



प्रारूप 1
पंजीकरण प्रमाण-पत्र

कॉर्पोरेट पहचान संख्या : U85191AP2011PTC076675

2011 - 2012

मैं एतद्वारा सत्यापित करता हूँ कि मैसर्स

OMRV HOSPITALS PRIVATE LIMITED

का पंजीकरण, कम्पनी अधिनियम 1956 (1956 का 1) के अंतर्गत आज किया जाता है और यह कम्पनी प्राइवेट लिमिटेड है।

यह निगमन-पत्र आज दिनांक तेईस सितम्बर दो हजार ग्यारह को हैदराबाद में जारी किया जाता है।

Form 1
Certificate of Incorporation

Corporate Identity Number : U85191AP2011PTC076675

2011 - 2012

I hereby certify that OMRV HOSPITALS PRIVATE LIMITED is this day incorporated under the Companies Act, 1956 (No. 1 of 1956) and that the company is private limited.

Given at Hyderabad this Twenty Third day of September Two Thousand Eleven

Registrar of Companies, Andhra Pradesh

कम्पनी रजिस्ट्रार, आंध्र प्रदेश

*Note: The corresponding form has been approved by SATYAJIT ROUL, Assistant Registrar of Companies and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 5(2) of the Companies (Electronic Filing and Authentication of Documents) Rules, 2006.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

कम्पनी रजिस्ट्रार के कार्यालय अभिलेख में उपलब्ध पत्राचार का पता :

Mailing Address as per record available in Registrar of Companies office:

OMRV HOSPITALS PRIVATE LIMITED

H.NO.1-11-5, PLOT NO.5, S.P ROAD, BEGUM PET,

HYDERABAD - 500016,

Andhra Pradesh, INDIA



FORM NO. INC-22

[Pursuant to section 12(2) & (4) of The Companies Act, 2013 and Rule 25 and 27 of The Companies(Incorporation) Rules, 2014]



Notice of situation or change
of situation of registered
office

Form language English Hindi

Refer the instruction kit for filling the form.

1. * This Form is for New company Existing company

2. * (a) Corporate identity number (CIN) of company

U85191TG2011PTC076675

Pre-fill

(b) Global location number (GLN) of company

3. (a) Name of the company

OMRV HOSPITALS PRIVATE LIMITED

(b) Address of the registered office of the company

H.NO.1-11-5, PLOT NO.5
S.P ROAD, BEGUM PET
HYDERABAD
Telangana

(c) Name of office of existing Registrar of Companies (RoC)

RoC - Hyderabad

(d)* Purpose of the form

- Change within local limits of city, town or village
 Change outside local limits of city, town or village, within the same RoC and state
 Change in RoC within the same state
 Change in state within the jurisdiction of same RoC
 Change in state outside the jurisdiction of existing RoC

4. Notice is hereby given that

* (a) The address of the registered office of the company is situated with effect from

01/02/2019 (DD/MM/YYYY) at

the date of incorporation of company is

* Address Line I Plot No. 23, Kedar Towers, HUDA Techno Enclave

Line II Beside Avasa Hotel, Madhapur village,

* City Hyderabad

* District Rangareddi

* State/Union Territory Telangana-TG

Country INDIA

* Pin Code 500081

* email ID info@pacehospitals.in

(b) * Registered Office is

- Owned by Company Owned by Director(Not taken on lease by company)
 Taken on Lease by company Owned by any other entity/Person (Not taken on lease by company)

(c) * Name of office of Proposed RoC or new RoC

Registrar of Companies, Telangana

(d) The full address of the police station under whose jurisdiction the registered office of the company is situated

* Name Madhapur police station

* Address Line I Near Kavuri Hills, Traffic Junction,

Address Line II Madhapur,

* City Hyderabad

State/Union Territory Telangana

* Pincode 500033

(e) * Particulars of the Utility Services Bill depicting the address of the registered office
(not older than two months)

Electricity Bill

Attachments

- (1) *Proof of Registered Office address
(Conveyance/Lease deed/Rent Agreement etc.
along with the rent receipts)
- (2) *Copies of the utility bills as mentioned
above (not older than two months)
- (4) *A proof that the Company is permitted to use the address
as the registered office of the Company if the same is owned
by any other entity/ Person (not taken on lease by company)
- (6) List of all the companies (specifying their CIN) having the
same registered office address, if any
- (7) Optional attachment, if any

Attach

Attach

Attach

Attach

Attach

List of attachments

Proof of Registered Office address along
Copy of Utility Bill.pdf
Certified copy of Board Resolution.pdf

Remove attachment

Declaration

I *

- A person named in the articles as a of the company
- have been authorized by the Board of Directors of the company vide resolution number
dated to sign this form and declare that
- * all the requirements of The Companies Act,2013 and the rules made thereunder in respect of the subject
matter of this form and matters incidental thereto have been complied with.
- * I also declare that all the information given herein above is true, correct and complete including the
attachments to this form and nothing material has been suppressed.
- It is hereby further certified that , a
having Membership number and certificate of practice no
certifying this form has been duly engaged for this purpose.

* To be digitally signed by



* Designation

* DIN of the director ; or DIN or PAN of the
manager or CEO or CFO; or membership number of
the Company Secretary

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby 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 records
maintained by the company 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 :

1. 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;
2. All the required attachments have been completely and legibly attached to this form;
3. I further declare that I have personally visited the registered office given in the form at the address mentioned
herein above and verified that the said registered office of the company is functioning for the business purposes
of the company.

To be digitally signed by



Category

- Chartered accountant (in whole time practice) or Cost accountant (in whole time practice) or
 Company secretary (in whole time practice)

Whether Associate Fellow

Membership number

Certificate of Practice number

**Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false
statement/certificate and punishment for false evidence respectively.**

Modify

Check Form

Prescrutiny

Submit

The eForm has been taken on the file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company