[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)

	ī	PART - A
1. (a) T	ype of Company	New Company(others)
LL	PIN	
(b) C	lass of Company	Private
(c) Ca	ategory of Company	Company Limited by Shares
(d) S	ub-category of Company	Non-Government Company
2. Main	division of industrial activity of co	mpany 24
Desc	ription of the main division Man	ufacture of chemicals and chemical products
Summary	of the objects to be pursued by th	e company on its incorporation
PRODU	CTS.	RE PHARMACEUTICAL, CHEMICALS AND CHEMICAL
	nclude a document that supports culars of the proposed or approve	
(i		PHARMACEUTICAL PRIVATE LIMITED
	PART	- B
	of the Company Articles of Association is entrend	ched Yes • No
Number of Ar Details of su	ticles to which provisions of entre	enchment shall be applicable 0
Sr No	Article Number	Short description on entrenchment of the clause
5. *Company	is • Having share capital	Not having share capital
	al structure of the company norized share capital (in Rupees)	1,500,000.00

Authorized share capital	Equity	Preference	Unclassified
Number of shares	150,000	0	
Nominal amount per share (in Rupees)	10		
Total amount (in Rupees)	1,500,000	0	0

Total subscribed share capital (in Rupees) 100,000 Subscribed share capital **Equity Preference** Number of shares 10,000 0 Nominal amount per share (in Rupees) 10 Total amount (in Rupees) 100,000 0 (ii) Details of number of members (a) Enter the maximum number of members 0 (b) Maximum number of members excluding proposed employees 0 (c) Number of members 0 (d) Number of members excluding proposed employee(s) 0 III. Address of the Company 7. (a) *Correspondence address *Line I POLE NO-03/0640, INDA SARADAPALLY * Line II KHARAGPUR, PASCHIM MEDINIPUR *City **KHARAGPUR** *Pin code *State/Union Territory West Bengal-WB 721305 *District Midnapore 033 7364911324 *Phone (with STD code) Fax *email ID of the company info@sujataassociates.com (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 Registrar of Companies, West Bengal IV. Subscriber and Directors Details 8. (a) *Number of first subscriber(s) to MOA and directors of the company

6.

	Having valid DIN	Not having valid DIN
Total number of first subscribers (non-individual + individual)	0	3
Number of non-individual first subscriber(s)		0
Number of individual first subscriber(s) cum director(s)	0	3
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)	0	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	Pre-Fill
*Name of the body corporate	
Registered office address or Principal place of business in India or Principal place of business out	side 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 Verify Details	
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 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)

I.	*Director	Identification number (DIN	1)			Pre-fill	
	*Name						
	Kind o	of shares subscribed	Number of su	ıbscribed shares	Amoun	t of shares subso	cribed
	Equity sha	ares					
	Preference	e shares					

*First Name						
Middle Name						
*Surname						
*Father's first name	e					
Father's middle na	me					
*Father's surname						
*Gender		*Date of Birth		*Natio	nality	
*Place of Birth		_				
*Occupation type	Self Employ	yed () Profes	sional () He	omemaker ()	Student	Servicemar
*Area of Occupation	on					
If 'Others' selecte	d, please specify	y				
*Educational Qualif	ication					
* PAN Pas	sport number			Verify Deta	ails	
Aadhaar number						
*email ID						
Permanent Addres	s					
*Line I						
Line II						
*City				1		
*State/ Union Terri	tory			*Pin code		
* ISO Country code	<u> </u>	Country				
*Phone (with STD/I	SD code)					
*Whether present in Present address	esidential addre	ess same as per	manent reside	ential address	Yes	No
*Line I						
Line II						
*City						
*State/ Union Terri	tory			*Pin code		
* ISO Country code	e	Country				
*Phone (with STD/	ISD code)		-			
*Duration of stay a	t present addres	ss .	Years	Months		
If Duration of stay	at present addre	ess is less than o	one year then	address of pre	vious reside	nce
*Proof of identity			*Residential			
Submit the proof	of identity and	proof of addre	ess under atta	achments.		
Kind of shares	subscribed	Number of s	ubscribed sha	ares Amo	unt of share	s subscribed
Equity shares						
Preference shares						

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

*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 su	bscribed
*Designation	bscribed
Whether Chairman Executive director Non-executive director *Name of the company or institution whose nominee the appointee is *email ID	ıbscribed
*Name of the company or institution whose nominee the appointee is *email ID	lbscribed
*email ID	ıbscribed
	ıbscribed
Kind of shares subscribed Number of subscribed shares Amount of shares su	ıbscribed
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 *Designation	
Percentage of Shareholding Amount	
Others (specify)	
*First Name PRASENJIT	
Middle Name	
*Surname DEY	
*Father's first name HARIHAR	
Father's middle name	
*Father's surname DEY	
*Gender Male *Date of Birth 25/12/1990 *Nationality INDIA	
*Place of Birth KHARAGPUR	
*Whether citizen of India Yes No *Whether resident in India Yes No	
*Occupation type Self Employed Professional Homemaker Student	Servicemar
*Area of Occupation Others	
If 'Others' selected, please specify BUSINESS	
*Educational Qualification Graduation/Bachelor/Equivalent	
* PAN Passport number AUPPD2147N Verify Details	
*Designation Director *Category Promoter	
Whether Chairman X Executive director Non-executive director	
*Name of the company or institution whose nominee the appointee is	
NA *email ID rik2519@gmail.com	
*email ID rik2519@gmail.com Permanent Address	
Line II KHARAGPUR, PASCHIM MEDINIPUR	
*Line I INDA, SARADAPALLY	

*State/ Unio		Mart Day	L M/D]	
		West Ber			*Pin code	721305
* ISO Count	try code IN		Country [INDIA		
*Phone (with	h STD/ISD c	ode) 033		- 73649113	324	
<u>-</u>		ential addre	ess same as	permanent reside	ential address(Yes No
Present ad		DADALLY				
L	INDA, SARA					
L	KHARAGPU		IIM MEDINII	PUR		
, [KHARAGPU		L M/D] .= [=:	24005
	on Territory	West Ber			Pin code 72	21305
* ISO Coun	ntry code IN		Country	INDIA		
*Phone (wi	th STD/ISD o	code) 033		7364911	1324	
*Duration o	of stay at pre	sent addres	ss 8	Years 10	Months	
If Duration	of stay at pre	esent addre	ess is less th	nan one year then	address of prev	vious residence
NA						
*Proof of ic	dentity Vo	ters Identit	y Card	*Residential	Proof Bank St	atement
Voter's ider	ntity card nur	nber				
Driving lice	nse number					
Aadhaar Ni						
		tity and pr	oof of addro	 ss under attachme	onte	
						nt of oborce outposited
Equity share	shares subso	Stibed		of subscribed sha		nt of shares subscribed
Preference s			3,400		34,000	
			0		0	
Number of e	entities in whi	ch director	have intere	ost 0		
*Denier (Г					
"Registration	on number					
*Registration *Name	on number					
*Name	on number					
	on number					
*Name	on number	ation				
*Name *Address	*Design		sholding	0	Amount	
*Name *Address Nature of	*Design	ge of Share	holding	0	Amount 0	
*Name *Address Nature of	*Design		holding	0	Amount 0	
*Name *Address Nature of	*Design Percentag	ge of Share	holding	0	Amount 0	
*Address Nature of interest	*Design Percentag Others	ge of Share	holding	0	Amount 0	
*Name *Address Nature of interest *First Name	*Design Percentag Others e SA	ge of Share (specify) NTU	holding	0	Amount 0	
*Address *Address Nature of interest *First Name Middle Name *Surname	*Design Percentag Others e SA me BA	ge of Share (specify) NTU		0	Amount 0	
*Name *Address Nature of interest *First Name Middle Nam *Surname *Father's fir	*Design Percentag Others e SA me BA	ge of Share (specify) NTU		0	Amount 0	
*Name *Address Nature of interest *First Name Middle Name *Surname *Father's first Father's middle Name	*Design Percentag Others e SA me BA rst name ddle name	ge of Share (specify) NTU RIK SANKAR		0	Amount 0	
*Name *Address Nature of interest *First Name Middle Nam *Surname *Father's fir	*Design Percentag Others e SA me BA rst name ddle name	ge of Share (specify) NTU				
*Name *Address Nature of interest *First Name Middle Name *Surname *Father's first Father's middle Name	*Design Percentag Others e SA me BA rst name ddle name	ge of Share (specify) NTU RIK SANKAR				nality INDIA
*Name *Address Nature of interest *First Name Middle Name *Surname *Father's fir Father's midentifications *Father's surname	*Design Percentag Others e SA me BA rst name ddle name urname Male	ge of Share (specify) NTU RIK SANKAR BARIK				nality INDIA

*Area of Oc	cupation Others				
If 'Others' s	selected, please specify	BUSINESS			
*Education	al Qualification	Graduation/Bache	elor/Equiv	alent	
* • PAN	O Passport number	BLPPB4540M		Veri	fy Details
*Designatio	n Director		*Catego	ry Pron	noter
Whether [Chairman 🔀 E	xecutive director	☐ No	on-executive	director
*Name of	the company or institution	whose nominee th	ne appoin	tee is	
NA					
*email ID	santubarik3@gmail.com				
Permanent.	Address				
*Line I	MALIBAGAN NEAR BAJF	RANG AKHARA,W	ARD NO-	23	
Line II	PO-INDA, KHARAGPUR,	PASCHIM MEDIN	IPUR		
*City	KHARAGPUR				
*State/ Unic	on Territory West Benga	al-WB		*Pin code	721305
* ISO Count	ry code IN C	Country INDIA			
*Phone (with	n STD/ISD code) 033	- [9	0465587	59	
*Whether pi	resent residential address	same as permane	ent reside	ntial address	● Yes ○ No
Present add	dress				
*Line I	MALIBAGAN NEAR BAJF	RANG AKHARA,W	ARD NO-	23	
Line II	PO-INDA, KHARAGPUR,	PASCHIM MEDIN	IIPUR		

*City	KHARAGPU	R							
*State/ Unio	on Territory	West Ber	ngal-WB			*Pin c	ode	721305	
* ISO Coun	try code IN		Country	INDIA					
*Phone (wit	th STD/ISD c	ode) 033		- 90	46558	759			
*Duration o	of stay at pres	sent addre	ss 9	Years	10	Мс	nths		
If Duration	of stay at pre	sent addre	ess is less th	ian one yea	r then a	 address	of p	revious residence	
NA									
*Proof of id	lentity Vo	ters Identit	y Card	*Resid	lential	Proof E	Bank	Statement	
Voter's ider	ntity card nun	nber							
Driving lice	nse number								
Aadhaar Nu	umber								
Submit the	proof of iden	tity and pro	oof of addres	 ss under att	achme	nts.			
Kind of	shares subsc	ribed	Number	of subscribe	ed shar	es	Am	ount of shares subscribed	
Equity share	s		3,300			3	3,00	0	
Preference s	shares		0			0			
Number of e	ntities in whi	ch director	have intere	st 0					
*Degistratio	n number [٦
*Registratio	on number _								\exists
*Name									
*Address									
Nature of	*Design	ation							
interest	Percentag	e of Share	holding	0		Amou	nt	0	-
	Others (specify)							
		эрсспу)							
*First Name	Kio	HAN							
Middle Nan	ne								
*Surname	ВН	ANDARI							
*Father's fir	st name	MISHRIL	AL						
Father's mid	ddle name								
*Father's su	ırname	BHANDA	RI						
*Gender	Male		*Date of B	irth C	6/09/1	993	*Nati	ionality INDIA	
*Place of B	irth KHARA	GPUR							
*Whether ci	tizen of India	Yes	○ No	*Wheth	er resi	dent in I	India	Yes No	
*Occupatio	n type 🌘 S	Self Emplo	yed O Pro	fessional () Но	memake	er (Student Service	mar
*Area of Oc	cupation O	thers							
If 'Others' s	selected, plea	ase specify	BUSINES	SS					
*Education	al Qualification	on	Graduati	ion/Bachelo	r/Equiv	/alent			
* ● PAN	OPasspor	t number	ВТМРВ9	200M			Ver	rify Details	
*Designatio	n Director			*	Catego	ory	Pro	moter	
Whether	Chairma	an 🛛	Executive of	director] No	on-exec	utive	director	

NA				
*email ID	bhandarikishan040@g	mail.com		
Permanent	Address			
*Line I	GOWALAPARA, INDA			
Line II	KHARAGPUR, PASCH	IIM MEDINIPUR		
*City	KHARAGPUR			
*State/ Unic	on Territory West Be	ngal-WB	*	Pin code 721305
* ISO Count	try code IN	Country INDIA	_	
*Phone (with	h STD/ISD code) 033	- 9332296	535	
•		ess same as permanent resid	ential a	address Yes No
Present add		•		
*Line I	GOWALAPARA, INDA			
Line II	KHARAGPUR, PASCH	HIM MEDINIPUR		
*City	KHARAGPUR			
*State/ Unio	on Territory West Be	ngal-WB	*Pir	721305
* ISO Coun	ntry code IN	Country INDIA		
*Phone (wit	th STD/ISD code) 033	- 933229	6535	
*Duration c	of stay at present addre	ess 10 Years 8		Months
If Duration	of stay at present addr	ress is less than one year then	addre	ss of previous residence
NA				
*Proof of id	dentity Voters Identi	ty Card *Residential	Proof	Mobile bill
			1 1001	
Voter's ider	ntity card number		11 1001	
			11 1001	
Driving lice	nse number		111001	
Driving licer	nse number			
Driving licer Aadhaar Nu Submit the	nse number umber proof of identity and pr	roof of address under attachm	ents.	
Driving licer Aadhaar Nu Submit the Kind of	nse number umber proof of identity and pr shares subscribed	roof of address under attachm	ents.	Amount of shares subscrib
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Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s	nse number umber proof of identity and pr shares subscribed	roof of address under attachm Number of subscribed sha 3,300	ents.	Amount of shares subscrib
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Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of	nse number umber proof of identity and pr shares subscribed es shares entities in which director	oof of address under attachm Number of subscribed sha 3,300	ents.	Amount of shares subscrib
Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address	nse number umber proof of identity and pr shares subscribed es shares entities in which director on number *Designation	Number of subscribed sha 3,300 0 r have interest 0	ents.	Amount of shares subscrib
Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of	nse number umber proof of identity and pr shares subscribed es shares entities in which director on number *Designation Percentage of Share	Number of subscribed sha 3,300 0 r have interest 0	ents.	Amount of shares subscrib
Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of	nse number umber proof of identity and pr shares subscribed es shares entities in which director on number *Designation	Number of subscribed sha 3,300 0 r have interest 0	ents.	Amount of shares subscrib
Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of interest	nse number umber proof of identity and pr shares subscribed es shares entities in which director on number *Designation Percentage of Share	Number of subscribed sharts, 3,300 0 r have interest 0	ents.	Amount of shares subscrib
Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of interest	nse number umber proof of identity and pr shares subscribed es shares entities in which director on number *Designation Percentage of Share Others (specify)	Number of subscribed sharts, 3,300 0 r have interest 0	ents.	Amount of shares subscrib
Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of interest	nse number umber proof of identity and pr shares subscribed es shares entities in which director on number *Designation Percentage of Share Others (specify)	noof of address under attachm Number of subscribed sha 3,300 0 r have interest 0 eholding 0 an first subscribers)	ents.	Amount of shares subscrib
Driving licer Aadhaar Nu Submit the Kind of s Equity share Preference s Number of e *Registratio *Name *Address Nature of interest	mse number umber proof of identity and proshares subscribed shares entities in which director on number *Designation Percentage of Share Others (specify) of directors (other the	noof of address under attachm Number of subscribed sha 3,300 0 r have interest 0 eholding 0 an first subscribers)	ents.	Amount of shares subscrib

*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 *Name *Address Nature of interest Percentage of Shareholding Amount Others (specify) *First Name *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 Service *Area of Occupation If Others' selected, please specify *Educational Qualification *OPAN Passport number *Designation Executive director Non-executive director Name of the company or institution whose nominee the appointee is *email ID Permanent Address *Line I Line I Line I Line II *City *Phone (with STD/ISD code)	*Designation	*Category
*email ID Number of entities in which director have interest (Need not to mention if such entity is having CIN/FCRN/LPIN) *Registration number *Name *Address Nature of 'Designation Percentage of Shareholding Amount Percentage of Shareholding P	Whether	Chairman Executive director Non-executive director
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 "Designation Percentage of Shareholding Amount Others (specify) "First Name Middle Name Surmame Father's first name Father's surname Fath	*Name of the c	company or institution whose nominee the appointee is
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 "Designation Percentage of Shareholding Amount Others (specify) "First Name Middle Name Surname Father's first name Father's middle name Father's surname Teather's	*email ID	
"Name "Address" Nature of interest	Number of en	
"Address Nature of interest	*Registration	n number
Nature of interest	*Name	
Percentage of Shareholding Amount Others (specify) *First Name Middle Name *Surname *Father's first name Father's middle name *Father's sumame *Gender	*Address	
Percentage of Shareholding Amount Others (specify) *First Name Middle Name *Surname *Father's first name Father's sunddle name *Father's sunddle name *Father's sundame *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 Service *Area of Occupation If 'Others' selected, please specify *Educational Qualification *OPAN Passport number Verify Details *Designation Executive director Non-executive director *Name of the company or institution whose nominee the appointee is email ID *Permanent Address Line I *City State/ Union Territory *Pin code Country code Country		*Designation
*First Name Middle Name *Surname *Father's first name Father's sumdle name *Father's sumame *Gender *Place of Birth *Whether citizen of India Yes No *Whether resident in India Yes No *Occupation type Self Employed Professional Homemaker Student Service *Area of Occupation If 'Others' selected, please specify *Educational Qualification * PAN Passport number Verify Details *Designation 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 Country *Pin code Country *Pin code Country *Pin code Country	interest	Percentage of Shareholding Amount
Middle Name "Surname "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 Service "Area of Occupation If 'Others' selected, please specify "Educational Qualification "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 "Pin code ISO Country Code Country "Pin code ISO Country code Country "Pin code ISO Country Code ISO Code IS		Others (specify)
*Surname *Father's first name Father's middle name *Father's surname *Gender	*First Name	
*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 Service *Area of Occupation 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 email ID *Permanent Address Line I Line I City State/ Union Territory *Pin code Country	Middle 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 Service "Area of Occupation If 'Others' selected, please specify "Educational Qualification "PAN Passport number Verify Details "Designation 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 Country ISO Country code Country	*Surname	
Father's middle name "Father's surname "Gender	*Eather's first no	
*Father's surname *Gender		
*Gender *Date of Birth *Nationality *Place 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 Service *Area of Occupation If 'Others' selected, please specify *Educational Qualification *PAN Passport number Verify Details *Designation Chairman Executive director Non-executive director Name of the company or institution whose nominee the appointee is email ID Permanent Address *Line I City State/ Union Territory *Pin code ISO Country code Country	i atrier s middle i	name
*Place of Birth *Whether citizen of India Yes No *Whether resident in India Yes No *Occupation type Self Employed Professional Homemaker Student Service *Area of Occupation If 'Others' selected, please specify *Educational Qualification * PAN Passport number Verify Details *Designation Non-executive director Non-executive director *Name of the company or institution whose nominee the appointee is email ID Permanent Address *Line I State/ Union Territory Pin code Service Service Professional Permanent Student Professional Pr	*Father's surnan	ma
*Whether citizen of India Yes No *Whether resident in India Yes No *Coccupation type Self Employed Professional Homemaker Student Service *Area of Occupation If 'Others' selected, please specify *Educational Qualification * PAN Passport number Verify Details *Designation 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 Country Country Self Employed Professional Homemaker Student Service *Non-executive director *Pin code Service *Pin code Country Self Employed Professional Homemaker Not Non-executive *Pin code Country Self Employed Professional Homemaker Not Non-executive *Pin code Service *Pin code Country Self Employed Professional Homemaker Not Non-executive *Pin code *Pin code Country Self Employed Professional Homemaker Not Non-executive *Pin code *Pin code Country Self Employed Professional Homemaker Not Non-executive *Pin code *Pin code Country Self Employed Professional Homemaker Not Non-executive *Pin code *Pin code Country		+D + (D) #
*Occupation type Self Employed Professional Homemaker Student Service *Area of Occupation If 'Others' selected, please specify *Educational Qualification * PAN Passport number Verify Details *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 *City State/ Union Territory *Pin code ISO Country code Country **Category **Pin code **P		+D + (D) #
*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	*Gender *Place of Birth	*Date of Birth *Nationality
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*Line I	
Line II	
*City	
*State/ Unior	Territory *Pin code
* ISO Country	y code Country
*Phone (with	STD/ISD code) -
*Duration of	stay at present address Years Months
If Duration o	f stay at present address is less than one year then address of previous residence
*Proof of ide	ntity *Residential Proof
Voter's identi	ity card number
Driving licens	se number
Aadhaar Nur	
	proof of identity and proof of address under attachments.
	entities in which director have interest
*Registration	on number
*Name	
*Address	
L	
Nature of interest	*Designation
Interest	Percentage of Shareholding Amount
	Others (specify)
C Nomination	
*Nomination	
subscriber to the	ne memorandum of association of
hereby nomina	te *
o shall become minee is eligible	the member of the company in the event of my death or incapacity to contract. I declare that for nomination within the meaning of Rule 3 of the Companies (Incorporation) Rules, 2014.
*Particulars of	
	ation number (DIN)
First Name	
Middle Name	
Surname	
Father's First na	
ather's Middle r	iame
Father's Surnam	ne
*Gender	*Date of Birth *Nationality INDIA
*Income tax PAI	Verify Details
Aadhaar numb	er

V. 9.

*Place of	Birth (District and St	ate)		
*Occupa	tion type			
*Area of	Occupation			
*Educati	onal qualification			
Permane	ent Address			
*Line I				
Line II				
*City				
*State/U	nion Territory		*Pin code	
* ISO Co	untry code	Country		
*Phone (with STD/ ISD code)	-		
Mobile (with country code)			
Fax				
*email id				O N
*Whethe		same as the permanent addres	SS Yes	○ No
*Line I	Address			
Line II				
*City				
	nion Territory		*Pin code	
	untry code	Country	1 111 6046	
	with STD/ ISD code)			
Mobile Fax				
	n of stay at the prese	ent address 0 Y	ear(s) 0 Montl	n(e)
		0	out(o) U month	·(e)
If Duration	on of stay at present	address is less than one year	then address of previous re	sidence
*Proof o	f identity	*Reside	ntial Proof	
VI. Stamp Duty				
	of payment of stam	p duty		
	Union territory in re or to be paid	spect of which stamp Wes	st Bengal-WB	Pre-Fill
(b) *Whether	stamp duty is to be p	aid electronically through MCA	.21 system (•) Yes	No Not applicable
	f stamp duty to be pa			O
T docume	ype of nt/Particulars	Form	Memorandum of association	Articles of association
Amount of stamp of	duty to be paid	10.00	60.00	300.00
				. -

Type of document/Particulars			Fo	rm		ı		orand ociat		of			Articles of association		Others
document/Particulars							ass	ociai	.ion				association		NA
Total amount of stamp duty paid(in Rs.)	0.	.00				0.00					0.	.00			0.00
Mode of payment of stamp duty															
Name of vendor or Treasury or Authority of 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	0														
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															
	nfori	matic			g Pern	nanei	nt Acc	count	t Nu	mbei	· (P/	AN)	and Tax Deductio	on A	Account Number (TAI
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	Are	a cod	le	AO typ	oe	Rar	nge co	ode	Α	O No). 				
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	W	В	G	С	Т	1	6	2	1						
Source of In															

Business/Profession code

Att	achments	List of attachments	
۱.	*Memorandum of association		Browse
2.	*Articles of Association		Browse
3.	*Declaration by first subscriber(s) and director(s) (Affidavit is not required to be attached)		Browse
4.	Proof of Office address (Conveyance/ Lease deed/ Rent Agreement etc. along with rent receipts)		Browse
5.	Copy of the utility bills (not older than two months)	NOC_UTILITY_BILL_RAJIB2020_202112181	Browse
6.	Copy of certificate of incorporation of the foreign body corporate and resolution passed by foreign company or authority given through constitutional document		Browse
7.	Resolution passed by promoter company		Browse
8.	Interest of first director(s) in other entities		Browse
9.	Consent of Nominee (INC-3)		Browse
10.	Proof of identity & residential address of subscribers	SUBSCRIBER_DOCS_RAJIB2020_20211217	Browse
11.	Proof of identity & residential address of nominee		Browse
12.	Proof of identity and address of Applicant I	APPLICANT_I_DOCS_RAJIB2020_20211217	Browse
13.	Proof of identity and address of Applicant II	APPLICANT_II_DOCS_RAJIB2020_2021121	Browse
14.	Proof of identity and address of Applicant III	APPLICANT_III_DOCS_RAJIB2020_2021121	Browse
15.	Resolution of unregistered companies in case of Chapter XXI (Part I) companies		Browse
16.	Declaration in Form No. INC-14		Browse
17.	Declaration in Form No. INC-15		Browse
18.	Optional attachment(s), (if any)	DIR_2_RAJIB2020_20211218114737.pdf	Browse
19	. Attachment - Part - A		Browse

Declaration

- |X| *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 PRASENJIT DEY

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.

X I	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 0	*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.
X *	PARESH NATH BHAKAT
	an Advocate
	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 PRASE PRIME
	*To be digitally signed by director
	*DIN / PAN AUPPD2147N
	Declaration and certification by professional
I	PARESH NATH BHAKAT
r	member of
_	having office at *
	201, BANGUR AVENUE, BLOCK - B, FLAT-8, KOLKATA- 700055 WEST BENGAL
	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,

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 PARESH Digital yapadi haran Marian
Whether Associate or Fellow	[SHAKA] 12206H-10707
* Membership number	
Certificate of practice number	
* Income-tax PAN ACWPB3983B	
Modify Check Form	Prescrutiny
For office use only:	Affix estamp and filling details
For office use only: eForm Service request number (SRN)	Affix estamp and filling details eForm filing date (DD/MM/YYYY)
eForm Service request number (SRN)	