

**FORM 3**  
[See rule 8 ]  
**Certificate Of Registration**  
**ART clinic (Level 1/Level 2 )/ART bank**  
(To be issued in duplicate)

Certificate No.: **TS/AC/2022/11274/L2/ HYDERABAD/228**

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **Telangana State** hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of **08.08.2023** ending on **07.08.2028**

(a) Name and address of the ART Clinic: **SREEFERTILITY & GYANE CENTRE PRIVATE LTD**

2nd Floor, Kothari K1 Primo, Above Ratnadeep Super Mkt, Kondapur "X"  
Roads, Hyderabad

| S.No. | Name of the Post        | Name of the Staff       | Qualification                                  | Registration No (If applicable) |
|-------|-------------------------|-------------------------|--|---------------------------------|
| 1     | Director & Embryologist | Dr Praveen Kumar Shinde | PHD, Master of Science (Microbiology)          |                                 |
| 2     | Gynaecologist           | Dr Alukur Samitha       | DGO, DNB , Fellowship in Reproductive Medicine | TSMC/FMR/19132                  |

(b) Type of institution (Government or Private) and: **Private**

(c) Type of facility: **Level 2**

OR

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

(a) Name and address of the ART Bank:

(b) Type of institution (Govt. / Private):

2. 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.

3. Registration No. allotted: **TS/AC/2022/11274/L2/ HYDERABAD/228**

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

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

Date: **08.08.2023**

Place: **Hyderabad**

Display one copy of this certificate at a conspicuous place

SEAL

\* Strike out whichever is not applicable or necessary