

Form FORM-9

Consent to act as a director of a company

To,

MODENNA HEALTH CARE LLP

Subject: Consent to act as a designated partner

I, PARUL BAGGA, hereby give my consent to act as designated partner of MODENNA HEALTH CARE LLP, pursuant to sub-section (5) of section 152 of Companies Act, 2013 and certify that I am not disqualified to become a designated partner under the Companies Act, 2013.

1. Director Identification Number (DPIN):

2. Name (in full): PARUL BAGGA

3. Father's Name (in full): GHAN SHYAM BANGIA

4. Address: B-345, LOK VIHAR, PITAMPURA, NORTH WEST DELHI, SARASWATI VIHAR, DELHI-110034

5. E-mail id: 1986parul.bagga@gmail.com

6. Mobile no: 9873348683

7. Income-tax PAN: ARJPB5498D

8. Occupation: Business

9. Date of Birth: 30/11/1986

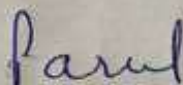
10. Nationality: Indian

11. No. of companies in which I am already a Director and out of such companies the names of the companies in which I am a Managing Director, Chief Executive Officer, Whole time Director, Secretary, Chief Financial Officer, and Manager-

12. Particulars of Membership No. and Certificate of practice No. if applicant is a member of any professional Institute-NIL

DECLARATION

I declare that I have not been convicted of any offence in connection with the promotion, formation or management of any company or LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law in the last five years. I further declare that if appointed, my total Directorship in all the companies shall not exceed the prescribed number of companies in which a person can be appointed as a Director.



NAME: PARUL BAGGA

Address: B-345, LOK VIHAR, PITAMPURA, NORTH WEST DELHI, SARASWATI VIHAR,
DELHI-110034

Date: 08/11/2023

Place:

Attachments:

1. Proof of Identity;
2. Proof of Residence;

Form FORM-9

Consent to act as a director of a company

To,

MODENNA HEALTH CARE LLP

Subject: Consent to act as a designated partner

I, SARITA BAGGA, hereby give my consent to act as designated partner of MODENNA HEALTH CARE LLP, pursuant to sub-section (5) of section 152 of Companies Act, 2013 and certify that I am not disqualified to become a designated partner under the Companies Act, 2013.

1. Director Identification Number (DPIN):

2. Name (in full): SARITA BAGGA

3. Father's Name (in full): OM PRAKASH ARORA

4. Address: B-345, LOK VIHAR, PITAMPURA, NORTH WEST DELHI, DELHI-110034

5. E-mail id: Sarita.bagga@gmail.com

6. Mobile no: 8920559080

7. Income-tax PAN: AKIPB4296K

8. Occupation: Business

9. Date of Birth: 19/12/1959

10. Nationality: Indian

11. No. of companies in which I am already a Director and out of such companies the names of the companies in which I am a Managing Director, Chief Executive Officer, Whole time Director, Secretary, Chief Financial Officer, and Manager-

12. Particulars of Membership No. and Certificate of practice No. if applicant is a member of any professional Institute-NIL

DECLARATION

I declare that I have not been convicted of any offence in connection with the promotion or management of any company or LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law in the last five years. I further declare that if appointed, my total Directorship in the companies shall not exceed the prescribed number of companies in which a person can be appointed as a Director.

Sarita Bagga

NAME: SARITA BAGGA

Address: B-345, LOK VIHAR, PITAMPURA, NORTH WEST DELHI, DELHI-110034

Date: 08/11/2023

Place:

Attachments:

1. Proof of Identity;
2. Proof of Residence;



