

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: TS/SC/2024/10967/SC/RANGA REDDY/308

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 29.04.2024 ending on 28.04.2027

(a) Name and address of the Surrogacy clinic: **MEDCY IVF**

Plot No. 6,9,19,20, 4th Floor, Ideal Square, Indira Nagar, Serilingampally, Gachibowli

| S.No. | Name of the Post | Name of the Staff | Qualification | Registration No (if applicable) |
|-------|------------------|--------------------------|-----------------------|---------------------------------|
| 1 | Director | Dr Sireesha Rani Bankuru | DNB OBGYN | 46928 |
| 2 | Gynaecologist | Dr Eliati Sindoori Reddy | MS OBGYN | TSMC/FMR/20791 |
| 3 | Embryologist | Mr Paladi Dheeraj | 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/2024/10967/SC/RANGA REDDY/308**
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) Act &
Surrogacy (Regulation) Act, Telangana State

Date: 29.04.2024

Place: Hyderabad

SEAL

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

*Strike out whichever is not applicable or necessary