

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/2023/14637/L1/KAMAREDDY/343

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 03.07.2024 ending on 02.07.2029

(a) Name and address of the ART Clinic: **MAATRUSRI HOSPITAL**

H.NO-1-5-209, NEETAJI ROAD, KAMAREDDY

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Gynaecologist	Dr. T. Sravanika	MBBS, DGO OBGYN	71227

(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/2023/14637/L1/KAMAREDDY/343**

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) **SEAL**  
Surrogacy (Regulation) Act, Telangana State

Date: 03.07.2024

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