

FORM 4

[See rule 11]

CERTIFICATE OF REGISTRATION

Surrogacy Clinic

(To be issued in duplicate)

Certificate No.: TS/SC/2024/11078/SC/MEDCHAL-MALKAJGIRI/383

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 10.04.2025 ending on 09.04.2028

(a) Name and address of the Surrogacy clinic: **SREE NANDAKA FERTILITY AND LAPAROSCOPY HOSPITAL**
PLOT NO.770, JAYABHERI PARK BEHIND BIGBAZAAR, KOMPALLY, MEDHAL DIST.

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Praveen Kumar Koduru	MS	45306
2	Gynaecologist	Dr. Deepa Rekha	MBBS, DGO	54076
2	Embryologist	Mr.G.Shiva Krishna	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/2024/11078/SC/MEDCHAL-MALKAJGIRI/383**
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

Date: 10.04.2025
Place: Hyderabad

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

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

*Strike out whichever is not applicable or necessary