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/2023/13980/L2/ KARIMNAGAR/123

- of 28 .04 .2023 ending on 27 .04.2028 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 powers conferred 2021, the Appropriate Authority Telangana under Section 16 (1) of the Assisted
- (a) Name and address of the ART Clinic; TULASI IVF CENTER

JYOTHINAGAR, KARIMNAGAR 2-10-1567/B, GALAXY HOSPTAL FIRST FLOOR, JAGTIAL ROAD,

S.No. Name Post	1 Director Gynae	2 Embryologis
ame of the ost	or & scalogist	ologist
Name of the Staff	Dr S. Tulasi Reddy	Mr N Naresh Kumar
Qualification	MS OBGYN	Clinical Embryologist
Registration No (if applicable)	46150	

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

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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

- (b) 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/2023/13980/L2/ KARIMNAGAR/123
- Registration from to For renewed Certificate of Registration only: Period of validity of earlier Certificate of

Signature, Name and Designation of the Appropriate Authority

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

Date:28 .04:2023

SEAL

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