

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

Certificate No.: **TS/SC/2022/10237/SC/HYDERABAD/344**

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 **03.01.2024** ending on **02.01.2027**

(a) Name and address of the Surrogacy clinic: **Art Fertility Clinics, a unit of Global Fertility Solutions Private Limited**

2nd & 3rd floor, Heera Moti Complex, Plot No - 8-2-293/82/A, Jubilee Hills

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Mr. Kiran Kumar E	MBA In Hospital Management	
2	Gynaecologist	Dr. Padmavathi Ravipati	MS OBGYN	TSMC/FMR/15450
3	Embryologist	Ms. Nandite Sanjay Relekar	Clinical Embryologist	

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

- 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.
- Registration No. allotted: **TS/SC/2022/10237/SC/HYDERABAD/344**
- 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: **03.01.2024**

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