SPICe + Part B

Simplified Proforma for Incorporating Company Electronically

[Purusant to sections 4, 7, 8(1) 12, 152 and 153 of the Companies Act, 2013 read with rules made there under] - Form No. INC-32



Form I	Languag

English

○ Hindi

Refer instruction kit for filling the form	
All fields marked in * are mandatory.	

Nominal amount per share (in INR)

3A(ii) *Preference share capital

Total amount (in INR)

Number of classes

Structure of t	the Company			
1(a) *Whether	AOA is entrenched?			○ Yes
(b) Number o	f Articles to which provision	ons of enternchment		
Details of suc	ch articles			
Sr. No	Article Number	Short descr	ription on entren	chment of the clause
1				
2 *Company is	S			
Having Sha	are Capital			
Not having	·			
Total authoriz	zed share capital (in INR)		Γ	1000000
Total classifie	d authorized share capita	l (in INR)		1000000
Total subscribed share capital (in INR)			100000	
*Total unclassified authorized share capital (in INR) 0		0		
3A(i) *Equity	share capital		-	
Number of cla				1
Description	of Equity share capital			
3A *Capital s	tructure of the company	1		
CI	Class of shares			Subscribed capital
	EQUITY	Authorized capital		Subscribed capital
Number of eq	uity shares	100000		10000

10

1000000

10

100000

0

Class of shares	- Authorized capital	Subscribed capital
Number of preference shares		0
Nominal amount per share (in INR)		0
otal amount (in INR)		
B *Details of number of members		
(a) Enter the maximum number of r	nembers	
(b) Maximum number of members	excluding proposed employees	
(c) Number of members		
(d) number of members excluding p	proposed employee(s)	
4 Address of the Company	,	
4A *Correspondance Address		
*Line 1		C/O SIBA RAM NATH 226/223
Line 2		VILL-SILA, SINDURURIGHOP
*Pin code		781011
Contact Details : Mobile No.		97****56
Contact Details: Phone No. (with STI	Code)	
*State/UT		Assam
*District		Kamrup
*City		Gmc
*Area/Locality		Gotanagar
Fax		
email ID of the company		mi********il.com
		•

4B *Whether the address for correspondence is the address of the company	ddress of registered • Yes • No
(In case Yes is selected, please provide Longitude and Latitude detail	s)
Longitude	91.559761
Latitude	26.25967
Attachments:	
 Proof of Office address along with NOC, if applicable (Conveyance/ Lease deed /Rent Agreement along with rent receipts); 	1RENT AGREEMENT AND NOC JAPE IRON.pdf
2. Copy of the utility bills (not older than two months);	JAPE IRON BILL.pdf
	Registrar of Companies, Assam, Tripura, Manipur, Nagaland, Meghalaya, Arunachal Pradesh and Mizoram

5 *Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
(a) Total number of first subscribers (non-individual + individual)	1	1
(b) Number of non -individual first subscriber(s)		0
(c) Number of individual first subscriber(s) cum director(s)	1	1
(d) Total number of directors (director(s) who Is/are not subscriber(s) + subscriber(s) cumdirector(s) as mentioned in above Row no. 3)	1	1

6 Particulars of Non-Individual Subscribers / Individual Subscribers other than Subscriber(s) cum Directors 6A *Particulars of non-individual first 6A(i) Particulars of entity *Category Company/Foreign company/ Company incorporated outside India Body Corporate/Others) *Corporate identity number (CIN) or foreign company registration number (FRCN) or any othr 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 1 Line 2 *Country *Pin code Area/Locality *City District *State/UT *Phone (with STD/ISD code) Fax *email ID of the company 6A(ii) Particular of the person authorized by the Director Identification number (DIN) *First Name Middle Name *Surname *Father's First Name Father's Middle Name *Father's Surname *Gender (Male/Female/Transgender)

*Date of Birth (DD/MM/YYYY)	
*Nationality	
Income tax-PAN	
*Place of Birth (District & State)	
*Occupation type	
(Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others)	
*Area of Occupation	
*If 'Others' selected, please specify	
*Educational Qualification	
Primary education/Secondary education/Vocational qualification Bachelor's degree/Master's degree/Doctorate or higher/Professional Diploma/Others)	
If 'Others' selected, please specify	
Present Address	
*Line 1	
Line 2	
*Country	
*Pin code	
*Area/Locality	
*City	
District	
*State/UT	
*Phone (with STD/ISD code)	
Fax	
email ID of the company	
*Identity Proof	
*Identity Proof No.	
*Residential Proof	

(Voter Identity Card/Passport/Driving License/Aad	naar)
*Residential Proof No.	
Submit the proof of identity and pro	of of
address	
(a) *Proof of identity	
(b) *Residential Proof	
Description of Share capital	
Total subscribed share capital (in INR)	
Description of equity share capital	
*Number of classes	
Class of shares	Subscribed capital
Number of equity shares	
Nominal amount per share (in INR)	
Nominal amount per share (in INR) Total amount (in INR)	
Nominal amount per share (in INR)	al
Nominal amount per share (in INR) Total amount (in INR) Description of preference share capi	al Subscribed capital
Nominal amount per share (in INR) Total amount (in INR) Description of preference share capi *Number of classes Class of shares	
Nominal amount per share (in INR) Total amount (in INR) Description of preference share capi *Number of classes Class of shares Number of preference shares	
Nominal amount per share (in INR) Total amount (in INR) Description of preference share capi *Number of classes Class of shares Number of preference shares Number of preference shares Nominal amount per share (in INR)	
Nominal amount per share (in INR) Total amount (in INR) Description of preference share capi *Number of classes Class of shares Number of preference shares	

6B Particulars of individual first sub	oscriber(s) other than subscriber cum director (having valid DIN)
*Director Identification Number (DIN)	
*Name	
Description of Share capital	
Total subscribed share capital (in INR)	
Description of equity share capital	
*Number of classes	
Class of shares	Subscribed capital
Number of aguity shares	
Number of equity shares	
Nominal amount per share (in INR)	
Total amount (in INR)	
Description of preference share cape *Number of classes	ital
Class of shares	Subscribed capital
Number of preference shares	
Nominal amount per share (in INR)	
Total amount (in INR)	
Total amount (in many	

6C *Particulars of individual first subscriber(s) other than subscri DIN)	ber cum director (Not having valid
*First Name	
Middle Name	
*Surname	
*Father's First Name	
Father's Middle Name	
*Father's Surname	
*Gender (Male/Female/Transgender)	
*Date of Birth (DD/MM/YYYY)	
*Nationality	
*Place of Birth (District & State)	
*Occupation type	
(Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others)	
Area of Occupation	
If 'Others' selected, please specify	
*Educational Qualification	
Primary education/Secondary education/Vocational qualification Bachelor's degree/Master's degree/Doctorate or higher/Professional Diploma/Others)	
If 'Others' selected, please specify	
PAN	
*email ID	

Permanent	
*Line 1	
Line 2	
*Country	
*Pin code	
*Area/Locality	
*City	
District	
State/UT	
*Phone (with STD/ISD code)	
*Whether present residential address same as permanent residential address *Present	○ Yes ○ No
*Line 1	
Line 2	
*Country	
*Pin code	
Area/Locality	
*City	
District	
*State/UT	
*Phone (with STD/ISD code)	
Duration of stay at present address (Years/Month) (Years -> 0 to 99 Month -> 0 to 11)	
*If Duration of stay at present addressis less than a one year then address of presidence	previous
*Identity Proof (Voter Identity Card/Passport/Driving License/Aadhaar)	
*Residential Proof	
(Voter Identity Card/Passport/Driving License/Aadhaar)	
*Identity Proof No.	

*Residential Proof No.	
*Submit the proof of identity and proof of	
address (a) *Proof of identity	
	1
(b) *Residential Proof	
Description of Share capital	
Total subscribed share capital (in INR)	
Description of equity share capital	
*Number of classes	
Class of shares	Subscribed capital
	ouzosi izou supitu.
Number of equity shares	
Nominal amount per share (in INR)	
Total amount (in INR)	
<u> </u>	
Description of preference share capital	
*Number of classes	
Class of shares	Subscribed capital
	Substitute capital
	Substitute cupital
Number of preference shares	Substitute cupital
Nominal amount per share (in INR)	Substituted capital
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	
Nominal amount per share (in INR)	

7A Particulars of Subscriber(s) cun	n Directors (having valid DIN	1)	
7A(i) Basic detail of Subscriber(s) o	um Directors		
Director Identification Number (DIN)		08538871	
*Name		PUNEET MITTAL	
*Designation		Director	
(Director/Managing Director/Whole time director/N	ominee director)	,	
*Category (Promoter/Professional/Independent/Nominee)		Promoter	
Whether			
Chairman			
Executive Director			
Non-executive Director			
*Name of the company or institution wh	nose nominee the apointee is		
*email ID		mi*********il.com	
Description of Share capital Total subscribed share capital (in INR)		90000	
Total subscribed share capital (IIT INK)		70000	
Description of equity share capital			
*Number of classes		1	
Class of shares		Culturally of a suited	
EQUITY		Subscribed capital	
Number of equity shares		9000	
Nominal amount per share (in INR)		10	
Total amount (in INR)		90000	
Description of preference share ca	pital		
*Number of classes			

Cla	ass of shares	_	Subscribed capital	
Number of preference shares				
Nominal amoun	t per share (in INR)	I.		
Total amount (ir	ı INR)			
7A(ii) Declara	tion of entities in which	ch Subscribers cum dir	ectors have interest	
	ties in which director has		0	
	N/Registration Number			
*Name	in Registration Number			
Name				
*Address				
		1		
*Nature Of	*Designation		Other(specify)	
interest	Percentage of Shareh	nolding	Amount (in INR)	
	J	3		

7B Particulars of Subscriber(s) cum Directors (Not having valid 7B(i) Basic detail of Subscriber(s) cum Directors *First Name AARADHYA Middle Name *Surname MITTAL *Father's First Name PUNEET Father's Middle Name MITTAL *Father's Surname *Gender Female *Date of Birth (DD/MM/YYYY) 23/05/2001 India *Nationality ROORKEE *Place of Birth (District & State) Whether citizen of India Yes \bigcirc No Whether resident in India Yes \bigcirc No Student *Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation If 'Others' selected, please specify *Educational Qualification Bachelor's degree If 'Others' selected, please specify Primary education/Secondary education/Vocational qualification Bachelor's degree/Master's degree/Doctorate or higher/Professional Diploma/Others) PAN FOOPM4197D

Director

Promoter

*Designation

*Category

(Director/Managing Director/Whole time director/Nominee director)

(Promoter/Professional/Independent/Nominee)	
Whether ☐ Chairman ☐ Executive Director ☐ Non-executive Director	
*Name of the company or institution whose nominee the apointee is	
*Mobile No	09*****10
*email ID	aa*******il.com
Permanent	
*Line 1	244/10, Purvi Din Dayal Roorkee,
Line 2	Roorkee, Haridwar,
*Country	India
*Pin code	247667
*Area/Locality	Roorkee
*City	Roorkee
District	Haridwar
*State/UT	Uttarakhand
Phone (with STD/ISD code)	
*Whether present residential address same as permanent residential address *Present	S Yes No
*Line 1	244/10, Purvi Din Dayal Roorkee,
Line 2	Roorkee, Haridwar,
*Country	India
*Pin code	247667
*Area/Locality	Roorkee
*City	Roorkee
District	Haridwar
State/UT	Uttarakhand
Phone (with STD/ISD code)	

Duration of stay at present address (Years/Month)		8/6
(Years -> 0 to 99 Month -> 0 to 11)		
*If Duration of stay at present addressis le residence	ss than a one year then address of	previous
*Identity Proof		Aadhar Card
(Voter Identity Card/Passport/Driving License/Aa	dhaar)	,
*Residential Proof		Bank Statement
(Voter Identity Card/Passport/Driving License/Aa	dhaar)	
*Identity Proof No.		672619578027
Residential Proof No.		SBIN0000707
*Submit the proof of identity and praddress	roof of	
(a) *Proof of identity		FOOPM4197D_AARADHYA_AADHAR_merged .pdf
(b) *Residential Proof		FOOPM4197D_AARADHYA BANK STATEMENT.pdf
Description of Share capital		
Total subscribed share capital (in INR)		10000
Description of equity share capital		,
*Number of classes		1
Class of shares		Subscribed capital
EQUITY		
Number of equity shares		1000
Nominal amount per share (in INR)		10
Total amount (in INR)		10000
Description of preference share cap	ital	
*Number of classes		
Class of shares	1	Subscribed capital
		•
Number of preference shares		
Nominal amount per share (in INR)		
Total amount (in INR)		

7B(ii) Declaration of entities in which Subscribers cum directors has a "Number of entities in which director has interest" *CIN/LLPIN/FCRN/Registration Number *Name *Address		0	

7C Particulars	of Directors (having valid DIN)	
7C(i) Basic De	tails of Directors	
*Director Identi	fication Number (DIN)	
*Name		
*Designation (Director/Managing	Director/Whole time director/Nominee director)	
*Category (Promoter/Profession	nal/Independent/Nominee)	
Whether Chairman Executive D Non-execut		
Name of the co	mpany or institution whose nominee the apointee is	
	tion of entities in which Subscribers cum directors have in	nterest
*CIN/LLPIN/FCF	RN/Registration Number	
*Address		
*Nature Of interest	*Designation Percentage of Shareholding 0	Other(specify) Amount (in INR)

7D Particulas of Directors (Not having DIN) 7D(i) Basic detail of Directors	
*First Name	
Middle Name	
*Surname	'
*Father's First Name	
Father's Middle Name	
*Father's Surname	
*Gender	
*Date of Birth (DD/MM/YYYY)	
*Nationality	
	,
*Place of Birth (District & State)	
Whether citizen of India	
Whether resident in India	
Whether resident in India *Occupation type	
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife	
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others)	
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation	
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation If 'Others' selected, please specify	
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation If 'Others' selected, please specify *Educational Qualification	Yes No
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation If 'Others' selected, please specify *Educational Qualification If 'Others' selected, please specify Primary education/Secondary education/Vocational qualification Bachelor's degree/Master's degree/Doctorate or higher/Professional	Yes No
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation If 'Others' selected, please specify *Educational Qualification If 'Others' selected, please specify Primary education/Secondary education/Vocational qualification Bachelor's degree/Master's degree/Doctorate or higher/Professional Diploma/Others)	Yes No
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation If 'Others' selected, please specify *Educational Qualification If 'Others' selected, please specify Primary education/Secondary education/Vocational qualification Bachelor's degree/Master's degree/Doctorate or higher/Professional Diploma/Others) Income tax-PAN	Yes No
*Occupation type (Business/Professional/Goverment/Employment/Private Employment/Housewife /Student/Others) *Area of Occupation If 'Others' selected, please specify *Educational Qualification If 'Others' selected, please specify Primary education/Secondary education/Vocational qualification Bachelor's degree/Master's degree/Doctorate or higher/Professional Diploma/Others) Income tax-PAN *Designation	Yes No

Whether ☐ Chairman ☐ Executive Director ☐ Non-executive Director	
*Name of the company or institution whose nominee the apointee is	
*Mobile No	
*email ID Permanent	
*Line 1	
Line 2	
*Country	
*Pin code	
Area/Locality	
*City	
District	
*State/UT	
Phone (with STD/ISD code)	
*Whether present residential address same as permanent residential address *Present	○ Yes ○ No
*Line 1	
Line 2	
*Country	
*Pin code	
*Area/Locality	
*City	
District	
*State/UT	
Phone (with STD/ISD code)	
Duration of stay at present address (Years/Month)	

(Years -> 0 to 99 Month -> 0 to 1		
	tay at present addressis less than a one year then vious residence	
*Identity Proof		
(Voter Identity Ca	rd/Passport/Driving License/Aadhaar)	1
*Residential Pr	oof	
(Voter Identity Ca	rd/Passport/Driving License/Aadhaar)	'
*Identity Proof	f No.	
Residential Pro	oof No.	
*Submit the paddress	proof of identity and proof of	
(a) *Proof of ide	entity	
(b) *Residentia	I Proof	
7D(ii) Declara	ation of entities in which directors have interest	
Number of ent	ities in which director has interest	
*CIN/LLPIN/FCI	RN/Registration Number	
*Name		
*Address		
*Nature Of interest	*Designation	Other(specify)
	Percentage of Shareholding 0	Amount (in INR)

8 OPC Nomination 8 A *Nomination 1 *	the subscribertothe 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 (Inco	orporation) Rules, 2014.
8B *Particulars of the Nominee	
Director Identification number (DIN)	
,	
*First Name	
Middle Name	
madic Hamo	
*Surname	
*Father's First Name	
Tuthor Strist Number	
Father's Middle Name	
*Father's Surname	
Tather 3 Junianie	
*Gender	
*Date of Birth (DD/MM/YYYY)	
Date of bill th (bb/fwilvi/1111)	
*Nationality	
*Income tax-PAN	
IIICOME (ax-PAN	
*Place of Birth (District & State)	
*Occupation type	
*Occupation type	
Business/Professional/Government/Employment/Private Employment /Housewife Student/Others	
*Area of Occupation	

If 'Others' selected, please specify	
*Educational Qualification	
(Primary education/Secondary education/Vocational qualification Bachelor's degree/master's degree/Doctorate or higher/Professional Diploma/Others)	
If 'Others' selected, please specify	
*Mobile No	
*Email Id	
Permanent address	
*Line 1	
Line 2	
*Country	
*Area/ Locality	
*Pin code / Zip Code	
*State/UT	
*City	
District	
Phone (with STD/ISD code)	
Fax	
Whether present residential address same as permanent residential address	○ Yes ○ No
*Present Address	

*Line 1	
Line 2	
*Area/Locality	
*Pin code	
*Country	
*City	
State / UT	
District	
Phone(with STD/ISD code)	
Fax	
Duration of stay at present address (Years/Month)	
(Year -> 0 to 99) (Month -> 0 to 11)	
*If Duration of stay at present address is less than one year then address of previous residence	
*Identity Proof	
(Voters Identity Card/ Passport/Driving License/Aadhaar)	
*Residential Proof	
(Voters Identity Card/ Passport/Driving License/Aadhaar)	

,	*Identity Proof No.						
;	*Residential Proof No.						
	<u>'</u>						
*	*Submit the proof of identity and proof of address						
	(a) *Proof of identity		MAX 2MB				
	·						
	(b) *Residential proof		MAX 2MB				
	Declaration by Nominee						
I do solemnly declare that I am an Indian citizen and resident in India and 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 or LLP Act in the last five years. I further declare that							
	I am not a nominee in any other One Person prescribed period. I understand that the per	· ·					
T	o be digitally signed by Nominee						
Ç	Particulars of payment of stamp duty	,					
9A State or union territory in respect of which stamp duty is paid or to be paid Assam							
9B *Whether stamp duty is to be paid electronically through MCA 21 system							
	Yes No	Not applicable					
9B(i) Details of stamp duty to be paid							
	Type of document/ Particulars	Form	Memorandum of				
	Amount of stampduty to be paid (in	FUIII	association	Articles of association			
	Rs.)	15	200	310			

by paid (in Rs.) Indee of payment of stamp Ity Indee of payment of stamp Indee of payment of payment of stamp Indee of payment of	Particulars	Form	Memorandum of association	Articles of association	Others
me of vendor or issury or Authority or other competent ency authorized to ect stamp duty or to stamp papers or to boss the document or dispense stamp chers on behalf of the vernment lal number of bossingor stampsor mppaper or treasury illannumber gistration number of dor e of purchase of stamp baper or ment of stamp duty Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (PAN) Area Code AO type Range Code AO No. SHL W 1 2 Information specific to TAN	otal amount of stamp luty paid (in Rs.)				
asury or Authority or other competent increased to edit stamp duty or to stamp papers or to boss the document or dispense stamp cut or other competent increased to edit stamp duty or to stamp papers or to boss the document or dispense stamp cuteron more dispense or treasury illiannumber of door e of purchase of stamps or ment of stamp duty increased of stamp paper or ment of stamp duty increased of stamps or ment of stamp duty increased of stamp paper or ment of stamp duty increased of stamps or stamp paper or ment of stamp duty increased of stamp duty	Node of payment of stamp luty				
bossingor stampsor mppaper or treasury illannumber of iddor	ame of vendor or reasury or Authority or ny other competent gency authorized to collect stamp duty or to ell stamp papers or to mboss the document or o dispense stamp couchers on behalf of the overnment				
e of purchase of stamps stamp paper or rement of stamp duty by/MM/YYYY) De of purchase of mps or stamp paper or rement of stamp duty Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number mation specific to PAN Area Code AO type Range Code AO No. SHL W 1 2 Information specific to TAN	erial number of mbossingor stampsor tamppaper or treasury hallannumber				
Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (pan) Area Code A O type Range Code AO No. SHL W 1 2 Information specific to TAN	egistration number of endor				
Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (pan) Area Code AO type Range Code AO No. SHL W 1 2 Information specific to TAN	ayment of stamp duty				
mation specific to PAN Area Code AO type Range Code AO No. SHL W 1 2 Information specific to TAN	lace of purchase of amps or stamp paper or ayment of stamp duty				
SHL W 1 2 Information specific to TAN	r stamp paper or ayment of stamp duty DD/MM/YYYY) lace of purchase of tamps or stamp paper or		ent Account Number (PAN) and Tax Deduc	tion Account Number
nformation specific to TAN	*Additional Information AN) ormation specific to PAN	, 0			
·	N) ormation specific to PAN			nge Code	AO No.
Area Code AO type Range Code AO No.	rmation specific to PAN Area Code	AO t			
	n) rmation specific to PAN Area Code SHL	AO ty			
SHL WT 10 2	Area Code SHL SHC	AO ty	ype Ra	1	2
ce of Income	Area Code SHL formation specific to Area Code	AO ty W TAN AO ty	ype Ra	1 Inge Code	AO No.
come from Business/profession — Capital Gains — Income from house prop	Area Code SHL Formation specific to Area Code SHL	AO ty W TAN AO ty WT	ype Ra	1 Inge Code	AO No.

*Business/Profession code	20				
	20				
Attachments					
(a) Memorandum of association	MAX 2MB				
(b) Articles of association	MAX 2MB				
(c) Declaration by first subscriber(s) and director(s);(Affidavit is not required to be attached);	MAX 2MB				
(d) Copy of certificate of incorporation of the foreign body corporate and resolution passed by foreign company or authority given through	MAX 2MB				
constitutional document; (e) Resolution passed by promoter company;	MAX 2MB				
(f) Interest of first director(s) in other entities	MAX 2MB				
(g) Optional attachment(s) (if any)	JAPE IRON MERGED DOCS FINAL COMPRESSES.pdf				
Declaration I have gone through the provisions of the Companies Act, 2013, the ru thereunder in respect of reservation of name, understood the meaning the	, -				
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 amended from time to time.					
The proposed name is not offensive to any section of people, e.g. propophrases that are generally considered a slur against an ethnic group, religion	· · · · · ·				
The proposed name is not such that its use by the company will constit	ute 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 * PUNEET MITTAL					
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 further declare that the company shall not commence the business of Nidhi, unless all the required approval including the declaration be issued under section 406 of the Act have been obtained from Central Government;					

✓ I on behalf of the promoters and the acknowledging all communications and given address at item 4 (a)of this form;				
*I, on behalf of all the first director(s) declaration given herein as stated above application form for incorporation and at suppressed. All the required attachments original records maintained by the prome	are true to the best of a tachments thereto are s have been completely	my knowledge and be correct and complete y, correctly and legibly	elief, the informat e, and nothing rel y attached to this	ion given in this integrated evant to this form has been form and are as per the
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.				
I, on behalf of the proposed directors, a land border with India, necessary securithe consent.				
☐ The MoA and AoA attached to the for	m in hard copy is exact	tly similar to e-MoA ar	nd e-AOA to be at	tached with the form.
☐ I hereby declare as per Rule 5(iv) of Co Part of the Act has filed all documents wh	= -			-
NEHA GUPTA	a Co	ompany Secretary		having Membership number
42443	and/or certificate of	practice number	15745	
has been engaged to give declaration u	nder section 7(1) (b) a	and such declaration	is provided below	N.
*To be digitally signed by director				
*DIN/PAN			08538871	
11 Declaration and Certification by Pr	ofessional			
NEHA GUPTA				member of
The Institute of Company Secretary of In	dia			having office at*
OFFICE NO.205/206, 3RD FLOOR, LOTUS TOWER, F-06, VIJAY BEOGRE HAX Mave 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 and 5 and rules made thereunder; an		en drawn up in confor	rmity with the pro	visions of sections 4
ii All the requirements of Companies A under section 7 of the Act and matter				n of the company
iii The said records have been properly relevant provisions of the Companies			the Company and	d maintained as per the

I have opened all the attachments to this form and have verified these to be as per requirements, complete and legible;				
 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 busines purposes of the company (wherever applicable in respect of the proposed registered office has been given). 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. vii The draft memorandum and articles of association have been drawn up in conformity with the provisions of section 8 and rules				
made thereunder; and viii All the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the company under section 8 of the Act and matters precedent or incidental thereto have been complied with.				
To be digitally signed by				
Chartered accountant (in whole-time practice) or				
Company secretary (in whole-time practice)				
Cost accountant (in whole-time practice) or				
Advocate				
Whether associate or fellow:				
Associate				
Membership number	42443			
Certificate of practice number	15745			
Income-tax PAN				
For office use only:				
eForm Service request number (SRN)				
eForm filing date (DD/MM/YYYY)	11/10/2023			
Digital signature of the authorizing officer				
This eForm is hereby registered				
Date of signing (DD/MM/YYYY)				

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