## clinic (Level 1/Level 2 )/ART bank Certificate Of Registration [See rule 8] FORM 3

ART

(To be issued in duplicate)

out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period Reproductive Technology (Regulation) Act, State hereby grants registration to the ART Clinic named below for purposes of carrying In exercise of the .04 .2023 ending on 2-1 powers conferred Certificate No.: TS/AC/2022/12579/L2/ HYDERABAD/167 04.2028 2021, the Appropriate Authority Telangana under Section 16 (1) of the Assisted

(a) Name and address of the ART Clinic; SHRESHTA FERTILITY CENTRE

## 37-74/1, JJ NAGAR, NEREDMET X ROADS

S.No.	_	N
Post	Director & Gyanecologist	Embryologist
Name of the Staff	Dr Kavitha Podugu	Mr Marepalli Bangarappa
Qualification	MBBS MS OBG	Clinical Embryologist
Registration No (if applicable)	72054	

- (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).
- 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. This registration is granted subject to the aforesaid Act and Rules there under and
- Registration No. allotted: TS/AC/2022/12579/L2/ HYDERABAD/167
- Registration from 4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of to

Signature, Name and Designation of the Appropriate Authority

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

Surrogacy (Regulation) Act, Telangana State

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