

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

Certificate No.: TS/SC/2025/11237/SC/RANGAREDDY/410

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: **BELIEF FERTILITY CENTER PVT LTD**

#1-80/1/L/47 Plot No 47, Lumbini Avenue, Gachibowli, Rangareddy, Telangana-500032.

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr.Muvva Rohit	MS General Surgery	62566
2	Gynaecologist	Dr.Medempudi Bhavya Shruthi	MS OBGYN	TSMC/FMR/02064
3	Clinical Embryologist	Mrs.Mohd Aqdas	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/2025/11237/SC/RANGAREDDY/410**

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