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

## Certificate No.: TS/AC/2022/10903/L2/ KHAMMAM/128

- of 28 .04 .2023 ending on 27 .04.2028 out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period State hereby grants registration to the ART Clinic named below for purposes of carrying Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Telangana In exercise of the powers conferred under Section 16 (1) of the Assisted
- (a) Name and address of the ART Clinic, Dr PRAVEENA FERTILITY CENTRE

10-2-30, Mammillagudem,opp PRAVILLION Ground, Khammam

S.No. N	0	2 Gy	G E
Name of the Post	Director	ynaecologist	mbryologist
Name of the Staff	Dr Suresh Janapati	Dr Prayeena V	Mr N Nagasuresh
Qualification	MD Anesthesia	MBBS D G O	Clinical Embryologist
Registration No (if applicable)	56389	63428	

- (b) Type of institution (Government or Private) and; Private
- (c) Type of facility: Level 2

per the aforesaid Act, for a period of ../..
(a) Name and address of the ART Bank; The ART Bank named below for purposes of carrying out activities and procedures as ending on ....

- Type of institution (Govt. / Private)
- This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.
- Registration No. allotted: TS/AC/2022/10903/L2/ KHAMMAM/128
- Registration from ..... For renewed Certificate of Registration only. Period of validity of earlier Certificate of to....to

Signature, Name and Designation

of the Appropriate Authority

Chair Person & State Appropriate Authority

Surrogacy (Regulation) Act, Telanguna Stat SEAL

Date: 28 .04.2023

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