

**FORM 3**  
**[See rule 8]**  
**Certificate Of Registration**  
**ART clinic (Level 1/Level 2)/ART bank**  
**(To be issued in duplicate)**

Certificate No.: TS/AC/2025/16312/L2/HANAMKONDA/397

1. In exercise of the powers conferred under Section 16 (1) of the Assisted Reproductive Technology (Regulation) Act, 2021, the Appropriate Authority **Telangana State** 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 17 . 12 .2025 ending on 16 . 12 .2030

(a) Name and address of the ART Clinic; **SUNRISE HOSPITAL**  
H.NO 2-6-1088,Circuit House Road,Hanamkonda.

| S.No. | Name of the Post      | Name of the Staff         | Qualification         | Registration No (if applicable) |
|-------|-----------------------|---------------------------|-----------------------|---------------------------------|
| 1     | Director              | Dr.Rakesh Reddy Mandala   | MS Orthopaedics       | 61275                           |
| 2     | Gynaecologist         | Dr.Pulluri Swathi         | MS OBGYN              | APMC/FMR/91811                  |
| 3     | Clinical Embryologist | Mr.Nallapu Sreenivasa Rao | Clinical Embryologist |                                 |

(b) Type of institution (Government or Private) and; **Private**

(c) Type of facility: **Level 2**

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 .....

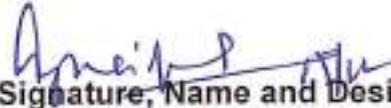
(a) Name and address of the ART Bank;

(b) Type of institution (Govt. / 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/AC/2025/16312/L2/HANAMKONDA/397**

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  
**SEAL**

Date: 17 . 12 .2025

Place: **Hyderabad**

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

\* Strike out whichever is not applicable or necessary