



FORM 4

[See rule 11]

Certificate of Registration

Surrogacy Clinic

(To be issued in duplicate)

Certificate no. : AP/SC/2025/11246/SC/GUNTUR/355.

1. In exercise of the powers conferred under Section 12 (I) of the Surrogacy (Regulation) Act, 2021(47 of 2021), the Appropriate Authority District Medical and Health Officer, Guntur hereby grants registration to the Surrogacy Clinic named below for purposes of carrying out Surrogacy or Surrogacy procedures as peras per the aforesaid Act, for a period of Three years from 30.12.2025 ending on 29.12.2028.

(a) Name and address of the Surrogacy Clinic : DR. I. NAGA PRATHYUSHA
KIMS FERTILITY IVF CENTRE,
A UNIT OF INSIGNIA HEALTH CARE
PRIVATE LIMITED
D.NO.12-19-40, YADAVLIVARI STREET
KOTHAPET, GUNTUR.

(b) Type of institution (Govt. or 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 three years.

3. Registration No. allotted : AP/SC/2025/11246/SC/GUNTUR/355.

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

Date : 30.12.2025

Place : GUNTUR



Signature, Name and Designation of the Appropriate Authority

K. U. J.
VICE-CHAIRMAN
District Appropriate Authority &
District Medical & Health Officer
ART & SURROGACY ACT 2021
G. SEAL

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

***Strick out whichever is not applicable or necessary**