



ABIRAMI KIDNEY CARE

Dr. THANGAVELU HOSPITAL

No. 582, Brough Road, Near Ravi Theater, Erode - 638 011.
Ph : 0424-2269495, Cell : 95007 94485 73395 96556, 73395 38556
E-mail : abiramikidneycare@gmail.com | website : www.abiramikidneycare.com

30/11/2021

Dear Sir / Madam,

Greetings from Abirami Kidney Care (P) Ltd..

This is to inform you that, we have requested the change of address in Companies Act for our organization, and the request been updated. Herewith, we enclosed the final documents received from the authorities for vetting.

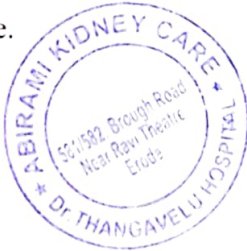
Kindly, find the attachment and do the needful.

Thank you.

With warm regards,

For Abirami Kidney Care (P) Ltd.

Erode.





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]

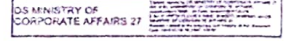
I hereby certify that ABIRAMI KIDNEY CARE PRIVATE LIMITED is incorporated on this Ninth day of January Two thousand nineteen under the Companies Act, 2013 (18 of 2013) and that the company is limited by shares.

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 .



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

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]



सत्यमेव जयते

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)
- (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

List of attachments

ctc-abiramy-09-04-2021.pdf
utility bill.pdf
noc-abiramy-09-04-2021.pdf

Declaration

I *

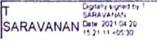
A person named in the articles as a of the company

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.

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

MINISTRY OF CORPORATE AFFAIRS
RECEIPT
G . A . R . 7

SRN : T15211477

Service Request Date : 21/04/2021

Payment made into : HDFC Bank

Received From :

Name : Nithya Gokul
Address : 151/24,D.R.Avenue 1
Nethaji Nagar,Kurikkaranpalayam Moolapalayam
Erode, Tamil Nadu
India - 638002

Entity on whose behalf money is paid

CIN: U93000TZ2019PTC031494
Name : ABIRAMI KIDNEY CARE PRIVATE LIMITED
Address : No.581/1, Brough Road,
erode, Tamil Nadu
India - 638011

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form INC-22	Normal	400.00
Total		400.00

Mode of Payment: Internet Banking - HDFC Bank

Received Payment Rupees: Four Hundred Only

Note -The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar , then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 10 of the Companies (Registration offices offices and Fees) Rules, 2014)

ABIRAMI KIDNEY CARE PRIVATE LIMITED

Regd Off 319/P 1ST FLOOR, NEAR RAVI THEATRE, PERUNDURAI ROAD, ERODE-638011

CIN NO: U93000TZ2019PTC031494

CERTIFIED TRUE COPY OF THE RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF ABIRAMI KIDNEY CARE PRIVATE LIMITED HELD ON 09TH APRIL 2021 AT THE REGISTERED OFFICE OF THE COMPANY.

The Chairman informed the Board that to change the Registered office Address of the Company. The Board considered the same and passed the following resolution:

"RESOLVED THAT in pursuant to provisions of section 12 of the Companies Act, 2013 and any other provisions applicable, if any, the registered office of the Company be and is hereby shifted w.e.f. April 09, 2021.

From

**319/P 1ST FLOOR,
NEAR RAVI THEATRE,
PERUNDURAI ROAD,
ERODE-638011.**

To

**NO.581/1, BROUGH ROAD,
ERODE-638011.**

"FURTHER RESOLVED THAT any one of the Directors of the Company be and is hereby authorised to furnish necessary paper and documents with the Registrar of Companies, Chennai and do all such act and things as may be considered necessary incidental and ancillary for the above mentioned purpose."

//CERTIFIED TRUE EXTRACT//

FOR ABIRAMI KIDNEY CARE PRIVATE LIMITED


**MANOHAR PURNIMAA
DIRECTOR
DIN: 08325438**

*Dr. M. Purnimaa M.D(OG), F.MAS., F.ART.,
Consultant Obstetrician & Gynaecologist
Reg. No.: 80258
Abirami Kidney Care, Erode - 638 011.*