

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

Certificate No.: TS/SC/2023/10809/SC/ WARANGAL URBAN/151

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 28.04.2023 ending on 27.04.2026

(a) Name and address of the Surrogacy clinic: **SREELAXMITESTTUBEBABY & MULTISPECIALITY HOSPITAL**
NEAR AMBEDKAR STATUE, HANAMKONDA

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr G Sreelaxmi	MBBS Diploma in OBG	38583
2	Gynaecologist	Dr K Srinivas	MBBS Diploma in OBG	42420
3	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/2023/10809/SC/ WARANGAL URBAN/151**
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: 28.04.2023
Place: Hyderabad

*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