

**Dr. R. S. Sharma, FAMS**  
Sr. Deputy Director General  
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No: 5/10/8/2008-RHN

Dated: 29/04/2014

**Sub: Enrollment of the ART Clinic under the National Registry of ART Clinics and Banks in India of ICMR reg:-**

**Dear Dr. Reddy,**

I thankfully acknowledge the receipt of your duly filled prescribed proforma of National Registry of ART Clinics and Banks in India of ICMR for minimum available infrastructure facility, trained manpower and procedures being undertaken at ART Clinic.

Based on the above information, your ART Clinic has been enrolled under the National Registry of ART Clinics and Banks in India of ICMR and your Enrollment Number is “**10034**”.

However, kindly note that the Enrollment Number issued is not the certificate of quality services provided by your enrolled ART Clinic.

With best regards

**Yours sincerely**

**(R. S. Sharma)**

To,

**Dr. J. Venkateshwar Reddy**  
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1-4-23/1, Street No.- 7  
New Found Land, Habsiguda  
Hyderabad – 500007, Andhra Pradesh.