

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: TS/SC/2023/10858/SC/MEDCHAL MALKAJGIRI/242

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: **NEST FERTILITY AND IVF**

H.No: 1-58/12PART/101, 1st floor, krishnalila plaza, maddenaguda, serilingampally

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Gynaecologist	Dr Pulluri Shravani	MBBS, Diploma in OBG	TSMC/FMR/05167
2	Embryologist	Dr Mohd Ahmedullah Qureshi	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/2023/10858/SC/MEDCHAL MALKAJGIRI/242**
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

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Chair Person & State Appropriate Authority
Assisted Reproductive Technology (Regulation) Act &
Surrogacy (Regulation) Act, Telangana State

Date: 08.08.2023

Place: Hyderabad

SEAL

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

* Strike out whichever is not applicable or necessary