

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: TS/SC/2022/10093/SC/HYDERABAD/195

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 28.04.2023 ending on 27.04.2026

(a) Name and address of the Surrogacy clinic: **MEDICOVER HEALTHCARE PVT LTD**

PLOT NO 6/1, SECTOR -1, HUDA TECHNO ENCLAVE, MADHAPUR

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Kamath Runa Ramesh	MBBS MS OBG	APMC/FMR/74332
2	Gynaecologist	Dr Gayathri Reddy P	MBBS MS OBG	59445
3	Embryologist	Mr Sangeeth Kumar	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/2022/10093/SC/HYDERABAD/195**
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: 28.04.2023
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