

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

Certificate No.: TS/SC/2024/11013/SC/HYDERABAD/365

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 24.08.2026 ending on 23.08.2029

(a) Name and address of the Surrogacy clinic: **KASTURI HOSPITAL & IVF CENTRE**
10-3-167/A , St Johns Road, Secunderabad, Hyderabad-500025

S.No.	Name of the Post	Name of the Staff	Qualification	Registration No (if applicable)
1	Director & Gynaecologist	Dr Athuru Kalpana	MBBS, DNB-OBGYN	53553
2	Embryologist	Mr.Kollana Ram Kumar	Clinical Embryologist	

(b) Type of institution (Government / Private) : **Private**

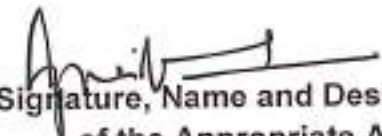
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this certificate of registration before the expiry of the said period of three years.

3. Registration No. allotted: **TS/SC/2024/11013/SC/HYDERABAD/365**

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

Date: 24.08.2026

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