

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

**Certificate No.: TS/SC/2025/11232/SC/RANGAREDDY/440**

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 26.03.2026 ending on 25.03.2029

(a) Name and address of the Surrogacy clinic: **KIDS CLINIC INDIA LIMITED**  
**CLOUDNINE HOSPITAL**

Plot No.90/C-HIG and 90/D, SY.NO 302 to 310, 320 to 322, 324 to 361, 363 to 365, 387 to 391 and 399, Nallagandla Village, Serilingampally Mandal, Ranga Reddy District, Telangana -500019.

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director	Dr.Bachalakura Kiranmayee	MS OBGYN	64823
2	Gynaecologist	Dr.Abhishiktha Reddy K	MS OBGYN	TSMC/FMR/00663
3	Clinical Embryologist	Mr.Hemanth Valluri	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/2025/11232/SC/RANGAREDDY/440**

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

Date: 26.03.2026

Place: Hyderabad

  
**Signature, Name and Designation**  
**of the Appropriate Authority**  
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