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/L2/093

- 1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority <u>Telangana State</u> 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 28 .02 .2023 ending on 27 .02 .2028
- (a) Name and address of the ART Clinic; OVA FERTILITY CENTRE,

PLOT NO 64 ,2ND AND 3RD FLOOR ,ROAD NO 3 MAMATHA NAGAR ,NAGOLE,MEDCHAL DISTRICT

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Gynaecologist	Dr N Showri Rani	DGO OBGYN	59685
2	Embryologist	Mr Dasari Ramanjaneyulu	Clinical Embryologist	
3	Embryologist	Mr A Swamy	Clinical Embryologist	

- (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/L2/093

Signature, Name and Designation of the Appropriate Authority

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

SFAL

Date: 28.02.2023 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