## FORM 3

## [See rule 8]

## Certificate Of Registration ART clinic (Level 1/Level 2)/ART bank

(To be issued in duplicate)

Certificate No.:TS/AB/014

- 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>22.12.2022</u> ending on <u>21 12.2027</u>
- (a) Name and address of the ART Clinic;
- (b) Type of institution (Government or Private) and;
- (c) Type of facility:

OR

The ART Bank named below for purposes of carrying out activities and procedures as per the aforesaid Act, for a period of ...... ending on .....

(a) Name and address of the ART Bank; **OVUM BANK**8-2-269/4/B, THRID FLOOR, NEXT TO RAINBOW CHILDRENS HOSPITAL, ROAD-2, BANJARA HILLS

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Hari Chandana P	M.D. OBG	46166
2	RMP	Dr Hari Chandana P	M.D. OBG	46166

- (b) Type of institution (Govt. / Private). 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/AB/014

Signature, Name and Designation

of the Appropriate Authority

Date: 22.12.2022

Place: Hyderabad

Chair Person & State Appropriate Au Seix L Assisted Reproductive Technology (Regulation) Act & Surrogacy (Regulation) Act, Telangana State

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

\* Strike out whichever is not applicable or necessary