

**FORM 4**  
[See rule 11]  
**CERTIFICATE OF REGISTRATION**  
Surrogacy Clinic  
(To be issued in duplicate)

Certificate No.: TS/SC/2022/10217/SC/ WARANGAL URBAN/211

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority **Telangana State** hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out surrogacy or surrogacy procedures as per the aforesaid Act, for a period of 11.05.2023 ending on 10.05.2026

(a) Name and address of the Surrogacy clinic: **Dr Vasavis Hospital Center For Fertility And Birth**  
**2-2-112/A, MAIN ROAD, NAYEEMNAGAR , HANAMKONDA**

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Kankata Jhansi Rani	MS OBGYN	53437
2	Gynaecologist	Dr Kankata Jhansi Rani	MS OBGYN, Fellowship in Reproductive Medicine	53437
3	Embryologist	Mr Marepally Bangarappa	Clinical Embryologist	

(b) Type of institution (Government / Private): **Private**

2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.
3. Registration No. allotted TS/SC/2022/10217/SC/ WARANGAL URBAN/211
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

Date: 11.05.2023  
Place: Hyderabad

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

SEAL

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

\*Strike out whichever is not applicable or necessary