

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/2023/14047/L1/SANGA REDDY/290

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 01.03.2024 ending on 28.02.2029

(a) Name and address of the ART Clinic: **Sri Kethana Multi Speciality Hospital**

H.No. 10-16/1, Vidhyanagar, Pothireddypalli, Sanga Reddy

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Gynaecologist	Dr B Venkata Ramana	MBBS, Diploma in OBGYN	60825

(b) Type of institution (Government or Private) and: **Private**
(c) Type of facility: **Level 1**

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/2023/14047/L1/SANGA REDDY/290**

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

SEAL

Date: 01.03.2024

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