FORM 3

ART clinic (Level 1/Level 2)/ART bank Certificate Of Registration (To be issued in duplicate)

Certificate No.: TS/AC/2024/15411/L1/HYDERABAD/311

- out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 29.04.2024 ending on 2.8.04.2029 State hereby grants registration to the ART Clinic named below for purposes of carrying Reproductive Technology (Regulation) Act, exercise of the powers conferred under 2021, the Appropriate Authority Telangana Section 16 (1) of the Assisted
- Foundation) (a) Name and address of the ART Clinic; Fernandez Hospital (A unit of Fernandez

D/No. 5-4-187/3 & 4/8, Karbala Maidan, MG Road, Secunderabad, Hyderabad

S.No.	-	N
Name of the Post	Director	Gynaecologist
Name of the Staff	Dr Evita F Fernandez	Dr Shashikala D
Qualification	MD, DGO, MRCOG	Diploma in OBGYN, MD OBGYN
Registration No (if applicable)	HMC6513	HMC8094

- (b) Type of institution (Government or Private) and; Private
- (c) Type of facility: Level 1

OR

The ART Bank named below for purposes of carrying out activities and procedures as ending on ...

- (b) Type of institution (Govt. / Private)
- registration before the expiry of the said period of five years any contravention there of shall result in suspension or cancellation of this certificate of This registration is granted subject to the aforesaid Act and Rules there under and
- Registration No. allotted: TS/AC/2024/15411/L1/HYDERABAD/311
- Registration from For renewed Certificate of Registration only. Period of validity of earlier Certificate of

Signature, Name and Designation of the Appropriate Authority

Assisted Reproductive Technology (Regulation) & Surrogacy (Regulation) Act, Telangana State. Chair Person & State Appropriate Authority an) Act a

Date: 29 . 04 .2024

Place: Hyderabad

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

Strike out whichever is not applicable or necessary