

FORM 4

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

Certificate No.: TS/SC/2024/10949/SC/HYDERABAD/303

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 29.04.2024 ending on 28.04.2027

(a) Name and address of the Surrogacy clinic: **BIRTH PLACE HEALTH CARE PRIVATE LIMITED**

8-2-277/A/1, ROAD NO 2, BANJARA HILLS, HYDERABAD, TELANGANA, 500034

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Nimma Pooja Reddy	MS OBGYN	73980
2	Gynaecologist	Dr B Sindhura	MS OBGYN	TSMC/FMR/05227
3	Embryologist	Mr Hemanth Valluri	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/2024/10949/SC/HYDERABAD/303**
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

*Chair Person & State Appropriate Authority  
Accredited Reproductive Technology (Regulation) Act &  
Surrogacy (Regulation) Act, 2021*

Date: 29.04.2024

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