

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: TS/SC/2024/10978/SC/HYDERABAD/332

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 03.07.2024 ending on 02.07.2027

(a) Name and address of the Surrogacy clinic: **FERTY9 FERTILITY CENTER (A UNIT OF STAR FERTILITY PVT.LTD.)**

2ND FLOOR, NCL PEARL, SD ROAD, SECUNDERABAD

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr. Jyothi C	MBBS, DGO OBGYN	50857
2	Gynaecologist	Dr. T. Shrayya	MS OBGYN	71695
3	Embryologist	Mr. Amaz Areeb N	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/2024/10978/SC/HYDERABAD/332**
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: 03.07.2024

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