



सत्यमेव जयते

GOVERNMENT OF INDIA  
MINISTRY OF CORPORATE AFFAIRS

Central Registration Centre

## Certificate of Incorporation

[Pursuant to sub-section (2) of section 7 of the Companies Act, 2013 (18 of 2013) and rule 18 of the Companies (Incorporation) Rules, 2014]

I hereby certify that ABIRAMI KIDNEY CARE PRIVATE LIMITED is incorporated on this Ninth day of January Two thousand nineteen under the Companies Act, 2013 (18 of 2013) and that the company is limited by shares.

The Corporate Identity Number of the company is U93000TZ2019PTC031494.

The Permanent Account Number (PAN) of the company is AARCA7670C . .

The Tax Deduction and Collection Account Number (TAN) of the company is CMBA09671E

Given under my hand at Manesar this Ninth day of January Two thousand nineteen .

DS MINISTRY OF  
CORPORATE AFFAIRS 27

Digital Signature Certificate  
Mr MUKESH KUMAR SONI  
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](http://www.mca.gov.in)

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

ABIRAMI KIDNEY CARE PRIVATE LIMITED  
319/P 1ST FLOOR, NEAR RAVI THEATRE,, PERUNDURAI ROAD,,  
ERODE, Erode, Tamil Nadu, India, 638011



\* as issued by the Income Tax Department

# 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

(b) Global location number (GLN) of company

3. (a) Name of the company

(b) Address of the registered office of the company

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

(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

(DD/MM/YYYY) at

the date of incorporation of company is

Address Line I

Line II

\* City

District

\* State/Union Territory

Country

\* Pin Code

\* email ID

(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

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

Name

Address Line I

Address Line II

\* City

State/Union Territory

\* Pincode

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

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)
- (3) 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)
- (4) List of all the companies (specifying their CIN) having the same registered office address, if any
- (5) Optional attachment, if any

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Declaration

I,

A person named in the articles as a  of the company

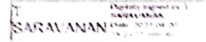
have been authorized by the Board of Directors of the company vide resolution number  dated  to sign this form and declare that

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.

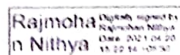
To be digitally signed by



Designation

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

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.**

Check Form

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