FORM 3

[See rule 8]

Certificate Of Registration ART clinic (Level 1/Level 2)/ART bank (To be issued in duplicate)

Certificate No.:TS/AC/L2/048

- 1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority <u>Telangana State</u> hereby grants registration to the ART Clinic named below for purposes of carrying out Assisted Reproductive Technology procedures as per the aforesaid Act, for a period of <u>28.01.2023</u> ending on <u>27.01.2028</u>
- (a) Name and address of the ART Clinic; Sree Raghavendra Fertility centre,

8-1-206/A, Mylardevpally, Keshavgiri post

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Mr P Kamalakar Sharma	PG	
2	Gynaecologist	Dr P. Jyothishmathi Sharma	MS OBGYN ,Fellow of National Board in Reproductive Medicine	68193
3	Embryologist	Mr Hemanth Valluri	Clinical Embryologist	

- (b) Type of institution (Government or Private) and; Private
- (c) Type of facility: Level 2

Date: 28.01.2023

OR

- (a) Name and address of the ART Bank;
- (b) Type of institution (Govt. / Private).
- 2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention there of shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of five years.
- 3. Registration No. allotted: TS/AC/L2/048

Signature, Name and Designation of the Appropriate Authority

Chair Person & State Appropriate Authority EAL
Assisted Reproductive Technology (Regulation) Act &

Place: Hyderabad

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

* Strike out whichever is not applicable or necessary