

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

Certificate No.: **TS/SC/2023/10845/SC/ RANGA REDDY/237**

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: **M/s. 9M FERTILITY CENTRE ( A UNIT OF ANKURA FERTILITY CENTRE LLP )**

Located at Sy no's 8 & 163, First Floor, Nanakramguda Road, Khajaguda ( Village ), Serilingampally (Mandal ), Rangareddy (Dist ), Telangana- 500008.

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Gynaecologist	Dr Kotha Sreavani	MBBS MS OBG, Fellowship in Reproductive Medicine	49921
2	Embryologist	Mr Rajashekar Udutha	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/2023/10845/SC/ RANGA REDDY/237**
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

*Asst. Embryologist*  
Chair Person & State Appropriate Authority  
Assisted Reproductive Technology (Regulation) Act &  
Surrogacy (Regulation) Act, Telangana's 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