FORM 3

ART clinic (Level 1/Level 2)/ART bank (To be issued in duplicate) Certificate Of Registration

Certificate No.: TS/AC/2023/14795/L2/RANGA REDDY/281

out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of 08-09-2024 ending on 0.7-02-2029 Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority Telangana State hereby grants registration to the ART Clinic named below for purposes of carrying In exercise of the powers conferred under Section 16 (1) of the

(a) Name and address of the ART Clinic; Continental Hospital

Nanakramguda, Gachibowli, Hyderabad

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
-	Director	Dr T Gurunath Reddy	MBBS, Diploma in Internal Medicine, Diploma in Gastroenterology	HMC9495
2	Gynaecologist	Dr Atturi Vidya Latha	MBBS, Diploma in OBG, MRCOG	40703
(,0	Embryologist	Mr. Chalampati Madhusudhana	Clinical Embryologist	

- (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 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/2023/14795/L2/RANGA REDDY/281
- Registration from 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 Surrogacy (Regulation) Act, Telangana State echnology (Regulation) Act &

SEAL

Date: 08-02- 2024

Hyderabad

Display one copy of this certificate at a conspicuous place at the place of business

Strike out whichever is not applicable or necessary