

We, the several persons, whose names and addresses and descriptions are hereunder subscribed below, are desirous of being formed into a Company in pursuance of these **ARTICLES OF ASSOCIATION**.

Name, Address, Description and Occupation of Subscriber	Signature of Subscriber	Signature, of witness, his Name, Address, Description and Occupation.
<p>1. Dr. Vidya Shrikat Sarvagod D/o. Shivaji Mahadeo Tambe Add: 502, Dhruv Aptartment, Asha Nagar, Thakur Complex, Kandavali (E), Mumbai - 400 101.</p> <p>Occ : Medical Profession</p>	Sd/-	
<p>2. Dr. Shrikant B. Sarvagod S/o. B.G. Sarvagod Add: 502, Dhruv Aptartment, Asha Nagar, Thakur Complex, Kandavali (E), Mumbai - 400 101.</p> <p>Occ : Medical Profession</p>	Sd/-	<p>Sd/- SUDHIR SHARMA Practicing Chartered Accountant S/o. Ramprasad Sharma Madhu Mansion, 4th Floor, 325, Kalbadevi Road, Mumbai - 400 002.</p> <p>Occupation : Professional</p> <p><u>Witness to 1 & 2:</u></p>

Place : Mumbai
Date : 21/5/11