**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 .....

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

Chair Person & State Appropriate Authority
Assisted Reproductive Technology (Regulation) Act &
Surrogacy (Regulation) Act, Telangana State

SEAL

Date: 24.08.2026

Place: **Hyderabad**

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

*Strike out whichever is not applicable or necessary