



FORM 4

[See rule 11]

**Certificate of Registration**

**Surrogacy Clinic**

(To be issued in duplicate)

**Certificate no. : AP/SC/2022/10195/SC/PALNADU/104**

1. In exercise of the powers conferred under Section 12 (I) of the Surrogacy (Regulation) Act, 2021(47 of 2021), the Appropriate Authority Palnadu hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out Surrogacy or Surrogacy procedures as per as per the aforesaid Act, for a period of Three years From
2. 27-04-2023 Ending on 26-04-2026

(a) Name and address of the Surrogacy Clinic: **DR. VASANTA KIRAN MEKALA**  
**SREYA HOSPITALS & IVF CENTRE**  
**Guntur Road, NARASARAOPETA**  
**ANDHRA PRADESH - 522601**

(a) Type of institution (Govt. or Private): Private

3. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.
4. Registration No. allotted: **AP/SC/2022/10195/SC/PALNADU/104**
5. For renewed Certificate of Registration only : Period of validity of earlier Certificate of Registration from Nil to Nil

*G. Sobharani*  
Signature, Name and designation of  
the Appropriate Authority

SEAL  
**Vice Chairman**  
**DISTRICT APPROPRIATE AUTHORITY AND**  
**DISTRICT MEDICAL & HEALTH OFFICER**  
**For ART/SURROGACY ACT-2021**  
**PALNADU DISTRICT.**



One copy of this certificate at a conspicuous place at the place of business

\*Strick out whichever is not applicable or necessary