

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: TS/SC/2024/11045/SC/RANGAREDDY/370

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 27.01.2025 ending on 26.01.2028

(a) Name and address of the Surrogacy clinic: **M/S. 9M FERTILITY CENTRE (A UNIT OF ANKURA MEDICAL & RESEARCH CENTRE PVT LTD)**
LOCATED AT SY.NO'S - 8 & 163, 1ST FLOOR, NANAKRAMGUDA ROAD,
KHAJAGUDA , SERILINGAMPALLY(MANDAL), RANGAREDDY (DIST).

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Gynaecologist	Dr Kotha Sreevani	MS-OBGYN	49921
2	Embryologist	Mr. Raja Shekhar Udutha	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/2024/11045/SC/RANGAREDDY/370**
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* **SEAL**

Date: 27.01.2025

Place: Hyderabad

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

*Strike out whichever is not applicable or necessary