

भारत सरकार GOVERNMENT OF INDIA काँपरिट कार्य मंत्रालय

MINISTRY OF CORPORATE AFFAIRS

कार्यालय शासकीय समापक, गुजरात उच्च न्यायालय से संलग्न, office of the official Liquidator, High court of Gujarat,

"काँपोरिट भवन", तीसरी मंजिल, जायडस हाँस्पिटल के पीछे, एस.जी. हाइवे,थलतेज, अहमदाबाद-3⊏0 ०५९ उrd FLOOR, CORPORATE BHAWAN, B/H. ZYDUS HOSPITAL, S. G. HIGHWAY, THALTEJ, AHMEDABAD – 380 059

NOTICE FOR EMPANELMENT OF VALUER FOR THE OFFICE OF THE OFFICIAL LIQUIDATOR, HIGH COURT OF GUJARAT

In compliance with the order dated 23.12.2024 passed by the Hon'ble high Court of Gujarat in OLR No.68 of 2024, applications in the prescribed format are hereby invited by the Official Liquidator, High Court of Gujarat, Ahmedabad from aspiring Valuers and / or firms and /or company and / or LLP of Valuers possessing a valid Membership No. and a certificate of practice. The applicants must be registered with Institution of Valuers and /or under Section 34AB of Wealth Tax Act, 1957. It is desirable that applicant are empanelled with any Nationalized Banks, Government Organizations and OL offices or other similar institutions. Applicants must demonstrate a history of good performance records for consideration of empanelment in the panel of Valuers for the Office of the Official Liquidator, High Court of Gujarat.

The prescribed application form for empanelment can be obtained from the website of the Hon'ble High Court of Gujarat, Ministry of Corporate Affairs and Institution of Valuers from <a href="https://doi.org/10.1016/journal.org/

Submission of an application does not guarantee empanelment. The applications may be rejected by the selection committee without assigning any reason. After shortlisting suitable Valuers, the names of the short-listed candidates will be placed before the Hon'ble High Court of Gujarat for approval as per the scheme of Valuers approved by the Hon'ble High Court of Gujarat. Short listed candidate will be required to submit an undertaking stating that they will not refuse to accept assignments given by the Office of the Official Liquidator except in exceptional circumstances.

शोभित श्रीवास्तव,आई.सी.एल.एस / Shobhit Srivastava,ICLS

शासकीय समापक / Official Liquidator

Place :-- Ahmedabad Date:- 52.03:2025 To
The Official Liquidator,
High Court of Gujarat,
3rd Floor, Corporate Bhawan,
Thaltej, Ahmedabad.

7. GST No.

8. Address for Correspondence:

SUBJECT:-- APPLICATION FOR EMPANELMENT AS PANEL VALUER IN THE OFFICE OF THE OFFICIAL LIQUIDATOR, HIGH COURT OF GUJARAT

Respected Sir
I, being an individual/ proprietor/ partner/ director (strike off whichever is not applicable), hereby apply for empanelment as a valuer for the following class(es) of assets (Tick whichever is applicable):- (A) Immovable Asset
(B) Movables Assets
(C) Agriculture Land
The details are as under:
A. DETAILS OF THE FIRM/ PARTNERSHIP ENTITY/ COMPANY (if applicable)
1. Name:
2. Registration Number/ LLP Number/CIN Number:
3. PAN No.:
4. GST No.
5. Address for Correspondence or registered office:
6. Permanent Address:
7. E-Mail Address 8. Telephone No.:
Others:
B. PERSONAL DETAILS OF INDIVIDUAL/ PROPRIETOR/ EACH PARTNER/DIRECTOR Title (Mr/Mrs/Ms): 1. Name:
2. Father's Name:
3. Mother's Name:
4. Date of Birth:
 Registration with CBDT under Wealth Tax Act, 1957 – YES / No. If yes, (Registration No. & Date, of Individual/ all the Partners (in case of Partnership Firm)
Registration No.:
Registration Date:
6. PAN No.:

- 9. Permanent Address:
- 10. E-Mail Address:
- 11. Mobile No.
- 12. Others

C. EDUCATIONAL, PROFESSIONAL AND VALUATION EXAMINATION QUALIFICATIONS

1. Professional Qualifications for Individual/ proprietor/ each partner/director

Professional	Institute/	Membership	Date of enrolment	Remarks, if
Qualification	Professional Body/	No.		any
	registered			
	valuers			
	organisation			
		es 79		
			200 100	

D. WORK EXPERIENCE (if applicable)

- 1. Are you presently in practice? (Yes or No)
- 2. Number of years in practice or of work experience in the relevant profession or in valuation (attach evidence in the form of reference letters/copies of valuation reports/any other evidence):
- 3. If in practice, address for professional correspondence:

E. REGISTERED VALUERS ORGANISATION/ MEMBERSHIP OF PROFESSIONAL BODIES

1. Please give details of the registered valuers organisation/ Professional bodies of which you are a member. Please state your membership number.

F. ADDITIONAL INFORMATION

- 1. Have you ever /or any of your partners/directors ever been debarred by any institution / authorities / bank ? (Yes or No). If yes, please give details
- 2. Have you ever /or any of your partners/directors ever been convicted for an offence? (Yes or No). If yes, please give details.
- 3. Are any criminal proceedings pending against you /or your partners/directors? (Yes or No) If yes, please give details.
- 4. Are you or any of your/ your partners/directors undischarged bankrupt, or have applied to be adjudged as a bankrupt? (Yes or No) If yes, please give details
- 5. Please provide any additional information that may be relevant for your application.

G. ATTACHMENTS

- 1. Copy of Certificate of Registration under Sec 34AB of Wealth Tax Act, 1957 (if applicable)
- 2. Copy of proof of membership with a registered valuers organization.
- 3. Copy of membership with Professional bodies
- 4. Copy of Certificate of Registration with IBBI

- 5. KYC documents for Individual/ Firm/ Partnership Firm/ Company and its proprietor/ partners/directors.
- 6. Copies of documents in support of professional qualifications and valuation qualifications of Individual/ proprietor/ partners/directors.
- 7. Copies of documents demonstrating practice or work experience for relevant period, if applicable
- 8. Financial statements/ Income Tax Returns for the last three years.

H. AFFIRMATIONS

- Copies of documents, as listed in section G of this application form have been attached.
 I undertake to furnish any additional information as and when called for.
- 2. I am not disqualified from being registered as a valuer under the Companies (Registered Valuers and Valuation) Rules, 2017, (Please strike off if not applicable).
- 3. This application and the information furnished by me along with this application is true and complete. If found false, misleading or incorrect I will be fully responsible for the consequences.

Place:	Signature & Name of applicant
Date:	