Reg. No ART/KG1/33/2026

Serial No 957

Certificate No 33

GOVERNMENT OF TAMILNADU

FORM - 3

(See rule 8)

CERTIFICATE OF REGISTRATION
ART Clinic - Level - I

1. In exercise of the powers conferred under Section 16(1) of the Assisted Reproductive Technology (Regulation) Act, 2021 the District Appropriate Authority, District is 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 5 years ending on 30.07.2031

   (a) Name and address of the ART Clinic : Sri Chandra Sekara Hospital, D.No. 6/889, SF No. 641, 642, NGO's Colony, Bagalur Road, Hosur, Krishnagiri - 635109.

   (b) Type of institution : Private

   (c) Type of Facility: Level-I

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 th expiry of the said period of five years.
3. Registration No. allotted ART/KG1/33/2026
4. For renewed Certificate of Registration only;

   Period of validity of earlier Certificate of Registration from 31.07.2026 to 30.07.2031

Seal 31 JUL 2026

Date : 31.07.2026

31/7/26

District Appropriate Authority,
The Assisted Reproductive Technology (Regulation) Act, 2021 &
The Surrogacy (Regulation) Act, 2021
Krishnagiri District

31/7/26

DISPLAY ONE COPY OF THIS CERTIFICATE AT CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

APPLICATION FORM FOR ART CLINIC

Application Number: TN/AC/2026/18059

ART Clinic Details

Name of the Clinic	SRI CHANDRA SEKARA HOSPITAL				
Address	DOOR NO 6/889, SF NO 691 692, NGGO'S COLONY, BAGALUR ROAD, HOSUR -635109				
State	TAMIL NADU	**District**	KRISHNAGIRI	**Pincode**	635109
Nature	Private	**Email ID**	tmscshospitals@gmail.com	**Contact Number**	09655206580
Fax	NA			**Website**	www.scshospitals.com

Contact Person Details

Name of the Contact Person	M SARAVANA MOORTHY	**Mobile Number**	9655206580

Date of Establishment	2025-11-14
Registered under MTP Act	Yes
Registered under PCPNDT Act	Yes
Director Available	Yes

Director Details

Name	**Qualification**	**Registration No.**
DR. B C CHANDRA MOULI	MD	73469

Staff Details

Post	**Name**	**Qualification**	**Registration No.**
Gynecologist	DR P GEETHA PRIYA	Post Graduate	142439
Gynecologist	DR SALMI S SALIM	Post Graduate	154761
Andrologist	DR RAMKUMAR	Post Graduate	67306
Anesthetist	DR VISSNU KUMAR	Post Graduate	100607

Equipment Details

MICROSCOPE, CENTRIFUGE, IUI CATHETHER & REAGENTS

SRI CHANDRA SEKARA HOSPITAL * HOSUR *

dures Undertaken

-uterine Insemination using Husband Semen (I-H)	Yes
Intra-uterine Insemination using Donor Semen (IUI-D)	No
In vitro Fertilization-Embryo Transfer (IVF-ET)	No
Intra-cytoplasmic Sperm Injection (ICSI)	No
Pre-implantation Genetic Testing (PGT)	No
Processing or Storage of Gametes (sperm & oocyte)of the Patient and or embryos of patient	No
Any Other Procedure	No
Other Details	New Application

Receipt for State Bank Collect Payment

DIR. OF MED AND RUR HEALTH SERVICES ART

259-261 ANNA SALAI TEYNAMPET CHENNAI , CHENNAI , Chennai-600006
Date: 20-Jun-2026

SBCollect Reference Number :	DUP6372733
Category :	ART BANK Rs.50000/-
Amount :	₹50000
NAME OF ART HOSPITAL / NURSING HOME/ CLINIC :	SRI CHANDRA SEKARA HOSPITAL
CONTACT PERSON NAME :	SARAVANA MOORTHY
ADDRESS OF ART HOSPITAL/NURSING HOME/CLINIC :	DOOR N 6/889 SF NO 691& 692 NGGO S COLONY BALAGUR ROAD HOSUR-635109
EMAIL ID :	SCSHOSPITALS@GMAIL.COM
MOBILE NUMBER :	9655206580
Amount to be Paid :	50000
Transaction charge :	17.70
Total Amount (In Figures) :	50,017.70
Total Amount (In words) :	Rupees Fifty Thousand Seventeen and Paise Seventy Only
Remarks :	NEW APPLICATION FEE
Notification 1:	Contact JAO Mr.Kamalakannan Mobile 9444161736 Dr.Viswanathan JD 9443958192
Notification 2:	For tech support Please call SBI 9003094709

Thank you for choosing SB Collect. If you have any query / grievances regarding the transaction, please contact us