall be filled within one month of the occurrence of such vacancy;

(*b*) when appointed for any part of the State or the Union territory, be officers of such other rank as the State Government or the Central Government, as the case may be, may deem fit.

36. Functions of appropriate authority.—The appropriate authority shall discharge the following functions, namely:—

(*a*) to grant, suspend or cancel registration of a surrogacy clinic;

(*b*) to enforce the standards to be fulfilled by the surrogacy clinics;

(*c*) to investigate complaints of breach of the provisions of this Act, rules and regulations made thereunder and take legal action as per provision of this Act;

(*d*) to take appropriate legal action against the use of surrogacy by any person at any place other than prescribed, suo motu or brought to its notice, and also to initiate independent investigations in such matter;

(*e*) to supervise the implementation of the provisions of this Act and rules and regulations made thereunder;

(*f*) to recommend to the Board and State Boards about the modifications required in the rules and regulations in accordance with changes in technology or social conditions;

(*g*) to take action after investigation of complaints received by it against the surrogacy clinics; and

(*h*) to consider and grant or reject any application under clause (*vi*) of section 3 and sub-clauses (*a*) to (*c*) of clause (*iii*) of section 4 within a period of ninety days.

37. Powers of appropriate authorities.— (*1*) The appropriate authority shall exercise the powers in respect of the following matters, namely:—

(*a*) summoning of any person who is in possession of any information relating to violation of the provisions of this Act, and rules and regulations made thereunder;

(*b*) production of any document or material object relating to clause (*a*);

(*c*) search any place suspected to be violating the provisions of this Act, and the rules and regulations made thereunder; and

(*d*) such other powers as may be prescribed.

(*2*) The appropriate authority shall maintain the details of registration of surrogacy clinics, cancellation of registration, renewal of registration, grant of certificates to the intending couple and surrogate mothers or any other matter pertaining to grant of license, etc., of the surrogacy clinics in such format as may be prescribed and submit the same to the National Assisted Reproductive Technology and Surrogacy Board.

CHAPTER VII

OFFENCES AND PENALTIES

38. Prohibition of commercial surrogacy, exploitation of surrogate mothers and children born through surrogacy.— (*1*) No person, organisation, surrogacy clinic, laboratory or clinical establishment of any kind shall.—

(*a*) undertake commercial surrogacy, provide commercial surrogacy or its related component procedures or services in any form or run a racket or an organised group to empanel or select surrogate mothers or use individual brokers or intermediaries to arrange for surrogate mothers and for surrogacy procedures, at such clinics, laboratories or at any other place;

(*b*) issue, publish, distribute, communicate or cause to be issued, published, distributed or communicated, any advertisement in any manner regarding commercial surrogacy by any means whatsoever, scientific or otherwise;

(*c*) abandon or disown or exploit or cause to be abandoned, disowned or exploited in any form, the child or children born through surrogacy;

(*d*) exploit or cause to be exploited the surrogate mother or the child born through surrogacy in any manner whatsoever;

(*e*) sell human embryo or gametes for the purpose of surrogacy and run an agency, a racket or an organisation for selling, purchasing or trading in human embryos or gametes for the purpose of surrogacy;

(*f*) import or shall help in getting imported in, whatsoever manner, the human embryo or human gametes for surrogacy or for surrogacy procedures; and

(*g*) conduct sex selection in any form for surrogacy.

(*2*) Notwithstanding anything contained in the Indian Penal Code (45 of 1860), contraventions of the provisions of clauses *(a)* to (*g*) of sub-section (*1*) by any person shall be an offence punishable with imprisonment for a term which may extend to ten years and with fine which may extend to ten lakh rupees.

(*3*) For the purposes of this section, the expression "advertisement" includes any notice, circular, label, wrapper or any other document including advertisement through internet or any other media, in electronic or print form and also includes any visible representation made by means of any hoarding, wall-painting, signal light, sound, smoke or gas.

39. Punishment for contravention of provisions of Act.— (*1*) Any registered medical practitioner, gynaecologists, paediatrician, embryologists or any person who owns a surrogacy clinic or employed with such a clinic or centre or laboratory and renders his professional or technical services to or at such clinic or centre or laboratory, whether on an honorary basis or otherwise, and who contravenes any of the provisions of this Act (other than the provisions referred to in section 38) and rules and regulations made thereunder shall be punishable with imprisonment for a term which may extend to five years and with fine which may extend to ten lakh rupees.

(*2*) In case of subsequent or continuation of the offence referred to in sub-section (*1*), the name of the registered medical practitioner shall be reported by the appropriate authority to the State Medical Council concerned for taking necessary action including suspension of registration for a period of five years.

40. Punishment for not following altruistic surrogacy.—Any intending couple or intending woman or any person who seeks the aid of any surrogacy clinic, laboratory or of a registered medical practitioner, gynaecologist, paediatrician, embryologist or any other person for not following the altruistic surrogacy or for conducting surrogacy procedures for commercial purposes shall be punishable with imprisonment for a term which may extend to five years and with fine which may extend to five lakh rupees for the first offence and for any subsequent offence with imprisonment which may extend to ten years and with fine which may extend to ten lakh rupees.

41. Penalty for contravention of provisions of Act or rules for which no specific punishment is provided.—Whoever contravenes any of the provisions of this Act, rules or regulations made thereunder for which no penalty has been provided in this Act, shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to five lakh rupees and in the case of continuing contravention with an additional fine which may extend to ten thousand rupees for every day during which such contravention continues after conviction for the first such contravention.

42. Presumption in the case of surrogacy.— Notwithstanding anything contained in the Indian Evidence Act, 1872 (1 of 1872), the court shall presume, unless the contrary is proved, that the women or surrogate mother was compelled by her husband, the intending couple or any other relative, as the case may be, to render surrogacy services, procedures or to donate gametes for the purpose other than those specified in clause (*ii*) of section 4 and such person shall be liable for abetment of such offence under section 40 and shall be punishable for the offence specified under that section.

43. Offence to be cognizable, non-baliable and non-compoundable.— Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), every offence under this Act shall be cognizable, non-bailable and non-compoundable.

44. Cognizance of offences.— (*1*) No court shall take cognizance of any offence punishable under this Act except on a complaint in writing made by--

(*a*) the appropriate authority concerned, or any officer or an agency authorised in this behalf by the Central Government or the State Government, as the case may be, or the appropriate authority; or

(*b*) a person including a social organisation who has given notice of not less that fifteen days in the manner prescribed, to the appropriate authority, of the alleged offence and of his intention to make a complaint to the court.

(*2*) No court inferior to that of a Metropolitan Magistrate or a Judicial Magistrate of the first class shall try any offence punishable under this Act.

45. Certain provisions of Code of Criminal Procedure, 1973 not to apply.—Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), Chapter XXI A of the said Code relating to plea bargaining shall not apply to the offences under this Act.

CHAPTER VIII

MISCELLANEOUS

46. Maintenance of records.— (*1*) 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 authorised by the appropriate authority in this behalf.

47. Power to search and seize records, etc.— (*1*) If the appropriate authority has reason to believe that an offence under this Act has been or is being committed at any surrogacy clinic or any other place, such authority 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 authority or officers considers necessary, such surrogacy clinic or any other place and examine any record, register, document, book, pamphlet, advertisement or any other material object found therein and seize and seal the same if such authority or officer has reason to believe that it may furnish evidence of the commission of an offence punishable under this Act.

(*2*) The provisions of the Code of Criminal Procedure, 1973 (2 of 1974) relating to search and seizure shall apply, as far as may be, to all action taken by the appropriate authority or any officer authorised by it under this Act.

48. Protection of action taken in good faith.—No suit, prosecution or other legal proceeding shall lie against the Central Government or the State Government or the appropriate authority or any officer authorised by the Central Government or the State Government or by the appropriate authority for anything which is in good faith done or intended to be done in pursuance of the provisions of this Act.

49. Application of other laws not barred.— The provisions of this Act shall be in addition to, and not in derogation of, the provisions of any other law for the time being in force.

50. Power to make rules.— (*1*) The Central Government may, by notification and subject to the condition of pre-publication, make rules for carrying out the provisions of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for--

(*a*) the prescribed expenses under clauses (*b*), (*f*) and (*q*) of sub-section (*1*) of section 2;

(*b*) the minimum qualifications for persons employed at a registered surrogacy clinic under clause (*iii*) of section 3;

(*c*) the period and manner in which a person shall store human embryo or gamete under clause (vii) of section 3;

(*d*) the form and manner of application for obtaining certificate of recommendation from the Board under proviso to sub-clause (*a*) of clause (*ii)* of section 4;

(*e*) the insurance coverage in favour of the surrogate mother from an insurance company and the manner of such coverage under item (III) of sub-clause (*a*) of clause (*iii*) of section 4;

(*f*) the number of attempts of surrogacy or providing of gametes under the proviso to item (*III*) of sub-clause (*b*) of clause (*iii*) of section 4;

(*g*) the form in which consent of a surrogate mother has to be obtained under clause (*ii*) of section 6;

(*h*) the number of oocytes or embryos to be implanted in the uterus of the surrogate mother under section 9;

(*i*) the conditions under which the surrogate mother may be allowed for abortion during the process of surrogacy under section 10;

(*j*) the form and manner in which an application shall be made for registration and the fee payable thereof under sub-section (*2*) of section 11;

(*k*) the facilities to be provided, equipment and other standards to be maintained by the surrogacy clinics under sub-section (*4*) of section 11;

(*l*) the period, manner and form in which a certificate of registration shall be issued under sub-section (*1*) of section 12;

(*m*) the manner in which the certificate of registration shall be renewed and the fee payable for such renewal under sub-section (*3*) of section 12;

(*n*) the manner in which an appeal may be preferred under section 14;

(*o*) the qualifications and experiences of the Members as admissible under clause (*f*) of sub-section (*2*) of section 17;

(*p*) the procedures for conducting an inquiry against the Members under sub-section (*2*) of section 21;

(*q*) the conditions under which a Member of the Board eligible for re-appointment under section 24;

(*r*) the other functions of the Board under clause (*g*) of section 25;

(*s*) the manner in which reports shall be furnished by the State Assisted Reproductive Technology and Surrogacy Board and the Union territory Assisted Reproductive Technology and Surrogacy Board to the Board and the Central Government under clause *(iii*) of section 26;

(*t*) the other functions of the State Board under clause (*iv*) of section 26;

(*u*) the qualifications and experiences of the members as admissible under clause (*f*) of section 27;

(*v*) the age of the person to be appointed as a member, referred to in clause (*f*) of section 27, under the proviso to clause (*b*) of sub-section *(1*) of section 28;

(*w*) the procedures for conducting an inquiry against the members under sub-section (*2*) of section 31;

(*x*) the conditions under which the members of State Board eligible for re-appointment under section 34;

(*y)* empowering the appropriate authority in any other matter under clause (*d*) of section 36;

(*z*) the other powers of appropriate authority under clause (*d*) of sub-section (*1*) of section 37;

(*za*) the particulars of the details of registration of surrogacy clinics, cancellation of registration, etc., in such format under sub-section (*2*) of section 37;

(*zb)* the manner of giving notice by a person under clause (*b*) of sub-section (*1*) of section 44;

(*zc*) the period up to which records, charts, etc., shall be preserved under sub-section (1) of section 46;

(*zd*) the manner in which the seizure of documents, records, objects, etc., shall be made and the manner in which seizure list shall be prepared and delivered under sub-section (*1*) of section 47; and

(*ze*) any other matter which is to be, or may be, or in respect of which provision is to be made by rules.

51. Power to make regulations.— The Board may, with the prior approval of the Central Government, by notification, make regulations not inconsistent with the provisions of this Act and the rules made thereunder to provide for.—

(*a*) the fulfilment of any other condition under which eligibility certificate to be issued by the appropriate authority under sub-clause (*d*) of clause (*v*) of section 4;

(*b*) the time and place of the meetings of the Board and the procedure to be followed for the transaction of business at such meetings and the number of Members which shall form the quorum under sub-section (*1*) of section 19;

(*c)* the manner in which a person may be temporarily associated with the Board under sub-section (*1*) of section 22;

(*d*) the time and place of the meetings of the State Board and the procedure to be followed for the transaction of business at such meetings and the number of members which shall form the quorum under sub-section (*1*) of section 29;

(*e*) the manner in which a person may be temporarily associated with the Board under sub-section (*1*) of section 32; and

(f) any other matter which is required to be, or may be, specified by regulations.

52. Rules and regulations to be laid before Parliament.— Every rule made by the Central Government and every regulation made by the Board under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or both Houses agree that the rule or regulation should not be made, the rule or regulation shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation or notification.

53. Transitional provision.— Subject to the provisions of this Act, there shall be provided a gestation period of ten months from the date of coming into force of this Act to existing surrogate mothers' to protect their well being.

54. Power to remove difficulties.— (*1*) If any difficulty arises in giving effect to the provisions of this Act, the Central Government may, by order published in the Official Gazette, make such provisions not inconsistent with the provisions of the said Act as appear to it to be necessary or expedient for removing the difficulty:

Provided that no order shall be made under this section after the expiry of a period of two years from the date of commencement of this Act.

(*2*) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament.

TRUECOPY

दस्तावेज़ों की सूची

क्र.सं.	विवरण	पृष्ठ सं.

MINISTRY OF HEALTH AND FAMILY WELFARE

(Department of Health Research)

NOTIFICATION

New Delhi, the 21st June, 2022

G.S.R. 460(E).—In exercise of the powers conferred by section 50 of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Central Government hereby makes the following rules, namely: -

1. Short title and commencement.- (1) These rules may be called the Surrogacy (Regulation) Rules, 2022.

   (2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions.- In these rules, unless the context otherwise requires; -

   (a) 'Act' means the Surrogacy (Regulation) Act, 2021 (47 of 2021);

   (b) 'form' means a form appended to these rules;

   (c) 'section' means a section of the Act;

   (d) words and expressions used herein and not defined but defined in the Act shall have the meanings respectively assigned to them in the Act.

3. The requirement, and qualification for persons employed, at a registered surrogacy clinic.- (1) The minimum requirement of staff and their qualification for surrogacy clinic shall be as specified in Schedule I, Part 1.

   (2) The minimum requirement of equipment for surrogacy clinic shall conform to the requirement as specified in Schedule I, Part 2.

4. The manner of application for obtaining a certificate of recommendation by the Board shall be as specified in Form 1.

5. Insurance coverage.- (1) The intending woman or couple shall purchase a general health insurance coverage in favour of surrogate mother for a period of thirty six months from an insurance company or an agent recognized by the Insurance Regulatory and Development Authority established under the provisions of the Insurance Regulatory and Development Authority Act, (41 of 1999) for an amount which is sufficient enough to cover all expenses for all complications arising out of pregnancy and also covering post- partum delivery complications.

(2) The intending couple/woman shall sign an affidavit to be sworn before a Metropolitan Magistrate or a Judicial Magistrate of the first-class giving guarantee as per clause (q) of sub section (1) of section 2 of the Surrogacy (Regulation) Act, (47 of 2021).

6. 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.

7. Consent of a surrogate mother.- The consent of a surrogate mother shall be as specified in Form 2.

8. 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.

9. 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).

10. Form and manner for registration and fee for a surrogacy clinic.– (1) An application for registration for a surrogacy clinic shall be made by the surrogacy clinic which is carrying out procedures related to the Surrogacy, as provided in the Act to the appropriate authority in Form 3.

(2) Every application for registration shall be accompanied by an application fee of rupees two lakhs for surrogacy clinic and the application fee once paid shall not be refunded:

Provided that, if an application for registration of any surrogacy clinic is rejected by the appropriate authority, no fee shall be required to be paid on re-submission of the application by the applicant for the same clinic:

Provided further that such establishment in the government run institutes need not pay for application.

11. Period, manner and form for certificate of registration.- (1) The appropriate authority shall, after making such enquiry and after satisfying itself that the applicant has complied with all the requirements, shall grant a certificate of registration in Form 4 to the applicant.

(2) A copy of the certificate of registration shall be displayed by the registered surrogacy clinic at a conspicuous place at its place of business.

12. Appeal.- (1) The surrogacy clinic, or the intending woman, or couple may, within a period of thirty days from the date of receipt of the communication relating to order of rejection of application, suspension or cancellation of registration by the appropriate authority under section 13 and communication relating to rejection of the certificates under section 14, prefer an appeal against such order.

(2) The form of appeal shall be as specified in Form 5.

13. Manner in which the seizure of documents, records, objects, etc., shall be made and seizure list shall be prepared and delivered.- (1) Every surrogacy clinic shall allow the National Board or National Registry or State Board or Appropriate Authority or to any other person authorised in this behalf to inspect the place, equipment and records.

(2) An inspection of an already registered clinic may be done without any notice, during the working hours of the clinic.

(3) The authorities referred to in subsection (1) shall ensure that the entry and search procedure do not place at risk the gametes or embryos stored in the facility.

14. 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.

[F. No. U.11019/15/2022-HR(Pt.)]

GEETA NARAYAN, Jt. Secy.

SCHEDULE 1

Part 1

[See rules 3 (1)]

(1) Staff of surrogacy clinics.- Surrogacy clinics shall have at least one gynaecologist, one anesthetist, one embryologist and one counselor. The clinic may employ additional staff by the Assisted Reproductive Technology Level 2 clinics; normally Director, Andrologist and shall appoint such staff as may be necessary to assist the clinic into day-to-day work.

(2) Qualification for doctors and other staff in surrogacy clinics.- The qualification of staff in surrogacy clinics shall be as under:

(a) Gyanecologist**:** The gyanecologist shall be a medical post-graduate in gyanecology and obstetrics and should have record of performing 50 ovum pickup procedures and at least three years of working experience in an ART clinic under supervision of a trained ART specialist (In the case of gynecologists practicing ART or IVF and are working in ART clinics before the commencement of this Act a post graduate degree in gynecology and obstetrics with at least three years experience and record of 50 ovum pickup procedures shall be acceptable); or

A medical post-graduate in gynaecology and obstetrics with super specialist Doctorate of Medicine/Fellowship in reproductive medicine with experience not less than three years of working in an Assisted Reproductive Technology clinic.

(b) Andrologist shall be a Master of Chirurgiae or Diplomate of National Board in urology with special training in diagnosing and treating male infertility.

(c) Embryologist: (i) Postgraduate in clinical embryology (graduated with the full-time program with a minimum of four semesters) from a recognised university or institute with additional three years of human ART laboratory experience in handling human gametes and embryos;

(ii) Ph.D. holder (full-time, Ph.D. project should be related to Clinical Embryology/assisted reproductive technology/fertility) from a recognised university or institute or with an additional one year of human ART laboratory experience in handling human gametes and embryos;

(iii) Medical graduate (MBBS) or Veterinary graduate (BVSc) with a postgraduate degree in Clinical Embryology (full-time program) from a recognised university or institute with additional two years of ART laboratory experience in handling human gametes and embryos;

(iv) Postgraduate in life sciences/Biotechnology with at least one year of on-site, full-time clinical embryology certified training in addition to four years experience in handling human gametes and embryos in a registered ART level 2 clinics.

As a one-time measure all embryologists working in Assisted Reproductive Technology or In vitro fertilization clinics before the commencement of the Act, with the following below mentioned qualifications and experience may be allowed to continue as embryologists. However, after the commencement of this Act, all clinics will hire Embryologists only with any of the above-mentioned four qualifications and experience criteria.

Graduate in Life Sciences /biotechnology/ reproductive biology/ veterinary science with at least five years experience of working in a registered Assisted Reproductive Technology / In vitro fertilization *clinic, who have* performed at least 500 IVF lab procedures (including Intracytoplasmic sperm injection I and at least 100 cycles of cryopreservation of embryos).

(d) Counselor: A person who is a graduate in psychology or clinical psychology or nursing or life sciences from a recognised university or institute.

(e) Anesthetist: Anesthetist shall be a medical postgraduate in Anesthesia from a recognised university or institute.

(f) Director: The director should have a post-graduate degree in medical /life sciences/Management Sciences from a recognised university or institute.

SCHEDULE 1

Part 2

[see rule 3(2)]

1. Equipments: - Microscope:

(a) Incubator (minimum 02 in number);

(b) Laminar Airflow;

(c) Sperm counting Chambers;

(d) Centrifuge;

(e) Refrigerator;

(f) Equipment for cryopreservation;

(g) Ovum aspiration pump;

(h) Ultrasonography machine with transvaginal probe and needle guard;

(i) Test tube warmer;

(j) Anesthesia resuscitation trolley.

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/10th 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)

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

Dated:

FORM 3

[See rule 10]

APPLICATION FORM

REGISTRATION OF A SURROGACY CLINIC

Name of the Surrogacy clinic:

Address of the Surrogacy clinic:

State: _____ City: _____ Pin Code: | | | | | | |

Telephone No. (with STD Code) (Surrogacy clinic only):

Mobile No. of Surrogacy clinic

E-mail (Surrogacy clinic):

Website, if any

1. Status of your Surrogacy clinic:

   1. Government 2. Private

   Any other, please specify……

2. Date of establishment of your Surrogacy clinic: | | | | | | | | |

3. Whether your Surrogacy clinic is registered under following Acts/Authorities (Please provide details) Yes / No

   1. The Medical Termination of Pregnancy (MTP) Act, 1971 (44 of 1971)

   2. The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994)

4. Whether your Surrogacy clinic has Director

   (1. Yes 2. No)

   a) Name

   b) Qualification

   c) Registration No. if applicable

5. Details of staff

Post	Name	Qualification	Registration No. if applicable
Gynaecologist			
Anesthetist			
Clinical Embryologist			
Andrologist			
Counsellor			

6. List of equipments

7. Indicate which of the following procedures are being carried out at your Surrogacy clinic

1. Yes 2. No

(a) Intra-uterine Insemination using Husband Semen (IUI-H)

(b) Intra-uterine Insemination using Donor Semen (IUI-D)

(c) *In vitro* Fertilization-Embryo Transfer (IVF-ET)

(d) Intra-cytoplasmic Sperm Injection (ICSI)

(e) Processing of semen

(f) Storage of gametes (sperm and oocyte) and or embryos of patient

(g) Pre-implantation Genetic Testing

(h) Any other procedure, please specify……

8. Any additional Information

DECLARATION

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

Date: _____

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.:

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority ……. ……. hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of ……..years ending on ……

(a) Name and address of the Surrogacy clinic:

(b) Type of institution (Government / Private)

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.

3. Registration No. allotted

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from ……. To ……

Signature, Name and Designation of
the Appropriate Authority

Date: ……..

Place: …….

SEAL

Display one copy of this certificate at a conspicuous place at the place of business

*Strike out whichever is not applicable or necessary

FORM 5

[See rule 12]

Appeal No./20……Made against ……..to the State Government /Central Government

In the matter of:

Name and Address of Appellant

Versus

Name and Address of the Authority Whose Order is Challenged Respondent

Most respectfully showeth:

The above-mentioned appellant appeals against the order passed by the..... concerned Appropriate Authority at .....(Name of place and address) against the appellant in

(details of the case if any)

dated.....

and sets forth the following grounds of objection of the order appealed: -

1. Particulars of the order including number of orders, if any, against which the appeal is Preferred.

2. Brief facts of the case.

3. Findings of the Appropriate Authority challenged.

4. Grounds of appeal.

5. Copy of the order enclosed along with all the documents relied upon by the Appellant.

6. Any other information/documents in support of appeal

Prayer:

That the appellant, therefore prays for the reasons stated above the order under the appeal be set aside and quashed and order deemed just and proper may kindly be passed in favor of the appellant.

Signature of the Appellant

Place: …….

Date: ……..

Verification

I, ... do hereby verify that the contents of para …….to ..... are true and correct to the best of my knowledge and belief and no part is false and nothing material has been concealed therein.

Signature of the Appellant

List of Documents

S. No.	Particulars	Page No.

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"एंड्रोलॉजिस्ट यूरोलॉजी में एमसीएच/डीएनबी या एमएस जनरल सर्जरी या प्रजनन चिकित्सा में एफएनबी/एमसीएच/डीएम के साथ न्यूनतम 2 वर्ष का अनुभव और न्यूनतम 15 सर्जिकल शुक्राणु पुनर्प्राप्ति (अर्थात् पीईएसए /टीईएसए/टीईएसई/एमईएसए/माइक्रोटेसी प्रक्रियाएं) का व्यावहारिक अनुभवी होगा।"

[फा. सं. यू. 11019/15/2022 एचआर]

अनु नागर, संयुक्त सचिव

टिप्पणः सरोगेसी (विनियमन) नियम, 2022 को भारत के राजपत्र, असाधारण, भाग II, खंड 3, उपखंड (i) में दिनांक 21 जून 2022 की अधिसूचना संख्या सा.का.नि. 460 (अ) द्वारा प्रकाशित किया गया था और बाद में दिनांक 10 अक्टूबर 2022 की अधिसूचना संख्या सा.का.नि. 772 (अ), दिनांक 14 मार्च 2023 की अधिसूचना संख्या सा.का.नि. 179 (अ) और दिनांक 08 जून 2023 की अधिसूचना संख्या सा.का.नि. 415 (अ) द्वारा संशोधित किया गया था।

MINISTRY OF HEALTH AND FAMILY WELFARE

(Department of Health Research)

NOTIFICATION

New Delhi, the 11th July, 2023

G.S.R. 494(E).—In exercise of the powers conferred by section 50 of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Central Government hereby makes the following rules, further to amend the Surrogacy (Regulation) Rules, 2022, namely:-

1. (1) These rules may be called the Surrogacy (Regulation) Amendment Rules, 2023.

(2) They shall come into force on the date of their publication in Official Gazette.

2. In the Surrogacy (Regulation) Rules, 2022, sub-section (b) of Para 2 in Part 1 of Schedule 1 shall be substituted as under:-

"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)."

[F. No. U.11019/15/2022-HR]

ANU NAGAR, Jt. Secy.

Note : The Surrogacy (Regulation) Rules, 2022 were published in the Gazette of India, Extraordinary, Part II, Section 3, sub-section (i) vide G.S.R. 460 (E) dated 21st June, 2022, and subsequently amended vide notification number vide G.S.R. 772 (E) dated 10th October, 2022, G.S.R. 179 (E) dated 14th March, 2023 and G.S.R. 415(E) dated 8th June, 2023.

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ANNEXURE-P/9

रजिस्ट्री सं. डी.एल.- 33004/99 REGD. No. D. L.-33004/99

भारत का राजपत्र
The Gazette of India

सी.जी.-डी.एल.-अ.-14032023-244368
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असाधारण
EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (i)
PART II—Section 3—Sub-section (i)

प्राधिकार से प्रकाशित
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स्वास्थ्य और परिवार कल्याण मंत्रालय

(स्वास्थ्य अनुसंधान विभाग)

अधिसूचना

नई दिल्ली, 14 मार्च, 2023

सा.का.नि. 179(अ).—सरोगेसी (विनियमन) अधिनियम, 2021 (2021 का 47) की धारा 50 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, केंद्रीय सरकार सरोगेसी (विनियमन) नियम 2022 में संशोधन करने के लिए निम्नलिखित नियम बनाती है, अर्थात्: –

1. (1) इन नियमों को सरोगेसी (विनियमन) संशोधन नियम, 2023 कहा जाएगा।

(2) ये राजपत्र में इनके प्रकाशन की तारीख से प्रवृत्त होंगे।

2. सरोगेसी (विनियमन) नियम 2022 के नियम 7 के तहत फॉर्म 2 में, मौजूदा पैरा 1 (घ) को हटा दिया गया है और इसे निम्नानुसार प्रतिस्थापित किया जाएगा: –

1. (घ) (I) सरोगेसी से गुजरने वाले जोड़े के पास इच्छुक जोड़े से दोनों युग्मक होने चाहिए और दाता युग्मक की अनुमति नहीं है;

(II) सरोगेसी से गुजरने वाली एकल महिला (विधवा/तलाकशुदा) को सरोगेसी प्रक्रिया का लाभ उठाने के लिए स्वयं के अंडे और दाता शुक्राणुओं का उपयोग करना होगा।

[फा. सं. यू.11019/15/2022-एचआर]

गीता नारायण, संयुक्त सचिव

नोट: सरोगेसी (विनियमन) नियम, 2022 को भारत के राजपत्र, असाधारण, भाग II , धारा 3, उपधारा (i) में दिनांक 21 जून, 2022 को सा. का. नि. 460 (अ) के माध्यम से प्रकाशित किया गया था और सरोगेसी (विनियमन) संशोधन नियम, 2022 दिनांक 10 अक्तूबर, 2022 को सा. का. नि. 772 (अ) के माध्यम से प्रकाशित किया गया था।

MINISTRY OF HEALTH AND FAMILY WELFARE

(Department of Health Research)

NOTIFICATION

New Delhi, the 14th March, 2023

G.S.R.179(E).—In exercise of the powers conferred by section 50 of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Central Government hereby makes the following rules, further to amend the Surrogacy (Regulation) Rules, 2022, namely:-

1. (1) These rules may be called the Surrogacy (Regulation) Amendment Rules, 2023.

(2) They shall come into force on the date of their publication in Official Gazette.

2. In Form 2 under rule 7 of the Surrogacy (Regulation) Rules, 2022, the existing Para 1 (d) stands omitted and shall be substituted as under:-

1. (d) (I) Couple undergoing Surrogacy must have both gamete from the intending couple & donor gametes is not allowed;

(II) Single woman (widow/divorcee) undergoing Surrogacy must use self eggs and donor sperms to avail surrogacy procedure.

[F. No. U.11019/15/2022-HR]

GEETA NARAYAN, Jt. Secy.

Note : The Surrogacy (Regulation) Rules, 2022 were published in the Gazette of India, Extraordinary, Part II, Section 3, sub-section (i) vide G.S.R. 460 (E) dated 21st June, 2022 and the Surrogacy (Regulation) Amendment Rules, 2022 were published in the Gazette of India, Extraordinary, Part II, Section 3, sub-section (i) vide G.S.R. 772 (E) dated 10th October, 2022.

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and Published by the Controller of Publications, Delhi-110054.

Surrogacy Arrangements Act 1985

1985 CHAPTER 49

An Act to regulate certain activities in connection with arrangements made with a view to women carrying children as surrogate mothers. [16th July 1985]

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Commencement Information

I1 Act wholly in force at Royal Assent

1 Meaning of "surrogate mother", "surrogacy arrangement" and other terms. E +W+N.I.

(1) The following provisions shall have effect for the interpretation of this Act.

(2) "Surrogate mother" means a woman who carries a child in pursuance of an arrangement—

(a) made before she began to carry the child, and

(b) made with a view to any child carried in pursuance of it being handed over to, and **[**F1parental responsibility being met**]** (so far as practicable) by, another person or other persons.

(3) An arrangement is a surrogacy arrangement if, were a woman to whom the arrangement relates to carry a child in pursuance of it, she would be a surrogate mother.

(4) In determining whether an arrangement is made with such a view as is mentioned in subsection (2) above regard may be had to the circumstances as a whole (and, in particular, where there is a promise or understanding that any payment will or may be made to the woman or for her benefit in respect of the carrying of any child in pursuance of the arrangement, to that promise or understanding).

(5) An arrangement may be regarded as made with such a view though subject to conditions relating to the handing over of any child.

(6) A woman who carries a child is to be treated for the purposes of subsection (2)(a) above as beginning to carry it at the time of the insemination **[**F2or of the placing in her of an embryo, of an egg in the process of fertilisation or of sperm and eggs, as the case may be,**]** that results in her carrying the child.

(7) "Body of persons" means a body of persons corporate or unincorporate.

[F3(7A) "Non-profit making body" means a body of persons whose activities are not carried on for profit.**]**

(8) "Payment" means payment in money or money's worth.

(9) This Act applies to arrangements whether or not they are lawful . . . F4.

Extent Information

E1 This version extends to England and Wales and Northern Ireland only; a separate version has been created for Scotland only

Textual Amendments

F1 Words in s. 1(2)(b) substituted (E.W.) (14.10.1991) by Children Act 1989 (c. 41, SIF 20), s. 108(5), **Sch. 13 para. 56** (with Sch. 14 para. 1(1)); S.I. 1991/828, **art. 3(2)** and substituted (N.I.) (4.11.1996) by S.I. 1995/755 (N.I. 2), art. 185(1), **Sch. 9 para. 119**; S.R. 1996/297, **art. 2(2)**

F2 Words substituted by Human Fertilisation and Embryology Act 1990 (c. 37, SIF 83:1), **s. 36(2)(a)**

F3 S. 1(7A) inserted (1.10.2009) by Human Fertilisation and Embryology Act 2008 (c. 22), **ss. 59(2)**, 68(2); S.I. 2009/2232, art. 2(r)

F4 Words repealed by Human Fertilisation and Embryology Act 1990 (c. 37, SIF 83:1), **s. 36(2)(b)**

1 Meaning of "surrogate mother", "surrogacy arrangement" and other terms. S

(1) The following provisions shall have effect for the interpretation of this Act.

(2) "Surrogate mother" means a woman who carries a child in pursuance of an arrangement—

(a) made before she began to carry the child, and

(b) made with a view to any child carried in pursuance of it being handed over to, and the parental rights being exercised (so far as practicable) by, another person or other persons.

(3) An arrangement is a surrogacy arrangement if, were a woman to whom the arrangement relates to carry a child in pursuance of it, she would be a surrogate mother.

(4) In determining whether an arrangement is made with such a view as is mentioned in subsection (2) above regard may be had to the circumstances as a whole (and, in particular, where there is a promise or understanding that any payment will or may be made to the woman or for her benefit in respect of the carrying of any child in pursuance of the arrangement, to that promise or understanding).

(5) An arrangement may be regarded as made with such a view though subject to conditions relating to the handing over of any child.

(6) A woman who carries a child is to be treated for the purposes of subsection (2)(a) above as beginning to carry it at the time of the insemination **[**F16or of the placing in her of an embryo, of an egg in the process of fertilisation or of sperm and eggs, as the case may be,**]** that results in her carrying the child.

(7) "Body of persons" means a body of persons corporate or unincorporate.

[F3(7A) "Non-profit making body" means a body of persons whose activities are not carried on for profit.**]**

(8) "Payment" means payment in money or money's worth.

(9) This Act applies to arrangements whether or not they are lawful . . . F17.

Extent Information

E2 This version extends to Scotland only; a separate version has been created for England and Wales and Northern Ireland only

Textual Amendments

F3 S. 1(7A) inserted (1.10.2009) by Human Fertilisation and Embryology Act 2008 (c. 22), **ss. 59(2)**, 68(2); S.I. 2009/2232, art. 2(r)

F16 Words substituted by Human Fertilisation and Embryology Act 1990 (c. 37, SIF 83:1), **s. 36(2)(a)**

F17 Words repealed by Human Fertilisation and Embryology Act 1990 (c. 37, SIF 83:1), **s. 36(2)(b)**

[F5**1A Surrogacy arrangements unenforceable.**

No surrogacy arrangement is enforceable by or against any of the persons making it.**]**

Textual Amendments

F5 S. 1A inserted by Human Fertilisation and Embryology Act 1990 (c. 37, SIF 83:1), **s. 36(1)**

2 Negotiating surrogacy arrangements on a commercial basis, etc.

(1) No person shall on a commercial basis do any of the following acts in the United Kingdom, that is—

(a) initiate F6... any negotiations with a view to the making of a surrogacy arrangement,

[F7(aa) take part in any negotiations with a view to the making of a surrogacy arrangement,**]**

(b) offer or agree to negotiate the making of a surrogacy arrangement, or

(c) compile any information with a view to its use in making, or negotiating the making of, surrogacy arrangements;

and no person shall in the United Kingdom knowingly cause another to do any of those acts on a commercial basis.

(2) A person who contravenes subsection (1) above is guilty of an offence; but it is not a contravention of that subsection—

(a) for a woman, with a view to becoming a surrogate mother herself, to do any act mentioned in that subsection or to cause such an act to be done, or

(b) for any person, with a view to a surrogate mother carrying a child for him, to do such an act or to cause such an act to be done.

[F8(2A) A non-profit making body does not contravene subsection (1) merely because—

(a) the body does an act falling within subsection (1)(a) or (c) in respect of which any reasonable payment is at any time received by it or another, or

(b) it does an act falling within subsection (1)(a) or (c) with a view to any reasonable payment being received by it or another in respect of facilitating the making of any surrogacy arrangement.

(2B) A person who knowingly causes a non-profit making body to do an act falling within subsection (1)(a) or (c) does not contravene subsection (1) merely because—

(a) any reasonable payment is at any time received by the body or another in respect of the body doing the act, or

(b) the body does the act with a view to any reasonable payment being received by it or another person in respect of the body facilitating the making of any surrogacy arrangement.

(2C) Any reference in subsection (2A) or (2B) to a reasonable payment in respect of the doing of an act by a non-profit making body is a reference to a payment not exceeding the body's costs reasonably attributable to the doing of the act.**]**

(3) For the purposes of this section, a person does an act on a commercial basis (subject to subsection (4) below) if—

(a) any payment is at any time received by himself or another in respect of it, or

(b) he does it with a view to any payment being received by himself or another in respect of making, or negotiating or facilitating the making of, any surrogacy arrangement.

In this subsection "payment" does not include payment to or for the benefit of a surrogate mother or prospective surrogate mother.

(4) In proceedings against a person for an offence under subsection (1) above, he is not to be treated as doing an act on a commercial basis by reason of any payment received by another in respect of the act if it is proved that—

(a) in a case where the payment was received before he did the act, he did not do the act knowing or having reasonable cause to suspect that any payment had been received in respect of the act; and

(b) in any other case, he did not do the act with a view to any payment being received in respect of it.

(5) Where—

(a) a person acting on behalf of a body of persons takes any part in negotiating or facilitating the making of a surrogacy arrangement in the United Kingdom, and

(b) negotiating or facilitating the making of surrogacy arrangements is an activity of the body,

then, if the body at any time receives any payment made by or on behalf of—

(i) a woman who carries a child in pursuance of the arrangement,

(ii) the person or persons for whom she carries it, or

(iii) any person connected with the woman or with that person or those persons,

the body is guilty of an offence.

For the purposes of this subsection, a payment received by a person connected with a body is to be treated as received by the body.

[F9(5A) A non-profit making body is not guilty of an offence under subsection (5), in respect of the receipt of any payment described in that subsection, merely because a person acting on behalf of the body takes part in facilitating the making of a surrogacy arrangement.**]**

(6) In proceedings against a body for an offence under subsection (5) above, it is a defence to prove that the payment concerned was not made in respect of the arrangement mentioned in paragraph (a) of that subsection.

(7) A person who in the United Kingdom takes part in the management or control—

(a) of any body of persons, or

(b) of any of the activities of any body of persons,

is guilty of an offence if the activity described in subsection (8) below is an activity of the body concerned.

(8) The activity referred to in subsection (7) above is negotiating or facilitating the making of surrogacy arrangements in the United Kingdom, being—

(a) arrangements the making of which is negotiated or facilitated on a commercial basis, or

(b) arrangements in the case of which payments are received (or treated for the purposes of subsection (5) above as received) by the body concerned in contravention of subsection (5) above.

[F10(8A) A person is not guilty of an offence under subsection (7) if—

(a) the body of persons referred to in that subsection is a non-profit making body, and

(b) the only activity of that body which falls within subsection (8) is facilitating the making of surrogacy arrangements in the United Kingdom.

(8B) In subsection (8A)(b) " facilitating the making of surrogacy arrangements " is to be construed in accordance with subsection (8). **]**

(9) In proceedings against a person for an offence under subsection (7) above, it is a defence to prove that he neither knew nor had reasonable cause to suspect that the activity described in subsection (8) above was an activity of the body concerned; and for the purposes of such proceedings any arrangement falling within subsection (8)(b) above shall be disregarded if it is proved that the payment concerned was not made in respect of the arrangement.

Textual Amendments

F6 Words in s. 2(1)(a) omitted (1.10.2009) by virtue of Human Fertilisation and Embryology Act 2008 (c. 22), ss. 59(3)(a), 68(2), **Sch. 8 Pt. 1**; S.I. 2009/2232, art. 2(r)

F7 S. 2(1)(aa) inserted (1.10.2009) by Human Fertilisation and Embryology Act 2008 (c. 22), **ss. 59(3)(b)**, 68(2); S.I. 2009/2232, art. 2(r)

F8 S. 2(2A)-(2C) inserted (1.10.2009) by Human Fertilisation and Embryology Act 2008 (c. 22), **ss. 59(4)**, 68(2); S.I. 2009/2232, art. 2(r)

F9 S. 2(5A) inserted (1.10.2009) by Human Fertilisation and Embryology Act 2008 (c. 22), **ss. 59(5)**, 68(2); S.I. 2009/2232, art. 2(r)

F10 S. 2(8A)(8B) inserted (1.10.2009) by Human Fertilisation and Embryology Act 2008 (c. 22), **ss. 59(6)**, 68(2); S.I. 2009/2232, art. 2(r)

3 Advertisements about surrogacy.

(1) This section applies to any advertisement containing an indication (however expressed)—

(a) that any person is or may be willing to enter into a surrogacy arrangement or to negotiate or facilitate the making of a surrogacy arrangement, or

(b) that any person is looking for a woman willing to become a surrogate mother or for persons wanting a woman to carry a child as a surrogate mother.

[F11(1A) This section does not apply to any advertisement placed by, or on behalf of, a non-profit making body if the advertisement relates only to the doing by the body of acts that would not contravene section 2(1) even if done on a commercial basis (within the meaning of section 2).**]**

(2) Where a newspaper or periodical containing an advertisement to which this section applies is published in the United Kingdom, any proprietor, editor or publisher of the newspaper or periodical is guilty of an offence.

(3) Where an advertisement to which this section applies is conveyed by means of **[**F12an electronic communications network**]** so as to be seen or heard (or both) in the United Kingdom, any person who in the United Kingdom causes it to be so conveyed knowing it to contain such an indication as is mentioned in subsection (1) above is guilty of an offence.

(4) A person who publishes or causes to be published in the United Kingdom an advertisement to which this section applies (not being an advertisement contained in a newspaper or periodical or conveyed by means of **[**F12an electronic communications network**]**) is guilty of an offence.

(5) A person who distributes or causes to be distributed in the United Kingdom an advertisement to which this section applies (not being an advertisement contained in a newspaper or periodical published outside the United Kingdom or an advertisement conveyed by means of **[**F12an electronic communications network**]**) knowing it to contain such an indication as is mentioned in subsection (1) above is guilty of an offence.

F13(6) . . . . . .

Textual Amendments

F11 S. 3(1A) inserted (1.10.2009) by Human Fertilisation and Embryology Act 2008 (c. 22), **ss. 59(7)**, 68(2); S.I. 2009/2232, art. 2(r)

F12 Words in s. 3 substituted (25.7.2003 for specified purposes, 29.12.2003 in so far as not already in force) by Communications Act 2003 (c. 21), s. 411(2), **Sch. 17 para. 77** (with Sch. 18); S.I. 2003/1900, arts. 1(2), 2(1), Schs. 1 (with art. 3) (as amended by S.I. 2003/3142, art. 1(3)); S.I. 2003/3142, art. 3(2) (with art. 11)

F13 S. 3(6) repealed (25.7.2003 for specified purposes, 29.12.2003 in so far as not already in force) by Communications Act 2003 (c. 21), s. 411(2), **Sch. 19(1)** Note 1 (with Sch. 18); S.I. 2003/1900, arts. 1(2), 2(1), Schs. 1 (with art. 3) (as amended by S.I. 2003/3142, art. 1(3)); S.I. 2003/3142, art. 3(2) (with art. 11)

4 Offences.

(1) A person guilty of an offence under this Act shall be liable on summary conviction—

(a) in the case of an offence under section 2 to a fine not exceeding level 5 on the standard scale or to imprisonment for a term not exceeding 3 months or both,

(b) in the case of an offence under section 3 to a fine not exceeding level 5 on the standard scale.

F14 . . .

(2) No proceedings for an offence under this Act shall be instituted—

(a) in England and Wales, except by or with the consent of the Director of Public Prosecutions; and

(b) in Northern Ireland, except by or with the consent of the Director of Public Prosecutions for Northern Ireland.

(3) Where an offence under this Act committed by a body corporate is proved to have been committed with the consent or connivance of, or to be attributable to any neglect on the part of, any director, manager, secretary or other similar officer of the body corporate or any person who was purporting to act in any such capacity, he as well as the body corporate is guilty of the offence and is liable to be proceeded against and punished accordingly.

(4) Where the affairs of a body corporate are managed by its members, subsection (3) above shall apply in relation to the acts and defaults of a member in connection with his functions of management as if he were a director of the body corporate.

(5) In any proceedings for an offence under section 2 of this Act, proof of things done or of words written, spoken or published (whether or not in the presence of any party to the proceedings) by any person taking part in the management or control of a body of persons or of any of the body, or by a person doing any of the acts mentioned in subsection (1)(a) to (c) of that section on behalf of the body, shall be admissible as evidence of the activities of the body.

(6) In relation to an offence under this Act, section 127(1) of the Magistrates' Courts Act 1980 (information must be laid within six months of commission of offence), **[**F15section 136(1) of the Criminal Procedure (Scotland) Act 1995**]**(proceedings must be commenced within that time) and Article 19(1) of the M1Magistrates' Courts (Northern Ireland) Order 1981 (complaint must be made within that time) shall have effect as if for the reference to six months there were substituted a reference to two years.

Textual Amendments

F14 Words in s. 4(1) repealed (5.11.1993) by 1993 c. 50, s. 1(1), **Sch. 1 Pt. XIV**

F15 Words in s. 4(6) substituted (1.4.1996) by 1995 c. 40, ss. 5, 7(2), **Sch. 4 para. 57**

Marginal Citations

M1 S.I. 1981/1675 (N.I. 26).

5 Short title and extent.

(1) This Act may be cited as the Surrogacy Arrangements Act 1985.

(2) This Act extends to Northern Ireland.

Changes to legislation:
Surrogacy Arrangements Act 1985 is up to date with all changes known to be in force on or before 04 May 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations.
View outstanding changes

Changes and effects yet to be applied to :

- s. 4(1)(a) repealed by 2003 c. 44 Sch. 37 Pt. 9
- s. 4(1)(b) words repealed by 2003 c. 44 Sch. 37 Pt. 9

TRUE COPY

ANNEXURE-P/11

THE YOGYAKARTA PRINCIPLES

PRINCIPLES ON THE APPLICATION OF INTERNATIONAL HUMAN RIGHTS LAW IN RELATION TO SEXUAL ORIENTATION AND GENDER IDENTITY

PRINCIPLE 23

THE RIGHT TO SEEK ASYLUM

Everyone has the right to seek and enjoy in other countries asylum from persecution, including persecution related to sexual orientation or gender identity. A State may not remove, expel or extradite a person to any State where that person may face a well-founded fear of torture, persecution, or any other form of cruel, inhuman or degrading treatment or punishment, on the basis of sexual orientation or gender identity.

States shall:

A. Review, amend and enact legislation to ensure that a well-founded fear of persecution on the basis of sexual orientation or gender identity is accepted as a ground for the recognition of refugee status and asylum;

B. Ensure that no policy or practice discriminates against asylum seekers on the basis of sexual orientation or gender identity;

C. Ensure that no person is removed, expelled or extradited to any State where that person may face a well-founded fear of torture, persecution, or any other form of cruel, inhuman or degrading treatment or punishment, on the basis of that person's sexual orientation or gender identity.

PRINCIPLE 24

THE RIGHT TO FOUND A FAMILY

Everyone has the right to found a family, regardless of sexual orientation or gender identity. Families exist in diverse forms. No family may be subjected to discrimination on the basis of the sexual orientation or gender identity of any of its members.

States shall:

A. Take all necessary legislative, administrative and other measures to ensure the right to found a family, including through access to adoption or assisted procreation (including donor insemination), without discrimination on the basis of sexual orientation or gender identity;

B. Ensure that laws and policies recognise the diversity of family forms, including those not defined by descent or marriage, and take all necessary legislative, administrative and other measures to ensure that no family may be subjected to discrimination on the basis

of the sexual orientation or gender identity of any of its members, including with regard to family-related social welfare and other public benefits, employment, and immigration;

C. Take all necessary legislative, administrative and other measures to ensure that in all actions or decisions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration, and that the sexual orientation or gender identity of the child or of any family member or other person may not be considered incompatible with such best interests;

D. In all actions or decisions concerning children, ensure that a child who is capable of forming personal views can exercise the right to express those views freely, and that such views are given due weight in accordance with the age and maturity of the child;

E. Take all necessary legislative, administrative and other measures to ensure that in States that recognise same-sex marriages or registered partnerships, any entitlement, privilege, obligation or benefit available to different-sex married or registered partners is equally available to same-sex married or registered partners;

F. Take all necessary legislative, administrative and other measures to ensure that any obligation, entitlement, privilege, obligation or benefit available to different-sex unmarried partners is equally available to same-sex unmarried partners;

G. Ensure that marriages and other legally-recognised partnerships may be entered into only with the free and full consent of the intending spouses or partners.

PRINCIPLE
25 THE RIGHT TO PARTICIPATE IN PUBLIC LIFE

Every citizen has the right to take part in the conduct of public affairs, including the right to stand for elected office, to participate in the formulation of policies affecting their welfare, and to have equal access to all levels of public service and employment in public functions, including serving in the police and military, without discrimination on the basis of sexual orientation or gender identity.

STATES SHALL:

A. Review, amend and enact legislation to ensure the full enjoyment of the right to participate in public and political life and affairs, embracing all levels of government service and employment in public functions, including serving in the police and military, without discrimination on the basis of, and with full respect for, each person's sexual orientation and gender identity;

MATTER NOT COMING WITHIN NEXT FIVE DAYS OR MENTIONED

IN THE SUPRE COURT OF INDA

CIVIL/CRIMINAL/APPELLATE/ORIGINAL JURISDICTION

W.P./SLP/T.P./(CIVIL)/(CRL.) NO. …….OF 2024

DR. AQSA SHAIKH ……PETITIONER(S)

VERSUS

UNION OF INDIA & ORS. …….RESPONDENT(S)

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TOTAL……

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CLERK I.C. NO. 3852
NARENDRA KUMAR
Mob. 9899005183

(RADIAM LAW)
Advocate for the Petitioner(s)/Respondent(s)
100 Lawyers Chambers
Supreme Court of India
New Delhi 110001
Email- radiamlawfirm@gmail.com

VAKALATNAMA

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)
IN
WRIT PETITION (CIVIL) NO. _____ OF 2024

IN THE MATTER OF:

DR. AQSA SHAIKH ....PETITIONER

VERSUS

UNION OF INDIA AND ORS. ...RESPONDENTS

I, AQSHA SHAIKH, D/O ABDULSATTAR SHAIKH, R/O D-401, JAMIA HAMDARD, NEW DELHI-110062, PETITIONER in the above Petition/Application/Appeal/Reference do hereby appoint and retain.

[RADIAM LAW
ADVOCATE ON RECORD
100 LAWYERS CHAMBER,
SUPREME COURT OF INDIA
NEW DELHI: 110001
TEL: 011- 23385150

To act, appear and plead for me in the above Suit Appeal/Petition/Reference and on my behalf to conduct and prosecute (or defend) the same and all proceedings that may be taken in respect of any application connected with the same of any decree or order passed therein, including proceedings, taxation and application for Review, to file and obtain return of documents and to deposit and receive money on my behalf in the said Suit/Appeal/Petition/Reference and in application for Review, and to represent me and to take all necessary steps on my behalf in the above matter. I agree to ratify all acts done by the aforesaid Advocate in pursuance of the authority.

Dated this the 24 th day of May, 2024

ACCEPTED, CERTIFIED & IDENTIFIED BY:

[RADIAM LAW]
ADVOCATE ON RECORD
100 LAWYERS CHAMBER,
SUPREME COURT OF INDIA
NEW DELHI: 110001
JOGY SCARIA, AOR
Enroll- CK/1671/2001

RadiamLaw
100 Lawyers Chambers
Supreme Court of India
New Delhi-110001
Ph: 9971606136; 9899005183
Tel: 011-23385150

[DR. AQSA SHAIKH]

MEMO OF APPEARANCE

To
The Registrar,
Supreme Court of India,
New Delhi.

Sir,

Please enter my appearance for the aforementioned petitioner(s)/Appellant(s)/ Respondent(s) in the aforesaid case.
Thanking you,

Yours faithfully

[RADIAM LAW
ADVOCATE FOR THE PETITIONER

Date: 10.06.2024

RadiamLaw
100 Lawyers Chambers
Supreme Court of India
New Delhi-110001
Ph: 9971606136; 9899005183
Tel: 011-23385150