ANNEXURE I
INTERVIEW SCHEDULE WITH DOCTORS

Name of the Doctor

Name of the Clinic

Address of the Clinic

Educational Qualifications

1. What kind of treatment is recommended to the infertile parents?

2. When surrogacy is suggested to the infertile parents?

3. What is the total cost of treatment in case of surrogacy?

4. Whether single or unmarried male or female is also given option for surrogacy?

5. What kind of surrogacy is taken up by the infertility clinic (Traditional or Gestational)?

6. What is the success rate of clinic in case of pregnancy through surrogacy?

7. What is the success rate of IVF? Whether it poses any health risks to the child or the surrogate? If yes what?

8. How the surrogate is arranged by the infertility clinic?

9. Whether the variables of the surrogate are examined by the clinic? If not by whom it is examined?

10. Whether the variables of the intended parents are examined by the clinic? If not by whom it is examined?
11. If the parents are unable to provide the genetic material, from where it is arranged?

12. Whether written contract has been made essential for the parties to the surrogacy?

13. Whether clinic plays any role in the formation of the contract?

14. Whether clinic plays any role in deciding the compensation between the parties to the surrogacy contract?

15. Whether there is provision of stay of surrogate in the clinic itself during pregnancy? If not whether other place of stay if any is provided by the clinic?

16. What kinds of arrangements are provided in the place of stay of the surrogate?

17. How many pregnancies have been successfully carried so far by the clinic through surrogacy?

18. What are the precautions which are to be followed by the surrogate during pregnancy?

19. What is the frequency of contact between clinic and the intended parents?

20. What is the frequency of contact between clinic and the surrogate?

21. How many attempts are carried for successful pregnancy?

22. What is the provision in case of multiple pregnancies? Whether these are more risky?

23. What is your opinion regarding fetal reduction?

24. What is the role of the clinic if the surrogate refuses to hand over the child?
25. What is the role of the clinic if the intended parents refuse to take the custody of the child?

26. Whether counseling is provide by the clinic if required? If no who provides it in case of need?

27. What process is followed in case of unused embryos?
ANNEXURE II
INFERTILE PARENTS QUESTIONNAIRE

Name (optional) ______________________

Date of Birth___________________________

Address (optional)____________________

Phone Number Mobile or Home (optional)____________________

Religion ________________________________

Nationality ___________________________

1. What are your educational qualifications?
   □ Illiterate □ Matriculation □ Graduation □ Other

2. (a) Whether you are employed?
   □ Yes □ No

   (b) If yes what is the nature of employment?
   □ Government Job □ Private Job □ Own profession □ Other

   (c) What is the maximum income you are earning in a month?
   □ Less than 5000 □ Less than 10000 □ More than 20000 □ More than 40,000

3. (a) Whether you are married?
   □ Yes □ No

   (b) If yes, whether your partner is employed?
   □ Yes □ No

   (c) What is the nature of employment of your partner?
   □ Government Job □ Private Job □ Own profession □ Other

   (d) What is the maximum income your partner is earning in a month?
   □ Less than 5000 □ Less than 10000 □ More than 20000 □ More than 40,000
4. (a) Do you already have children?
   - Yes ☐ No ☐

   (a) (i) If yes, how many children you have?
   - 1 ☐ 2 ☐ 3 ☐ More than 3 ☐

   (ii) Did you try to have more children?
   - Yes ☐ No ☐

5. How long have you been trying to have child?
   - Less than One Year ☐ One Year ☐ Two Year ☐ More Than Two Year ☐

6. Do you know the reason of not having able to have child?
   - Yes ☐ No ☐

7. Did you consult any doctor?
   - Yes ☐ No ☐

8. What is the type of Infertility?
   - Male Infertility ☐ Female Infertility ☐

9. What treatment has been advised by the doctor for overcoming Infertility?
   - Artificial Insemination ☐ In Vitro Fertilization ☐ Surrogacy ☐ Other ☐

10. How you came to know about Infertility Treatment?
    - Infertility Clinic ☐ ART Bank ☐ Agent ☐ Friends ☐

11. What factors influenced you in taking the decision of entering in to Infertility treatment?
    - Social Stigma ☐ Pressure from family ☐ Desire for own child ☐ other ☐

12. Are you aware about the surrogacy?
    - Yes ☐ No ☐

13. Whether you are aware of the law or legal process in relation to the surrogacy contract?
    - Yes ☐ No ☐
14. Whether you are aware about the social and ethical issues in relation to surrogacy?

☐ Yes  ☐ No

15. (a) What should be the status of surrogacy?

☐ Legal  ☐ Illegal  ☐ Void  ☐ Punishable

(b) If legal, who should be allowed to enter into surrogacy contract?

☐ Indian  ☐ Non resident Indians  ☐ Foreigners  ☐ All of the above

(c) What should be the status of a person who enters into surrogacy?

☐ Married and Infertile  ☐ Married and Fertile  ☐ Unmarried  ☐ Other

(d) What should be the basis for entering into surrogacy?

☐ Infertility  ☐ Career preference  ☐ Fear of pregnancy  ☐ Other

(e) Which kind of surrogacy arrangement should be allowed?

☐ Gestational  ☐ Traditional

16. Who according to you should be the parent of the child in surrogacy?

☐ Intended parent  ☐ Surrogate

17. Who should take all the decisions in relation to surrogacy?

☐ Infertile parents  ☐ Surrogate  ☐ Infertility clinic  ☐ Other

18. (a) Whether the surrogate should have typical qualities like caste, colour, religion etc. characteristics?

☐ Yes  ☐ No

(b) If yes, what qualities should be possessed by the surrogate?

☐ Good looking  ☐ Fair  ☐ Educated  ☐ All of the above

19. a) Whether compensation should be paid to the surrogate?

☐ Yes  ☐ No

(b) If yes, how much compensation should be paid?

☐ Less than 50,000  ☐ Less than 1 Lac  ☐ More than 1 Lac  ☐ More than 5 Lac
20. Whether the contract of surrogacy should involve all financial, legal, medical costs apart from the compensation?

☐ Yes  ☐ No

21. (a) Whether surrogate should be compensated even if she refuses to give up the child after delivery?

☐ Yes  ☐ No

(b) If yes, what should be the extent of compensation?

☐ Half amount  ☐ Full amount  ☐ Not known  ☐ Other

22. What should be the place of stay of surrogate during the period of pregnancy?

☐ Infertility Clinic  ☐ Surrogate Home  ☐ Intended parents Home  ☐ Other

23. Whether the surrogate should be allowed to abort if the doctor recommends that her life would be in danger if she gives birth to the child?

☐ Yes  ☐ No

24. Who should take custody of children in case of multiple births?

☐ Surrogate  ☐ Infertility clinic  ☐ Adoption Agency  ☐ Intended Parents

25. Who should take custody of children in case of birth defects?

☐ Surrogate  ☐ Infertility clinic  ☐ Adoption Agency  ☐ Intended Parents

26. (a) Whether breast feeding should be allowed to the surrogate?

☐ Yes  ☐ No

(b) If yes, for how long it should be allowed?

☐ Less than One Month  ☐ More than One Month  ☐ Six Months  ☐ More than Six Months

27. (a) Whether in your opinion contact should be maintained with surrogate after successful delivery?

☐ Yes  ☐ No

(b) (i) If yes, what kind of relation should be maintained with the surrogate?

☐ Good relation  ☐ Relation limited to child welfare  ☐ Not Known
(ii) For how long the relationship should be maintained?

☐ Less than One Month  ☐ More than One Month  ☐ Six Months  ☐ More than Six Months

28. (a) Whether the information regarding the surrogacy must be disclosed to the resultant child?

☐ Yes  ☐ No

(b) If yes, whether the child should be allowed to meet the surrogate after birth?

☐ Yes  ☐ No

29. (a) Are you aware about adoption as an alternative to surrogacy to have a child?

☐ Yes  ☐ No

(b) If yes, which alternative should be preferred?

☐ Surrogacy  ☐ Adoption

(c) If surrogacy, why it should be preferred?

☐ Genetic Link  ☐ Birth under healthy environment  ☐ More closeness to child  ☐ All of above
ANNEXURE III
SURROGATE MOTHER QUESTIONNAIRE

Name (optional) ____________________________________________________________
Date of Birth ______________________________________________________________
Address (optional) __________________________________________________________
__________________________________________________________________________
Phone Number Mobile or Home (optional)____________________________________
Religion ___________________________________________________________________

1. What are your educational qualifications?
   □ Illiterate  □ Matriculation  □ Graduation  □ Other

2. What is your Employment status?
   □ Fully Employed  □ Partly Employed  □ Unemployed

3. (a) If employed, what is the nature of the employment?
   □ Government Job  □ Labour  □ Domestic Work  □ Seasonal Occupation

   (b) What is the extent of income you are earning in a month?
       □ Less than 500  □ Less than 1000  □ More than 1000  □ More than 1500

4. (a) Whether you are married?
   □ Yes  □ No

   (b) If yes, for how many years have you been married?
       □ Less than 5 Yrs  □ Less than 10 Yrs  □ More than 10 Yrs  □ More than 15 Yrs

   (c) What are your husband’s educational qualifications?
       □ Illiterate  □ Matriculation  □ Graduation  □ Other

   (d) Whether the husband is employed?
       □ Yes  □ No

   (e) If employed, what is the kind of job being done by your husband?
       □ Government Job  □ Labour  □ Seasonal Occupation  □ Other
(f) What is your husband monthly earning?

☐ Less than 500   ☐ Less than 1000   ☐ More than 1000   ☐ More than 1500

5. (a) What is your family structure?

☐ Joint   ☐ Nuclear

6. (a) What kind of residence you are having?

☐ Own House   ☐ Rented House

(b) What is the type of dwelling?

☐ Kachha House   ☐ Pacca House   ☐ Semi Kachha House

7. (a) Whether you have own children?

☐ Yes   ☐ No

(b) If yes how many?

☐ 1   ☐ 2   ☐ 3   ☐ Other

(c) What is the status of children?

☐ Natural Born   ☐ Adopted

(d) If natural born children, whether there were some complications in pregnancy?

☐ Yes   ☐ No

(e) How the children were born?

☐ Normal   ☐ Cesarean

(f) How was the health of children after delivery?

☐ Low weight   ☐ Normal weight

(f) Are the children earning?

☐ Yes   ☐ No

8. Do you want to have children in future?

☐ Yes   ☐ No
9. Have you ever had health related problems?
   □ Yes  □ No

10. Did you ever have any infertility problems?
   □ Yes  □ No

11. Have you ever been hospitalized for emotional problems?
   □ Yes  □ No

12. Why do you want to be a gestational carrier or surrogate?
   □ Poverty  □ Education of Children  □ Helping infertile couple  □ Other

13. How did you come to know about serving as a surrogate?
   □ Infertility Clinic  □ ART Bank  □ Agent  □ Knowledge of other surrogate

14. (a) Do you know someone who has been a gestational carrier?
   □ Yes  □ No

   (b) What was her experience of surrogacy?
   □ Good  □ Bad  □ Don’t Know

15. (a) Have you previously served as a surrogate/gestational carrier?
   □ Yes  □ No

   (b) If yes, how many times have you served?
   □ 1  □ 2  □ 3  □ More than 3

   (c) In which capacity you had served previously?
   □ Gestational Carrier (using embryo transfer)
   □ Surrogate (using your egg and artificial insemination)

   (d) Had you received any amount for serving as surrogate?
   □ Yes  □ No

   (e) How much compensation you have received for serving as surrogate?
   □ Less than 50,000  □ Less than 1 Lac  □ More than 1 Lac  □ More than 5 Lac
(f) Were you satisfied with the experience of surrogacy?

☐ Yes    ☐ No

16. In which capacity are you serving now?

☐ Gestational Carrier (using embryo transfer)
☐ Surrogate (using your egg and artificial insemination)

17. (a) Have you received any amount for serving as surrogate?

☐ Yes   ☐ No

(b) How much compensation have you received for serving as surrogate?

☐ Less than 50,000    ☐ Less than 1 Lac    ☐ More than 1 Lac    ☐ More than 5 Lac

(c) What will you do with the money you receive from the procedure?

☐ Maintenance of children    ☐ Construction of House    ☐ Payment of loans    ☐ Other

(d) Whether the amount decided will also be paid to you if the surrogacy arrangement does not result in successful pregnancy?

☐ Yes    ☐ No

(e) If yes, what will be the extent of compensation in case of unsuccessful pregnancy?

☐ Full Payment    ☐ Half Payment    ☐ No Payment

18. (a) What was the response of your husband regarding your decision of serving as surrogate?

☐ Positive    ☐ Negative

(b) Is your husband or partner aware of his or her responsibilities in the medical process?

☐ Yes    ☐ No

19. Do you think surrogacy will have impact on your relationship with husband?

☐ Yes    ☐ No

20. What was the response of the other family members regarding surrogacy?

☐ Positive    ☐ Negative
21. Do you think surrogacy will have impact on your relationship with family?

☐ Yes ☐ No

22. (a) Whether you have entered in to a written contract?

☐ Yes ☐ No

(b) Whether you know about the contents of the contract?

☐ Yes ☐ No

(c) Whether copy of the contract is given to you?

☐ Yes ☐ No

23. Who will have custody of the child if the commissioning parents refuse to accept the baby?

☐ Intended Parents ☐ Surrogate Mother ☐ ART clinic ☐ Adoption Agency

24. Whether you smoke?

☐ Yes ☐ No

25. Whether you drink?

☐ Yes ☐ No

26. Are you willing to give up the following prior to and during the surrogacy/carrier arrangement?

☐ Drugs ☐ Alcohol ☐ Cigarettes ☐ All of the above

27. Are you aware of the procedures, drugs, schedules and timelines involved in being a carrier or surrogate?

☐ Yes ☐ No

28. Are you comfortable with taking daily medications?

☐ Yes ☐ No

29. Are you comfortable with taking daily injections for an extended period of time?

☐ Yes ☐ No
30. Are you willing to undergo amniocentesis if the intended parents request it and your physician approves?

☐ Yes  ☐ No

31. Are you willing to undergo bed rest if physician recommended bed rest?

☐ Yes  ☐ No

32. Are you willing to carry multiple fetuses? If yes, how many?

☐ 1  ☐ 2  ☐ 3  ☐ More than 3

33. How many embryo transfers are you willing to undergo in order to achieve a successful pregnancy and birth?

☐ 1  ☐ 2  ☐ 3  ☐ More than 3

34. Are you comfortable with the information given to you by the infertility centre?

☐ Yes  ☐ No

35. (a) What will be your place of stay during pregnancy?

☐ Your Home  ☐ Infertility Clinic  ☐ Intended Parents Home  ☐ Shelter Home

(b) If not your home then whether you are allowed to meet your own children?

☐ Yes  ☐ No

(c) If yes what is the frequency of meeting your children?

☐ Everyday  ☐ Once a week  ☐ After two weeks  ☐ After one month

36. Would you be comfortable if abortion took place?

☐ Yes  ☐ No

37. Would you like to carry on further with intended parents after abortion?

☐ Yes  ☐ No

38. Would you be comfortable with selective reduction (medically aborting one or more embryos for medical or health-related reasons)?

☐ Yes  ☐ No
39. Are you aware of the health risks of the medical procedures you will undergo and pregnancy and childbirth?

☐ Yes  ☐ No

40. Whether sex determination tests are conducted on you during pregnancy?

☐ Yes  ☐ No

41. What is the frequency of contact between you and the commissioning parents?

☐ After One week  ☐ After Two weeks  ☐ After Three week  ☐ After a month

42. What is the frequency of contact between you and the infertility clinic?

☐ After one week  ☐ After two weeks  ☐ After three Weeks  ☐ After a month

43. What kind of relationship you hope to establish with the Intended Parents before pregnancy?

☐ Good relation  ☐ No relation

44. What kind of relationship you hope to establish with the Intended Parents during the pregnancy?

☐ Good relation  ☐ No relation

45. What kind of relationship you hope to establish with the Intended Parents after the pregnancy?

☐ Good relation  ☐ No relation

46. What kind of relationship you hope to have with children born from this process?

☐ Good relation  ☐ No relation

47. During and after the surrogacy/carrier process, from whom can you expects to receive emotional support?

☐ Husband  ☐ Family  ☐ Own children  ☐ Intended Parents

48. (a) Whether you have any fear of becoming a surrogate/carrier.

☐ Yes  ☐ No

(b) If yes, what kind of fear do you have?

☐ Emotional  ☐ Psychological  ☐ Financial  ☐ Legal
49. Whether your becoming a surrogate has any adverse effect on your own children?

☐ Yes    ☐ No

50. If yes, what kind of impact it has on your own children?

☐ Emotional    ☐ Psychological

51. Whether your becoming a surrogate has any adverse effect on your family life?

☐ Yes    ☐ No

52. What is the stage of pregnancy?

☐ Less than 3 months   ☐ Less than 6 Months   ☐ Less than 9 Months   ☐ Delivered the child

53. (a) Whether you feel any kind of attachment with the child?

☐ Yes    ☐ No

(b) If yes, whether you want to keep the child with you?

☐ Yes    ☐ No

54. Are you satisfied with the experience of surrogacy?

☐ Yes    ☐ No

55. Whether you are willing to act as surrogate in future?

☐ Yes    ☐ No
ANNEXURE IV
Agreement

I, A (surrogate mother) (Name Changed) with the consent of my husband B (Name changed) resident of House no.1, C (Intended mother) (Name changed) w/o D (Intended father) (Name changed), who are interested to have a child, permit to use my womb.

I gave my consent that following stages are included in the treatment:-

1) After giving hormones and requisites medicines, womb will be made set for keeping the embryo.

2) After mixing the sperms of the biological parents and eggs, embryo shall be prepared, which shall be kept in my womb with the help of ultrasound or laparoscopy under the supervision of medical staff.

The HIV hepatitis B and C and H.B.S.A.G blood tests of biological parents (D & C) have been conducted and they are free from these ailments and I have also been informed that medicines ad injections can be given to me by A.R.T Centre for making my womb ready/set to keep the embryo.

I understand this very well and admits that it is not necessary that by adopting this method/procedure, there will be pregnancy. I also admits this fact very well that Dr. or scientists cannot give guarantee that the child which will took birth through this procedure, shall be alright by birth and alive child will be born.

I shall have no relation with C and D. I have entered into a financial agreement in writing in this treatment centre with the biological parents.

1) I give my consent that I shall inform the A.R.T Centre regarding result of my pregnancy.

2) I agree that more than one embryos shall be kept in my womb. Keeping in view my health and that of embryos, if the doctors want, then numbers of embryos can be reduced through ultrasound or laparoscopy.
3) I shall not be asked to undergo sex determination or sex test. I can fully deny for undergoing any such type of test.

4) In the situation of becoming pregnant, I shall fully care for the conception. I shall take all the medicines and injections prescribed by time and shall not commit any such negligence, due to which there could be any danger of aborting the pregnancy.

5) During pregnancy, keeping in view the health of child, I give my consent for normal delivery or through caesarian operation as per the advice of the doctor.

6) I give my consent that after the birth of child, I shall hand over the child to C and D. In case during the period of pregnancy, the biological parents separate from each other, I shall give the child to any one of them. In the event of death of both of them, surrogate mother shall give the child to E (Name changed) s/o F (Name changed).

7) I give my consent that after the birth of child, I shall have no concern with the child for the rest of my life. I fully understand that biological parents shall have the full right legally over the child. Said child shall be patrol with legal circle of the articles to be inherited from his real/biological parents.

8) .........................(line missing).........................But if I have to undergo abortion with the advice of doctor, then no payment of expenses shall be made.

10) Before keeping the embryos, I and my husband have undergone tests of HIV and hepatitis B and C and H.B.S.A.G and we are not suffering from these ailments. I state that I have not used any used syringe and injection for said vaccination and blood was not administered to me.

11) I and my husband have no illicit/ineligible relation for last six months.

12) I shall have no legal or social right over the surrogated child. Only his biological parents shall have the legal right.
I have given the consent to above said terms and conditions while in sound disposing mind and I have no compulsion of any type. I have read/heard this agreement fully and its recording/video conferencing has been prepared and a copy thereof has been made available to us.

Sd/-

Signatures of Surrogated mother

Sd/-

Husband of surrogated mother

Witnesses:–

Sd/- G

Sd/- H

True Translation

Advocate
Affidavit

1) I am personal acquaintance/relative of biological parents C and D, residents of House No. 2.

2) That the biological parents have taken the womb of a third party on rent, which shall do the work of surrogated mother.

3) In case this couple dies or are untraceable due to any reason, I shall adopt the surrogated child.

4) That my name is E s/o F, resident of House No. 2, having mobile NO. 54354353 (Number Changed).

5) I am giving this affidavit while in sound disposing mind and there is no compulsion of any type in it.

   Sd/- E
   Deponent

My above said affidavit is absolutely true and correct and nothing has been kept concealed therein.

   Sd/- E
   Deponent

True Translation
Advocate
A.R.T Centre
Corroboration by Test Tube baby/ICSI Centre

We have fully explained the meaning of signing the consent letter of Test Tube Baby/ICSI to biological couple D and his wife C and the couple has become fully acquainted of these procedures and results during treatment.

We know that success rate of this procedure is less than 30%. Said consent letter shall remain applicable if whatever numbers this patient couple adopts this procedure.

Sd/- G

Husband – Sd/- D

Wife – Sd/- C

True Translation
Advocate
Agreement/Financial Agreement

The biological couple and surrogated mother and her husband enter into this agreement today i.e. ________day, ________month and year ------ on the following terms and conditions:-

**First party:** D s/o G, aged --- years, resident of House no. 2 and wife C w/o D, aged --- years (biological parents)

**Second Party:** A aged --- years w/o B, resident of House no. 1 (surrogated mother)

As the first party is interested in taking womb on rent and second party is ready to become surrogated mother of the biological parents, the surrogated mother and biological parents enter into the following agreement on the following terms and conditions:-

1) The biological parents agree that surrogated mother shall give birth for the biological couple and surrogated mother has given her consent after taking consent from her husband.

2) The biological couple and surrogated mother accepts all the terms and conditions of Section 33 ad 35 of A.R.T Regulations.

3) Under section 33.3, biological couple is ready to give Rs.1,50,000/- (one lac fifty thousand) to surrogated mother for giving birth to child. Besides this, under section 33.2, they shall incur expenditure of medicines etc. This whole amount has been accepted by surrogated mother for giving birth to child. Said amount shall be given as under:-

1) First installment – 5% of the total amount at the time of keeping embryos – Rs.7500/-. 

2) Second installment (at the time of pregnancy) – 5% of the total amount – Rs. 7500/-

3) Third installment – on completion of first three months – 5% of total amount – Rs. 7500/-

4) Fourth installment – On completion of 6 months – 10% of total amount – Rs.15000/-

5) Fifty installment, which shall be 75% i.e Rs. 1,12,500/- (One lac twelve thousand five hundred) shall be given immediately after the birth of the child.
6) This whole amount shall be deposited in the joint bank account of A and B in the shape of cheque. This whole amount shall be given to lady at the time of keeping embryos and giving birth to the child. In case the operation does not become successful, then second time, 50% of the settled amount shall be given in the same manner.

7) Surrogated mother shall not mention socially regarding this child and the procedure of birth.

8) Surrogated mother shall live with the biological parents till the birth of child.

9) Surrogated mother, her husband and her minor child can live with the biological couple. Besides them, no other relative shall be permitted to live with them.

10) Surrogated mother shall not be permitted to visit his family social functions, or relatives from the time of keeping embryos and till the birth of child, nor her relative shall be permitted to visit the house.

11) Surrogated mother shall have no legal or social right over the child.

I am giving consent to all these conditions while in sound disposing mind. I do not have any type of compulsion. I have carefully read this agreement. Its video conference has been recorded and a copy thereof has been given to both the parties.

Party No. 1                                        Party No. 2
Sd/- C                                            Sd/- A
Surrogated mother
Sd/- D                                            Sd/- B
Husband of surrogated mother

Witnesses:-
Sd/- I
Sd/- J

True Translation
Advocate
Agreement Surrogate and Fertility Centre

Surrogate mother and Fertility Centre enter into this agreement on the following terms and conditions on ------ day of ------month, ---- year:-

**First Party:-** Clinic K, Address Booth no. 6 (A.R.T Fertility Centre)

**Second Party:-** A aged --- years (surrogate) w/o B, resident of House no. 1 where:-

1) First party fertility centre, shall inspect the sperms of D, eggs of C and surrogated mother to the effect that she is not suffering from any ailment and shall keep the birth articles.

2) Second party is to do the work of surrogated mother with the consent of her husband.

3) Fertility Centre and Surrogate mother enter into this agreement with one another on the following terms and conditions:-

1) Surrogate mother is ready to give birth to child for biological parents at Fertility Centre.

2) Fertility Centre assures that it will get conducted all the tests of surrogate mother viz. H.I.V, H.C.V, A.B.S.A.G etc. and Fertility Centre assures the surrogated mother in writing that all the necessary tests of biological parents i.e H.I.V, H.C.V, H.B.S.A.G have been got conducted and they are not suffering from any ailment.

3) Fertility Centre have fully explained to surrogate mother as to what she has to do in this procedure and she has given her consent for all this.

4) Surrogated mother has given consent that she will hand over the child after birth to biological parents. Surrogated mother has been explained that her financial agreement (money transaction) is with biological parents and she cannot demand any financial assistance from fertility centre, nor the Fertility Centre shall be responsible for any expenses which may incur during pregnancy.

5) Fertility Centre has made the surrogated firm on the stand that she will not undergo any sex determination test during pregnancy.
6) Surrogated mother shall remain under supervision of Test Tube Baby Centre, where she is undergoing treatment. In case there is any difficulty/problem during treatment, Fertility Centre shall not be responsible in any circumstances.

7) Fertility Centre shall keep the whole information regarding surrogacy confidential and shall not disclose the information to anyone without the consent of surrogated mother and biological parents.

8) Surrogated mother has entered into an agreement with biological parents and shall submit one copy of the agreement to Fertility Centre.

9) Surrogated mother shall not keep any embryos in her womb for any interested couple till such time that fertility centre gives her permission for that.

10) Surrogated mother shall inform the fertility centre regarding result of his pregnancy.

11) Fertility Centre and interested couple .................(line missing) ............... 

12) Both the parties have given consent regarding above said conditions while in sound disposing mind and there was no compulsion of any type.

First Party 
Sd/- Fertility Centre

Second Party 
Sd/- A Surrogate
Sd/- B Husband of Surrogate

First Witness:-
Sd/- I
Second Witness:_
Sd/- J

True Translation
Advocate

xcix
Agreement A.R.T Centre and Biological Couple/Parents

Biological parents and Fertility Centre have entered into this agreement today i.e ---day ---- month ---- year on the following terms and conditions:-

First Party:- Clinic K, Address Booth no. 6 (A.R.T Fertility Centre)

Second Party:- D s/o G, aged --- years, resident of House no. 2 and wife C w/o D, aged --- years (biological parents)

First party fertility centre, shall inspect the sperms of D, eggs of C and surrogated mother to the effect that she is not suffering from any ailment and shall keep the birth articles.

Second party are biological parents.

Biological parents and Fertility centre enter into agreement on the following terms and conditions:-

1. Fertility Centre shall keep embryos of biological parents (sperms of D and eggs of C) in the womb of surrogated mother.
2. The biological parents shall give Rs. 60,000/- to Fertility Centre in lieu of that. Besides this, no other expenses shall be given to the Fertility Centre.
3. Biological parents shall accept the surrogated child legally.
4. Fertility Centre and biological parents gave consent of “sourcing, storage, handling and record keeping for gametes, embryos and surrogate” and “rights and duties of patients, surrogates and children” as per Chapter and Chapter 7 of the A.R.T Rules.

First Party
Sd/-
Fertility Centre

Second Party
Sd/- D
Sd/- C
Biological parents

First Witness:-
Sd/- I

Second Witness:-
Sd/- J

True Translation
Advocate