FORM NO. INC-35

* Name of the company

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

AGILE-PRO-S

(Application for Goods and services tax Identification number, employees state nsurance corporation registration p us Employees provident fund organization registration, **P**rofession Tax **R**egistration 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)**

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	CYES	○ 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 Est	tablishment.is ov	wned or hired	
* If hired or there is a change in the i	name of Unit/ow	nership, please indicate OYES NO	
Leased From Date		To Date	
	Yes O	No	
(a) Composition Declaration			
		e by the conditions and restrictions specified in the Act or	
Rules for opting to pay tax under the compo	sition levy		
(b) Category of Registered Person			
Manufacturer of non-notified goods	;		
Supplier of food and non-alcoholic	drinks		
Any other eligible supplier			
			Page 1 o

9. * Nature of Business activ	vity being carried ou	ut at above mentioned Prem	ises (Please	tick applicable)	
Factory / Manufacturing		Wholesale Business		Retail Business	
Warehouse/Deport		Bonded Warehouse		Supplier of services	
Office/Sale Office		Leasing Business		Recipient of goods or services	
EOU/ STP/ EHTP		Works Contract		Export	
Import		Others (specify)			
If others, please specify					
(A) * Primary Business Activ	vity				
If others selected, plea	ase specify				
(B) *Exact nature of work / b	business				
*Work Sub-category					
Work oub-category					
*Nature of work busine:	SS				
10. * Details of Goods sup	plied by the Busine	SS			
HSN Code (Four Digi	it)				
Description of Goods	;				
case of public limited con Number of Director det	Code es vners / Office Bear ectors to be entered mpany and 5 in cas tails to be entered	rer Details			
* Director Identifica	stion Number (DIA	J) O Dormonant As	oount Nive	oor (PAN) Photograp	 h
*DIN		N) Permanent Acc		Der (PAN)	
*PAN]		
*First Name			1		
Middle Name					
*Last Name			j	Attach a late:	st
*Personal Mobile Num	ber		j	passport size)
*Personal Email Id			Ī	photograph the above bo	
*Enter OTP for Mobile	Number]		
*Enter OTP for Email Io	d]		
*Do you wish to perfor	m Aadhaar authent	ication for GSTN registration	n (YES	∩NO	Page 2 of !

*DIN		Photograph
*PAN / Passport Number		
*First Name		
Middle Name		
*Last Name		Attach a latest
*Personal Mobile Number		passport size
*Personal Email Id		photograph by clicking the above hox
*Police Station		
*Employer's Particulars		
*Select Appropriate Branch Office		
*Select Inspection Office		
*Bank Particulars	l	
. *Select Bank Name		
. Geleet Bank Name		
Attachments		
Attachments 1. *Proof of Principal place of busines:	os	
Attachments 1. *Proof of Principal place of busines: 2. *Proof of appointment of Authorized		
1. *Proof of Principal place of busines:	an be attached. lution passed by BoD /	
 *Proof of Principal place of business *Proof of appointment of Authorized (Either of the following document of Authorisation / Copy of Resolution) 	an be attached. lution passed by BoD / letter)	
*Proof of Principal place of business *Proof of appointment of Authorized (Either of the following document call Letter of Authorisation / Copy of Resol Managing Committee and Acceptance *Proof of Identity of Authorized Sign	an be attached. lution passed by BoD / letter) natory for opening	

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

	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.

DE MINISTRY OF CORPORATE AFFARES

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



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-
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: 17-04-2023Faizal RazaShahjad HussainPlace: DelhiDirector: 09460729Director: 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	1	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	7.			
Month	NA.	की की मलो द की जिस		
Quarter	T ZWO	MENT		
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

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Date: 17-04-2023

Place: Delhi

Faizal Raza

Director: 09460729

Shahjad Hussain

Director: 09328095

[Pursuant to sections 4, 7, 8(1), 12, 152 and 153 of the Companies Act, 2013 read with rules made thereunder] - FORM NO. INC-32



(Simplified Proforma for Incorporating Company Electronically Plus)

			P.A	ART - A			
	1. (a) T	ype of Company	Γ				
	LLI	PIN					
	(b) C	lass of Company					
	(c) Ca	ategory of Company	<i>'</i>				
	(d) Si	ub-category of Com	pany				
	2. Main	division of industria	I activity of com	pany			
	Desc	ription of the main o	division				
;	Summary	of the objects to be	pursued by the	company on	its incorporation		
II. S 4 Nu	3. Partic (i)	orclude a document culars of the propose of the Company Articles of Associaticles to which proves the articles	ed or approved PART - tion is entrench	B ed	Yes 🔘 No		
	No	Article Nu	mber	Short des	cription on entrend	hment of	the clause
	*Company		naro capitai	◯ Not having	share capital		
6.		al structure of the co orized share capita					
		zed share capital	Equ	itv	Preference		Unclassified
	Authoriz	eu siiaie capitai	⊑qu	ıty	Freierenc	-	Uliciassilleu

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

Total subscribed share cap	ital (in Rupees)			
Subscribed share capital		Equity		Preference
Number of shares				
Nominal amount per share	(in Rupees)			
Total amount (in Rupees)				
(ii) Details of number of me	mbers			
(a) Enter the maximum nun				
(b) Maximum number of me	embers excluding prop	posed employees		
(c) Number of members				
(d) Number of members ex	cluding proposed emp	ployee(s)		
. Address of the Company				
. (a) *Correspondence addres	S			
*Line I				
*Line II				
*City				
*State/Union Territory			*Pin code	
*District				
*Phone (with STD code)	-			
Fax				
*email ID of the company				
o) *Whether the address for co	orrespondence is the a	address of registered	office of the com	pany () Yes () No
;) *Name of the office of the R	•	_		
,		<u> </u>	. ,	
Subscriber and Directors I	Notaile.			
(a) *Number of first subscribe		tors of the company		
(a) Named of mot subscribe		Having valid I	NIC	Not having valid DIN
Total number of first subscr	ihers	- I a mig valid i	,	
(non-individual + individual				
Number of non-individual fir	st subscriber(s)			
Number of individual first sudirector(s)	ıbscriber(s) cum			

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 Amou	nt of shares subscribed
Equity shares	
Preference shares	

*Director	Identification number (DIN	1)				
*Name						
Kind o	of shares subscribed	Number of st	ubscribed shares	Amount	of shares sub	scribed
Equity sha	ires					
Preference	e shares					

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

*First Name							
Middle Name							
*Surname							
*Father's first name							
Father's middle name							
*Father's surname							
*Gender		*Date of I	Birth			*Nationality	
*Place of Birth							
*Occupation type S	elf Employ	red OP	rofessior	nal () H	omema	aker O Studen	t Servicema
*Area of Occupation							
If 'Others' selected, plea	se specify	,					
*Educational Qualification							
* PAN Passport							
Aadhaar number							
*email ID							
Permanent Address							
*Line I							
Line II							
*City							
*State/ Union Territory					*P	in code	
* ISO Country code		Country					
*Phone (with STD/ISD co	de)		-				
*Whether present resider Present address	ntial addre	ss same a	s perma	nent reside	ential a	ddress O Yes	O No
*Line I							
Line II							
*City							
*State/ Union Territory					*Pin	code	
* ISO Country code		Country			_		
*Phone (with STD/ISD co	ode)						
*Duration of stay at pres	ent addres	ss	Yea	ırs	N	Nonths	
If Duration of stay at pres	sent addre	ss is less t	han one	year then	addres	ss of previous re	sidence
*Proof of identity			*F	Residential	Proof		
Submit the proof of ide	entity and	proof of a	ddress	under atta	achme	nts.	
Kind of shares subsc	ribed	Numbe	r of subs	scribed sha	ares	Amount of sh	nares subscribed
Equity shares							
Preference shares							

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

	ntification number (DIN)
*Name	
*Gender	*Date of Birth *Nationality
*Designation	*Category
Whether [Chairman Executive director Non-executive director
*Name of the	e company or institution whose nominee the appointee is
*email ID	
	North and the state of the stat
Equity share	hares subscribed Number of subscribed shares Amount of shares subscribed
Preference s	
	entities in which director have interest (Need not to mention
	y is having CIN/FCRN/LLPIN)
*Registration	on number
*Name	
*Address	
Nature of interest	*Designation
	Percentage of Shareholding Amount
	Others (specify)
*First Name	
Middle Name	e
*Surname	
*Father's firs	t name
Father's mid	
*Father's sur	
*Gender	Ivationality
*Place of Bir	
	zen of India Yes No *Whether resident in India Yes No type Self Employed Professional Homemaker Student Servicem
*Occupation *Area of Occ	
If 'Others' se	elected, please specify
	I Qualification
* PAN (Passport number
*Designation	*Category
Whether	Chairman Executive director Non-executive director
	ne company or institution whose nominee the appointee is
*Name of the	
*Name of the semant ID Permanent A	ıddress
*email ID	Address

*City							
*State/ Unio	n Territory			*[Pin code		
* ISO Count	ry code	Country					
*Phone (with	n STD/ISD code)		-				
*Whether p	resent residential addr	ess same as p	permanent res	idential a	ddress) No
Present add	dress						
*Line I							
· L							
*City *State/ Unio	on Torritory			*Din	code		
* ISO Coun		Country			code _		
	h STD/ISD code)						
•	f stay at present addre	200			/lonths		
	of stay at present add		∫ Years an one vear th			vious resid	ence
*Proof of id	entity		*Residen	tial Proof			
	ntity card number						
Driving lice							
Aadhaar Nu							
	proof of identity and p	roof of addres:	l s under attach	ments.			
	shares subscribed		f subscribed s		Amou	unt of share	es subscribed
Equity share							
Preference s	hares						
Number of e	ntities in which directo	r have interes	t				
*D ::							
*Registratio	n number						
*Name							
*Address							
Nature of	*Designation						
interest	Percentage of Shar	eholdina		Amo	ount [
	Others (specify)						
e) *Particulars	of directors (other th	an first subs	cribers)				
¬							
	Identification number	(NIU)					
*Name							
*Gender		of Birth		*Natior	nality		
*Designa				Category -			
Whether	Chairman	Executive	director	∐ Non-	executiv	e director	
*Name of	the company or institu	ution whose no	ominee the ap	pointee is	S		
*email ID							

*Occupation type	"Address Nature of interest	 	number				
Nature of interest	Nature of interest Percentage of Shareholding Amount Others (specify) Cirist Name	*Name					
Percentage of Shareholding Amount Others (specify) Prirst Name Middle Name Surname Father's first name Father's surname Father's middle name Father's surname Father's surname Father's surname Father's surname Father's surname Father's surname Father's middle name Father's surname Father's surname Father's surname Father's first name Father's pather's first name Father's pather's pather's pather's pather's pather's pather's pather's pather's pather's	Interest Percentage of Shareholding Amount Others (specify) Other	*Address					
Percentage of Shareholding Amount Others (specify) First Name Middle Name Surname Father's first name Father's middle name Father's surname "Place of Birth Whether citizen of India Yes No "Whether resident in India Yes No" Occupation type Self Employed Professional Homemaker Student Transcription of Cocupation If 'Others' selected, please specify Educational Qualification " PAN Passport number Designation Chairman Executive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID ermanent Address Line I Lity State/ Union Territory Prin code Country Choine (with STD/ISD code) Whether present residential address same as permanent residential address Yes No resent address Line I Whether present residential address same as permanent residential address Yes No resent address Line I	Percentage of Shareholding Amount Others (specify) Cirist Name iddle Name Surname 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 Sare of Occupation Others' selected, please specify Educational Qualification PAN Passport number Seignation Chairman Executive director Non-executive director ame of the company or institution whose nominee the appointee is atal ID manent Address the I I I I I I I I I I I I I I I I I I I	Nature of	*Designation				
"First Name Middle Name "Surname "Father's first name Father's first 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 Advarsa of Occupation If Others' selected, please specify "Educational Qualification "PAN Passport number Designation Executive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID ermanent Addressine I Intel II City State/ Union Territory Phone (with STD/ISD code) Whether present residential address same as permanent residential addressine I Intel II	irist Name iddle Name Surname	interest –	Percentage of	f Shareholding	A	mount	
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 Tarea of Occupation If 'Others' selected, please specify "Educational Qualification "Category "PAN Passport number Rescutive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID "In ermanent Address Line I So Country code Country Whether present residential address same as permanent residential address Yes No resent address Line I Whether present residential address same as permanent residential address Yes No resent address Line I Whether present residential address same as permanent residential address Yes No resent address Line I Whether present residential address same as permanent residential address Yes No resent address Line I Whether present residential address same as permanent residential address Yes No resent address Line I Whether present residential address same as permanent residential address Yes No resent address Line I Whether Present residential address same as permanent residential address Yes No resent address	iddle Name Surname Sur		Others (speci	fy)			
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 Through Professional Homemaker Student Parea of Occupation If 'Others' selected, please specify Educational Qualification Through Professional Resolution Passport number Passport number Passport number Passport number Rescutive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID Passport number Princode State/ Union Territory Princode So Country code Country Whether present residential address same as permanent residential address Yes Noresent address Sine I Princode Resolution Research address Same as permanent residential address Yes Noresent address Sine I Research Address Same as permanent residential address Yes Noresent address Sine I Research Address Same as permanent residential address Yes Noresent address Sine I Research Address Same as permanent residential address Yes Noresent address Sine I Research Address Same Same Address Same Same Same Same Same Same Same Same	Surname Sather's first name Sather's middle name Sather's surname Sachder Sachd	First Name					
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Father's middle name Father's surname "Gender	ather's middle name Father's surname Gender	Surname					
"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 Tarea of Occupation If Others' selected, please specify "Educational Qualification "Category PAN Passport number Chairman Executive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID ermanent Address Line I Intel II City State/ Union Territory Phone (with STD/ISD code) Phone (with STD/ISD code) Whether present residential address same as permanent residential address ince I	Sather's surname Gender	Father's first na	me				
"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 Tarea of Occupation If 'Others' selected, please specify Educational Qualification "Category PAN Passport number Student Non-executive director Non-executive direc	Sender	- ather's middle i	name				
"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 Area of Occupation If 'Others' selected, please specify Educational Qualification "Category Pan Pan Passport number Pan Executive director Non-executive director Non-executive director India ID Email ID	Sender						
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Whether citizen of India Yes No "Whether resident in India Yes No" "Occupation type Self Employed Professional Homemaker Student Area of Occupation If 'Others' selected, please specify "Educational Qualification Category PAN Passport number Sesional Research Pan Non-executive director Non-executive director Non-executive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID Fermanent Address Line I Fine II City State/ Union Territory Phone (with STD/ISD code) Phone (with STD/ISD	Whether citizen of India Yes No *Whether resident in India Yes No Occupation type Self Employed Professional Homemaker Student					INALIONALILY	
*Occupation type Self Employed Professional Homemaker Student 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 mail ID ermanent Address .ine I Dity State/ Union Territory *Pin code SO Country code Country Phone (with STD/ISD code) Whether present residential address same as permanent residential address Yes No resent address Ine I	Occupation type	L	of India O Va	o O No **	M4	Jadia O V	
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 mail ID ermanent Address Line I ne II State/ Union Territory SO Country code Country Chone (with STD/ISD code) Whether present residential address same as permanent residential address Yes Noresent address Line I	Area of Occupation 'Others' selected, please specify Educational Qualification PAN Passport number Designation Chairman Executive director Non-executive director ame of the company or institution whose nominee the appointee is anail ID rmanent Address The I The II Th		_			_	_
If 'Others' selected, please specify Educational Qualification PAN Passport number Designation Chairman Executive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID ermanent Address ine I Determine II City So Country code Country Phone (with STD/ISD code) Whether present residential address same as permanent residential address Yes Noresent address ine I	Country code Co			Oyeu O Flolessio	Tidi Tidiliellia	Sidde	311
PAN Passport number Designation	educational Qualification PAN Passport number Designation Designati	•					
PAN Passport number Designation Category Whether Chairman Executive director Non-executive director Name of the company or institution whose nominee the appointee is mail ID ermanent Address Line I ne II City State/ Union Territory Sto Country code Country Phone (with STD/ISD code) Whether present residential address same as permanent residential address Line I Whether present residential address same as permanent residential address Yes No resent address Line I	PAN Passport number	If 'Others' select	ted, please speci	fy			
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Mode of payment of stamp duty							
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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)							
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VII. PAN/ TAN Info 11. *Additional In Information s	nformation fo		manent Account	I	(PAN) and	Tax Deduction	n Account Number (TAN)
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Business/Prof	ession code						

At	achments	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 Ac framed thereunder in respect of reservation of name, unde in conformity thereof.	
	*I have used the search facilities available on the portal of resemblance of the proposed name with the companies at already registered or the names already approved. I have resemblances of the proposed name with registered trade the Trade Marks Act, 1999 and other relevant search for c satisfy myself with the compliance of the provisions of the	and Limited Liability partnerships (LLPs) respectively also used the search facility for checking the marks and trade mark subject of an application under hecking the resemblance of the proposed name to Act for resemblance of name and Rules thereof.
	*The proposed name is not in violation of the provisions of Act, 1950 as amended from time to time.	
	*The proposed name is not offensive to any section of per words or phrases that are generally considered a slur aga	inst an ethnic group, religion, gender or heredity.
	*The proposed name is not such that its use by the compa being in force.	any will constitute an offence under any law for the time
	*I undertake to be fully responsible for the consequences is contravention of the provisions of section 4(2) and section have also gone through and understood the provisions of and rules thereunder and fully declare myself responsible	4(4) of the Companies Act, 2013 and rules thereto and I section 4(5) (ii) (a) and (b) of the Companies Act, 2013
ш	*1	
	a person named in the articles as a director of the compan company to sign this form and declare that all the requiren thereunder in respect of Director Identification Number (DI or incidental thereto have been complied with.	nents of the Companies Act, 2013 and the rules made

	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.
	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
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r	member of
Г	having office at *
L	Who is engaged in the formation of the company declare that I have been duly engaged for the purpose of

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.

* Cost Accountant (in whole-time practice) or Cost Accountant (in whole-time practice) or
Company Secretary (in whole-time practice)
* 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 तारीख़ Date of Incorporation/Formation 07/01/2022



