

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

Certificate No.: **TS/SC/2023/10878/SC/ RANGA REDDY/263**

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: **HYDERABAD WOMEN AND FERTILITY CENTER**  
**#154,4TH FLOOR, MILLENNIUM SQUARE, ABOVE RATNADEEP SUPERMARKET, LUMBINI AVENUE**

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Gynaecologist	Dr Swapna Chekuri	M S OBGYN, Master Certificate in Reproductive Medicine IVF, Advanced Fertility Training	59948
2	Embryologist	Mr MD Aijaz Ahmed	Clinical Embryologist	
3	Junior Embryologist	Ms Anisha Varghese	PG Diploma in Clinical Embryology and ART	

(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/2023/10878/SC/ RANGA REDDY/263**
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*

SEAL

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

\*Strike out whichever is not applicable or necessary

Date: 08.08.2023  
Place: Hyderabad