

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

Certificate No.: TS/SC/059

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 **28.01.2023** ending on **27.01.2026**

(a) Name and address of the Surrogacy clinic: **KIMS FERTILITY CENTRE,**
1-8-31/1, Minister Road, Secunderabad

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr S Vijayanthi	MD OBG, MRCOG	61639
2	Gynaecologist	Dr Namratha Shrimali	MBBS, D.G.O, Certificate Course in Reproductive Medicine (FOGSI)	74047
3	Embryologist	Dr Dulam Sreenivas	Clinical Embryologist	NA
4	Embryologist	Dr P Durai	Clinical Embryologist	NA

(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/059**

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: **28.01.2023**

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