

FORM NO. INC-35

[Pursuant to rule 38(A) of the
Companies (Incorporation) Rules,
2014]

AGILE-PRO-S

(Application for Goods and services tax
Identification number, employees state
Insurance corporation registration plus
Employees provident fund organization
registration, Profession Tax Registration and
Opening of Bank Account and Shops and
Establishment Registration)

(This AGILE-PRO-S form is part of SPICe+ form for GSTIN / EPFO / ESIC/ Profession Tax/ Bank Account/Shops and
Establishment Registration)

* Name of the company

1. * Do you want to apply for GSTIN

☐ Yes

☐ No

2. * State (Same as entered in SPICe+)

3. * District (Same as entered in SPICe+)

4. * State Jurisdiction

* Sector / Circle / Ward /Charge / Unit

5. * Center Jurisdiction

Commissionerate

Division

Range

6. * Reason to Obtain Registration

7. * Whether the Establishment On Lease

☐ YES

☐ NO

* Leased From Date

To Date

(a). * Nature of possession of premises

(b). * Proof of Principal Place of Business

(c). * Whether the building/premises of Establishment is owned or hired

* If hired or there is a change in the name of Unit/ownership, please indicate

☐ YES

☐ NO

Leased From Date

To Date

8. * Option for Composition

☐ Yes

☐ No

(a) Composition Declaration

☐ I hereby declare that aforesaid business shall abide by the conditions and restrictions specified in the Act or

Rules for opting to pay tax under the composition levy

(b) Category of Registered Person

☐ Manufacturer of non-notified goods

☐ Supplier of food and non-alcoholic drinks

☐ Any other eligible supplier

9. * Nature of Business activity being carried out at above mentioned Premises (Please tick applicable)

Factory / Manufacturing <input type="checkbox"/>	Wholesale Business <input type="checkbox"/>	Retail Business <input type="checkbox"/>
Warehouse/Deport <input type="checkbox"/>	Bonded Warehouse <input type="checkbox"/>	Supplier of services <input type="checkbox"/>
Office/Sale Office <input type="checkbox"/>	Leasing Business <input type="checkbox"/>	Recipient of goods or services <input type="checkbox"/>
EOU/ STP/ EHTP <input type="checkbox"/>	Works Contract <input type="checkbox"/>	Export <input type="checkbox"/>
Import <input type="checkbox"/>	Others (specify) <input type="checkbox"/>	

If others, please specify

(A) * Primary Business Activity

If others selected, please specify

(B) *Exact nature of work / business

*Work Sub-category

*Nature of work business

10. * Details of Goods supplied by the Business

HSN Code (Four Digit)

Description of Goods

11. * Details of Services supplied by the Business.

Service Accounting Code

Description of Services

12. Director / Primary Owners / Office Bearer Details

(Minimum number of directors to be entered for OPC shall be 1, 2 in case of private company, 3 in case of public limited company and 5 in case of Producer Company)

Number of Director details to be entered

(A). Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

<input type="radio"/> Director Identification Number (DIN) <input type="radio"/> Permanent Account Number (PAN)		Photograph <input type="text"/>
*DIN	<input type="text"/>	Attach a latest passport size photograph by clicking the above box
*PAN	<input type="text"/>	
*First Name	<input type="text"/>	
Middle Name	<input type="text"/>	
*Last Name	<input type="text"/>	
*Personal Mobile Number	<input type="text"/> <input type="text"/>	
*Personal Email Id	<input type="text"/>	
*Enter OTP for Mobile Number	<input type="text"/>	
*Enter OTP for Email Id	<input type="text"/>	
*Do you wish to perform Aadhaar authentication for GSTN registration <input type="radio"/> YES <input type="radio"/> NO		

(B). * Director Details other than Authorised Signatory / Primary Owner / Office Bearer

☐ Director Identification Number (DIN)
 ☐ Permanent Account Number / Passport Number (in case of foreign national)

*DIN
 *PAN / Passport Number
 *First Name
 Middle Name
 *Last Name
 *Personal Mobile Number
 *Personal Email Id

Photograph

Attach a latest passport size photograph by clicking the above box

13. *Police Station

14. *Employer's Particulars

*Select Appropriate Branch Office

*Select Inspection Office

15. *Bank Particulars

. *Select Bank Name

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Attachments

1. *Proof of Principal place of business

2. *Proof of appointment of Authorized Signatory for GSTN

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(Either of the following document can be attached.
Letter of Authorisation / Copy of Resolution passed by BoD /
Managing Committee and Acceptance letter)

3. *Proof of Identity of Authorized Signatory for opening Bank Account

4. *Proof of Address of Authorized Signatory for opening Bank Account

5. *Specimen Signature of Authorized Signatory for EPFO

GST Declaration (by Authorised Signatory)

- ☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

*** ESIC Declaration (by Office Bearer)**

- ☐ I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporation as soon as such change takes place.

Profession Tax Declaration

- ☐ The above information is true to the rest of the knowledge and belief

*** EPFO Declaration (By Primary Owner)**

- ☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

*** Bank Declaration (By Authorized Signatory)**

- ☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

I authorize Bank and its officials to contact me/us on phone/ email/ sms for the purpose of opening of bank account.

I understand that the bank account number generated through this process will be shared with MCA by the banks.

I/we undertake to complete all documentary requirements as per bank KYC norms before activation of the account.

Place

Date

Designation

*** To be digitally signed by director (who has signed the SPICe+ form)**

* DIN/PAN

(Authorized Signatory/ Primary Owner signing the AGILE-PRO-S form shall provide his Permanent Account Number)



GOVERNMENT OF INDIA
MINISTRY OF CORPORATE AFFAIRS
Central Registration Centre

Certificate of Incorporation

[Pursuant to sub-section (2) of section 7 and sub-section (1) of section 8 of the Companies Act, 2013 (18 of 2013) and rule 18 of the Companies (Incorporation) Rules, 2014]

I hereby certify that TRUE PATH FOUNDATION is incorporated on this Seventh day of January Two thousand twenty-two under the Companies Act, 2013 (18 of 2013) and that the company is limited by shares.

The Corporate Identity Number of the company is U80902DL2022NPL392195.

The Permanent Account Number (PAN) of the company is **AAJCT1092M** *

The Tax Deduction and Collection Account Number (TAN) of the company is **DELT20091B** *

Given under my hand at Manesar this Seventh day of January Two thousand twenty-two .

MINISTRY OF
CORPORATE AFFAIRS

Digital Signature Certificate
SHYAM NARAYAN TIWARY
DEPUTY REGISTRAR OF COMPANIES
For and on behalf of the Jurisdictional Registrar of Companies
Registrar of Companies
Central Registration Centre

Disclaimer: This certificate only evidences incorporation of the company on the basis of documents and declarations of the applicant(s). This certificate is neither a license nor permission to conduct business or solicit deposits or funds from public. Permission of sector regulator is necessary wherever required. Registration status and other details of the company can be verified on www.mca.gov.in

Mailing Address as per record available in Registrar of Companies office:

TRUE PATH FOUNDATION
FLAT -229-A GROUND FLOOR POCKET-12, DDA LIG FLATS
JASOLA, DELHI, New Delhi, Delhi, India, 110025



* as issued by the Income Tax Department



<p style="text-align: center;">TRUE PATH FOUNDATION (Proposed Section-8 Company under Companies Act 2013) ADDRESS: FLAT -229-A GROUND FLOOR POCKET-12 DDA LIG FLATS JASOLA DELHI New Delhi DL 110025 IN Estimated Income and Expenditure Account</p>							
EXPENDITURE	2023-	2024-25	2025-	INCOME	2023-	2024-25	2025-
Staff Salary Expenses	180,000	240,000	264,000	Donation Received	450,000	587,500	693,750
Child care expenses	165,000	204,500	267,500	Voluntary Contribution from	215,000	279,500	334,070
Electricity Expenses	76,000	79,000	83,000				
Play School Equipments	190,000	245,000	293,000		-	-	
Administration Expenses	27,450	42,997	58,752				
Telephone Charges	7,850	11,697	18,480				
To Surplus (Excess of income over	18,700	43,806	43,088				
Total	665,000	867,000	1,027,820	Total	665,000	867,000	1,027,820

Date : 17-04-2023
Place : Delhi

Faizal Raza
Director : 09460729

Shahjad Hussain
Director : 09328095

Acknowledgement Receipt of Income Tax Forms

(Other Than Income Tax Return)



e-Filing Acknowledgement Number / Quarterly Statement Receipt Number
119503070180423

Date of e-Filing
18-Apr-2023

Name	:	TRUE PATH FOUNDATION
PAN/TAN	:	AAJCT1092M
Address	:	394 A, Madhuban Nagar, Kashipur, Kashipur (Udham Singh Nagar) S.O, UDHAM SINGH NAGAR, Uttarakhand, INDIA - 244713
Form No.	:	Form 10A
Form Description	:	Application for registration or provisional registration or intimation or approval or provisional approval. This form is in compliance with rule 17A/11AA/2C/5CA.
Assessment Year	:	2024-25
Financial Year	:	-
Month	:	-
Quarter	:	-
Filing Type	:	Original
Capacity	:	DIR
Verified By	:	DQUPR2314M

(This is a computer generated Acknowledgement Receipt and needs no signature)

TRUE PATH FOUNDATION**(Proposed Section-8 Company under Companies Act 2013)****ADDRESS: FLAT -229-A GROUND FLOOR POCKET-12 DDA LIG FLATS JASOLA DELHI New Delhi DL 110025 IN****Estimated Income and Expenditure Account**

EXPENDITURE	2023-	2024-25	2025-	INCOME	2023-	2024-25	2025-
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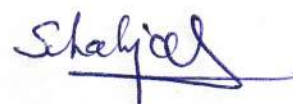
Date : 17-04-2023

Place : Delhi



Faizal Raza

Director : 09460729



Shahjad Hussain

Director : 09328095

PART - A

1. (a) Type of Company

LLPIN

(b) Class of Company

(c) Category of Company

(d) Sub-category of Company

2. Main division of industrial activity of company

Description of the main division

Summary of the objects to be pursued by the company on its incorporation

You may include a document that supports your name reservation below.

3. Particulars of the proposed or approved name

(i)	<input type="text"/>
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PART - B

II. Structure of the Company

4. Whether Articles of Association is entrenched ☐ Yes ☐ No

Number of Articles to which provisions of entrenchment shall be applicable

Details of such articles

Sr No	Article Number	Short description on entrenchment of the clause

5. *Company is ☐ Having share capital ☐ Not having share capital

6. (i) *Capital structure of the company

Total authorized share capital (in Rupees)

Authorized share capital	Equity	Preference	Unclassified
Number of shares			
Nominal amount per share (in Rupees)			
Total amount (in Rupees)			

Total subscribed share capital (in Rupees)

Subscribed share capital	Equity	Preference
Number of shares		
Nominal amount per share (in Rupees)		
Total amount (in Rupees)		

6. (ii) Details of number of members

(a) Enter the maximum number of members	
(b) Maximum number of members excluding proposed employees	
(c) Number of members	
(d) Number of members excluding proposed employee(s)	

III. Address of the Company

7. (a) *Correspondence address

* Line I	<input type="text"/>		
* Line II	<input type="text"/>		
* City	<input type="text"/>		
* State/Union Territory	<input type="text"/>	* Pin code	<input type="text"/>
* District	<input type="text"/>		
* Phone (with STD code)	<input type="text"/>	-	<input type="text"/>
Fax	<input type="text"/>		
* email ID of the company	<input type="text"/>		

(b) *Whether the address for correspondence is the address of registered office of the company ☐ Yes ☐ No

(c) *Name of the office of the Registrar of Companies in which the proposed company is to be registered

IV. Subscriber and Directors Details

8. (a) *Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
Total number of first subscribers (non-individual + individual)		
Number of non-individual first subscriber(s)		
Number of individual first subscriber(s) cum director(s)		
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)		

(b) *Particulars of non-individual first subscriber(s) *Category

*Corporate identity number (CIN) or foreign company registration number (FCRN) or any other registration number

*Name of the body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

Mobile Fax

*email id

Particulars of the authorised person

*First Name

Middle Name

*Surname

*Father's first name

Father's middle name

*Father's surname

*Gender *Date of Birth *Nationality

* ☐ PAN ☐ Passport number

Aadhaar number

*Place of birth (District and State)

*Occupation type

*Area of occupation

*Educational Qualification

Present address

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code *Country

*Phone (with STD/ISD code)

Mobile

Fax

*email id

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

(c) *Particulars of individual first subscriber(s) (other than subscriber cum director)

*Director Identification number (DIN)

*Name

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

<input type="checkbox"/>	*First Name	<input type="text"/>	
	Middle Name	<input type="text"/>	
	*Surname	<input type="text"/>	
	*Father's first name	<input type="text"/>	
	Father's middle name	<input type="text"/>	
	*Father's surname	<input type="text"/>	
	*Gender	<input type="text"/>	*Date of Birth <input type="text"/> *Nationality <input type="text"/>
	*Place of Birth	<input type="text"/>	
	*Occupation type	<input type="radio"/> Self Employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman	
	*Area of Occupation	<input type="text"/>	
	If 'Others' selected, please specify	<input type="text"/>	
	*Educational Qualification	<input type="text"/>	
	* <input type="radio"/> PAN <input type="radio"/> Passport number	<input type="text"/>	
	Aadhaar number	<input type="text"/>	
	*email ID	<input type="text"/>	
	Permanent Address		
	*Line I	<input type="text"/>	
	Line II	<input type="text"/>	
	*City	<input type="text"/>	
	*State/ Union Territory	<input type="text"/>	*Pin code <input type="text"/>
	* ISO Country code	<input type="text"/>	Country <input type="text"/>
	*Phone (with STD/ISD code)	<input type="text"/>	- <input type="text"/>
	*Whether present residential address same as permanent residential address <input type="radio"/> Yes <input type="radio"/> No		
	Present address		
	*Line I	<input type="text"/>	
	Line II	<input type="text"/>	
	*City	<input type="text"/>	
	*State/ Union Territory	<input type="text"/>	*Pin code <input type="text"/>
	* ISO Country code	<input type="text"/>	Country <input type="text"/>
	*Phone (with STD/ISD code)	<input type="text"/>	- <input type="text"/>
	*Duration of stay at present address	<input type="text"/> Years	<input type="text"/> Months
	If Duration of stay at present address is less than one year then address of previous residence		
	<input type="text"/>		
	*Proof of identity	<input type="text"/>	*Residential Proof <input type="text"/>

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

(d) *Particulars of individual first subscriber(s) cum directors

☐ *Director Identification number (DIN)

*Name

*Gender *Date of Birth *Nationality

*Designation *Category

Whether ☐ Chairman ☐ Executive director ☐ Non-executive director

*Name of the company or institution whose nominee the appointee is

*email ID

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares		
Preference shares		

Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)

*Registration number

*Name

*Address

Nature of interest	*Designation	<input type="text"/>
	Percentage of Shareholding	<input type="text"/> Amount <input type="text"/>
	Others (specify)	<input type="text"/>

☐ *First Name

Middle Name

*Surname

*Father's first name

Father's middle name

*Father's surname

*Gender *Date of Birth *Nationality

*Place of Birth

*Whether citizen of India ☐ Yes ☐ No *Whether resident in India ☐ Yes ☐ No

*Occupation type ☐ Self Employed ☐ Professional ☐ Homemaker ☐ Student ☐ Serviceman

*Area of Occupation

If 'Others' selected, please specify

*Educational Qualification

* ☐ PAN ☐ Passport number

*Designation *Category

Whether ☐ Chairman ☐ Executive director ☐ Non-executive director

*Name of the company or institution whose nominee the appointee is

*email ID

Permanent Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Whether present residential address same as permanent residential address ☐ Yes ☐ No

Present address

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Duration of stay at present address Years Months

If Duration of stay at present address is less than one year then address of previous residence

*Proof of identity *Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	<input type="text"/>	<input type="text"/>
Preference shares	<input type="text"/>	<input type="text"/>

Number of entities in which director have interest

*Registration number <input type="text"/>	
*Name <input type="text"/>	
*Address <input type="text"/>	
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

(e) *Particulars of directors (other than first subscribers)

☐ *Director Identification number (DIN)

*Name

*Gender *Date of Birth *Nationality

*Designation *Category

Whether ☐ Chairman ☐ Executive director ☐ Non-executive director

*Name of the company or institution whose nominee the appointee is

*email ID

Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LLPIN)

*Registration number		<input type="text"/>	
*Name		<input type="text"/>	
*Address		<input type="text"/>	
Nature of interest	*Designation <input type="text"/>		
	Percentage of Shareholding	<input type="text"/>	Amount <input type="text"/>
	Others (specify) <input type="text"/>		

☐

*First Name

Middle Name

*Surname

*Father's first name

Father's middle name

*Father's surname

*Gender *Date of Birth *Nationality

*Place of Birth

*Whether citizen of India ☐ Yes ☐ No *Whether resident in India ☐ Yes ☐ No

*Occupation type ☐ Self Employed ☐ Professional ☐ Homemaker ☐ Student ☐ Serviceman

*Area of Occupation

If 'Others' selected, please specify

*Educational Qualification

* ☐ PAN ☐ Passport number

*Designation *Category

Whether ☐ Chairman ☐ Executive director ☐ Non-executive director

*Name of the company or institution whose nominee the appointee is

*email ID

Permanent Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Whether present residential address same as permanent residential address ☐ Yes ☐ No

Present address

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Duration of stay at present address Years Months

If Duration of stay at present address is less than one year then address of previous residence

*Proof of identity *Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Number of entities in which director have interest

*Registration number <input type="text"/>	
*Name <input type="text"/>	
*Address <input type="text"/>	
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

V. OPC Nomination

9. (a) *Nomination

I *

the subscriber to the memorandum of association of

do hereby nominate *

who shall become the member of the company in the event of my death or incapacity to contract. I declare that the nominee is eligible for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules, 2014.

(b) *Particulars of the Nominee

Director Identification number (DIN)

*First Name

Middle Name

*Surname

*Father's First name

Father's Middle name

*Father's Surname

*Gender *Date of Birth *Nationality

*Income tax PAN

Aadhaar number

*Place of Birth (District and State)

*Occupation type

*Area of Occupation

*Educational qualification

Permanent Address

*Line I

Line II

*City

*State/Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ ISD code) -

Mobile (with country code)

Fax

*email id

*Whether present address is same as the permanent address ☐ Yes ☐ No

Present Address

*Line I

Line II

*City

*State/Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ ISD code) -

Mobile

Fax

*Duration of stay at the present address Year(s) Month(s)

If Duration of stay at present address is less than one year then address of previous residence

*Proof of identity *Residential Proof

VI. Stamp Duty

10. Particulars of payment of stamp duty

(a) State or Union territory in respect of which stamp duty is paid or to be paid

(b) * Whether stamp duty is to be paid electronically through MCA21 system ☐ Yes ☐ No ☐ Not applicable

(i) Details of stamp duty to be paid

Type of document/Particulars	Form	Memorandum of association	Articles of association
Amount of stamp duty to be paid	<input type="text"/>	<input type="text"/>	<input type="text"/>

(ii) Provide details of stamp duty already paid

Type of document/Particulars	Form	Memorandum of association	Articles of association	Others
Total amount of stamp duty paid(in Rs.)				
Mode of payment of stamp duty				
Name of vendor or Treasury or Authority or any other competent agency authorised to collect stamp duty or to sell stamp papers or to emboss the documents or to dispense stamp vouchers on behalf of the Government				
Serial number of embossing or stamps or stamp paper or treasury challan number				
Registration number of vendor				
Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MM/YYYY)				
Place of purchase of stamps or stamp paper or payment of stamp duty				

VII. PAN/ TAN Information

11. * Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)

Information specific to PAN

Area code	AO type	Range code	AO No.
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Information specific to TAN

Area code	AO type	Range code	AO No.
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Source of Income

- ☐ Income from Business/profession ☐ Capital Gains ☐ Income from house property
☐ Income from other source ☐ No Income

Business/Profession code

Attachments**List of attachments**

1. *Memorandum of association	
2. * Articles of Association	
3. * Declaration by first subscriber(s) and director(s) (Affidavit is not required to be attached)	
4. Proof of Office address (Conveyance/ Lease deed/ Rent Agreement etc. along with rent receipts)	
5. Copy of the utility bills (not older than two months)	
6. Copy of certificate of incorporation of the foreign body corporate and resolution passed by foreign company or authority given through constitutional document	
7. Resolution passed by promoter company	
8. Interest of first director(s) in other entities	
9. Consent of Nominee (INC-3)	
10. Proof of identity & residential address of subscribers	
11. Proof of identity & residential address of nominee	
12. Proof of identity and address of Applicant I	
13. Proof of identity and address of Applicant II	
14. Proof of identity and address of Applicant III	
15. Resolution of unregistered companies in case of Chapter XXI (Part I) companies	
16. Declaration in Form No. INC-14	
17. Declaration in Form No. INC-15	
18. Optional attachment(s), (if any)	
19. Attachment - Part - A	

Declaration

- ☐ *I have gone through the provisions of the Companies Act, 2013, the rules thereunder and prescribed guidelines framed thereunder in respect of reservation of name, understood the meaning thereof and the proposed name is in conformity thereof.
- ☐ *I have used the search facilities available on the portal of the Ministry of Corporate Affairs (MCA) for checking the resemblance of the proposed name with the companies and Limited Liability partnerships (LLPs) respectively already registered or the names already approved. I have also used the search facility for checking the resemblances of the proposed name with registered trademarks and trade mark subject of an application under the Trade Marks Act, 1999 and other relevant search for checking the resemblance of the proposed name to satisfy myself with the compliance of the provisions of the Act for resemblance of name and Rules thereof.
- ☐ *The proposed name is not in violation of the provisions of Emblems and Names (Prevention of Improper Use) Act, 1950 as amended from time to time.
- ☐ *The proposed name is not offensive to any section of people, e.g. proposed name does not contain profanity or words or phrases that are generally considered a slur against an ethnic group, religion, gender or heredity.
- ☐ *The proposed name is not such that its use by the company will constitute an offence under any law for the time being in force.
- ☐ *I undertake to be fully responsible for the consequences in case the name is subsequently found to be in contravention of the provisions of section 4(2) and section 4(4) of the Companies Act, 2013 and rules thereto and I have also gone through and understood the provisions of section 4(5) (ii) (a) and (b) of the Companies Act, 2013 and rules thereunder and fully declare myself responsible for the consequences thereof.

- ☐ *I
a person named in the articles as a director of the company has been duly authorized by the promoters of the company to sign this form and declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect of Director Identification Number (DIN), registration of the company and matters precedent or incidental thereto have been complied with.

- ☐ I am authorized by the promoter subscribing to the Memorandum of Association and Articles of Association and the first director(s) to give this declaration and to sign and submit this Form.
- ☐ I further declare that, company shall not commence its business, unless all the required approval from the sectoral Regulators such as RBI, SEBI etc. have been obtained;
- ☐ I on behalf of the promoters and the first directors, hereby declare that the registered office is capable of receiving and acknowledging all communications and notices addressed to the proposed company on incorporation, shall be maintained at the given address at item 4 of this form;
- ☐ *I, on behalf of all the first director(s) named in the Articles of Association of the proposed company, solemnly declare, that the declaration given herein as stated above are true to the best of my knowledge and belief, the information given in this integrated application form for incorporation and attachments thereto are correct and complete, and nothing relevant to this form has been suppressed. All the required attachments have been completely, correctly and legibly attached to this form and are as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.
- ☐ I, on behalf of the proposed Directors whose particulars for allotment of DIN are filled as above, hereby confirm and declare that they are not restrained, disqualified, removed for being appointed as Director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and I further declare that I have read and understood the provisions of Sections 154, 155, 447 and 448 read with Sections 449, 450 and 451 of the Companies Act, 2013.
- ☐ *

 having Membership Number and/or Certificate of practice number
 has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

Note: Attention is drawn to the provisions of sections 7(5) and 7(6) which, inter-alia, provides that furnishing of any false or incorrect particulars of any information or suppression of any material information shall attract punishment for fraud under section 447. Attention is also drawn to provisions of section 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.

***To be digitally signed by director**

***DIN / PAN**

Declaration and certification by professional

I ,
 member of ,
 having office at *

Who is engaged in the formation of the company declare that I have been duly engaged for the purpose of certification of this form. It is hereby also certified that I have gone through the provisions of the Companies Act, 2013 and rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

- (i) the draft memorandum and articles of association have been drawn up in conformity with the provisions of sections 4 and 5 and rules made thereunder; and
- (ii) all the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the company under section 7 of the Act and matters precedent or incidental thereto have been complied with. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;
- (iii) I have opened all the attachments to this form and have verified these to be as per requirements, complete and legible;
- (iv) I further declare that I have personally visited the premises of the proposed registered office given in the form at the address mentioned herein above and verified that the said proposed registered office of the company will be functioning for the business purposes of the company (wherever applicable in respect of the proposed registered office has been given).
- (v) It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

- * ☐ Chartered Accountant (in whole-time practice) or ☐ Cost Accountant (in whole-time practice) or
☐ Company Secretary (in whole-time practice) ☐ Advocate
- * Whether Associate or Fellow ☐ Associate ☐ Fellow
- * Membership number
- Certificate of practice number
- * Income-tax PAN

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing (DD/MM/YYYY)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AAJCT1092M



नाम / Name
TRUE PATH FOUNDATION

निगमन/गठन की तारीख
Date of Incorporation/Formation
07/01/2022

Shalica
TRUE PATH FOUNDATION
For Director/Member Signatory(s)

Faizal.
TRUE PATH FOUNDATION
For Director/Member Signatory(s)