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/118

- (a) Name and address of the ART Clini¢;
- (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 28.02.2023 ending on 27.02.2028

(a) Name and address of the ART Bank: Sai Matrika Fertility Centre,

11-25-26/1, Road no.1, M.V Colony, Desaipet Road

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	RMP	Dr Gowni Shreya	MS OBGYN , Advanced certificate in Reproductive Medicine and IVF, Dilpoma in Reproductive Medicine and Embryology	68238
2	RMP	Dr M S R Pradeep	MS MCH -Genito Urinary Surgery	63261

- (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/118

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

Date: 28.02.2023

Place: Hyderabad

SEAL

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

* Strike out whichever is not applicable or necessary