

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

Certificate No.: **TS/SC/2022/10278/SC/ HYDERABAD/229**

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 08.08.2023 ending on 07.08.2026

(a) Name and address of the Surrogacy clinic: **SREEFERTILITY & GYANE CENTRE PRIVATE LTD**

2nd Floor, Kothari K1 Primo, Above Ratnadeep Super Mkt, Kondapur "X" Roads, Hyderabad

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Embryologist	Dr Praveen Kumar Shinde	PHD, Master of Science (Microbiology)	
2	Gynaecologist	Dr Alukur Samhitha	DGO, DNB, Fellowship in Reproductive Medicine	TSMC/FMR/19132

(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/2022/10278/SC/ HYDERABAD/229**
- 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: 08.08.2023  
Place: Hyderabad

*Praveen Kumar*  
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