

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

**Certificate No.: TS/SC/110**

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 28.02.2023 ending on 27.02.2026

(a) Name and address of the Surrogacy clinic: **Felicity Ivf and Fertility Center**,  
Sy no-9/part, Whitefields line, next to Rainbow Children's Clinic,HITEC city,Hyderabad

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Sumanth Reddy	MBBS MD General Medicine	63822
2	Gynaecologist	Dr Ch Akila	MS OBGYN, Fellowship in Reproductive Medicine	APMC/FMR/81650
3	Embryologist	Mr Kollana Y Ram Kumar	Clinical Embryologist	
4	Embryologist	Mr TM Sasidharan	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/110**

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: 28.02.2023

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