## 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/028

- (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 28.01.2023 ending on 27.01.2023

(a)Name and address of the ART Bank; Sadguru Healthcare services Pvt Ltd(Oasis Fertility-Madinaguda)),

Plot No-203 Sy No-2, RV plaza, 4 th floor, Madinaguda, Ranga Reddy Dist

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr Gedela Durga Rao	MBBS, D.G.O, MRCOG	35181
2	RMP	Dr Y Sreenivasa Varalakshmi	MBBS, D.G.O, Fellowship Certificate In Infertility	36494

- (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/028

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 &
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

Date:28.01.2023

Place: Hyderabad