## 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/L2/073

- 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 28.01.2023 ending on 27.01.2028
- (a) Name and address of the ART Clinic; The Boon IVF and fertility center,

3rd floor, Lucky Plaza, khajaguda main road, hyderabad

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Sri Sita Garimella	MD OBGYN	APMC/FMR/82161
2	Gynaecologist	Dr Sri Sita Garimella	MD OBGYN	APMC/FMR/82161
3	Embryologist	Mr Shivanand Rao P	Clinical Embryologist	

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

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/L2/073
- 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

Assisted Reproductive Technology (Regulation) Act &SEAL
Surrogacy (Regulation) Act, Telangana State

Date: 28.01 .2023
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