

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

Certificate No.: TS/SC/2024/11062/SC/RANGAREDDY/407

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 24 .01 .2026 ending on 23 .01 .2029

(a) Name and address of the Surrogacy clinic: **Sri Sai Ram Fertility & Women Health Care**

13-7-80/B, Madhurapuri colony, Konark theatre lane, Dilsukhnager, Rangareddy, Telangana-500060

| S.No. | Name of the Post | Name of the Staff | Qualification | Registration No (if applicable) |
|-------|--------------------------|------------------------|-----------------------|---------------------------------|
| 1 | Director & Gynaecologist | Dr Sunkaraneni Alekhya | MS OBGYN | APMC/FMR/80649 |
| 2 | Clinical Embryologist | Mr A Ganesh | 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/2024/11062/SC/RANGAREDDY/407**

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: 24 .01 .2026

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