FORM 4 [See rule 11] CERTIFICATE OF REGISTRATION

Surrogacy Clinic (To be issued in duplicate)

Certificate No.: TS/SC/060

1. In exercise of the powers conferred under section 12 (1) of the Surrogacy (Regulation) Act, 2021 (47 of 2021), the Appropriate Authority <u>Telangana State</u> 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: Hegde Hospital,

H.no 1-98/3/68, vital Rao Nagar, Madhapur, Serlingampalli(M), RangaReddy

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Vandana Hegde	MS OBG, Diploma in Reproductive Medicine & Embyology	69769
2	Gynaecologist	Dr Shalini Sing	MD OBGYN, Certificate Course in Reproductive Medicine	TSMC/FMR/07883
3	Gynaecologist	Dr Lavanya Mummakanti	MS OBGYN, Certificate of Fellowship in Reproductive Medicine	47976
4	Embryologist	Dr Shraddha Ashok Varute	Clinical Embryologist	4

- (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/060

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from

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