

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

Certificate No.: TS/SC/2025/11110/SC/RANGAREDDY/395

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 17 .12 .2025 ending on 16 .12 .2028

(a) Name and address of the Surrogacy clinic: **Plan B Fertility (A Unit of Suchita Healthcare and Research Pvt Ltd)**

4th Floor, Plot No. 476-C, Raghavendra Colony, Kondapur, Serilingampally, Ranga Reddy District.

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr.Arun Kumar Reddy Y S	MD Radio Diagnosis	56891
2	Gynaecologist	Dr.Dhatri Kumari	MS OBGYN	69760
3	Clinical Embryologist	Mr.Shivanand Rao S	Clinical Embryologist	

(b) Type of institution (Government / Private) : **Private**

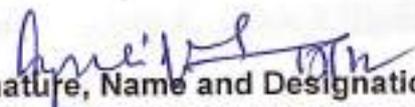
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.

3. Registration No. allotted: **TS/SC/2025/11110/SC/RANGAREDDY/395**

4. For renewed Certificate of Registration only: Period of validity of earlier Certificate of Registration from To

Date: 17 .12 .2025

Place: Hyderabad


Signature, Name and Designation
of the Appropriate Authority
Chair Person of 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