

**GOVERNMENT OF TELANGANA  
HEALTH MEDICAL AND FAMILY WELFARE DEPARTMENT  
DISTRICT REGISTERING AUTHORITY**

**Form IV (See rule 5(a))**

**Renewal**

**CERTIFICATE OF REGISTRATION**

**1. Application No. and Date** : 1572 & 25.05.2021

**2. Inspection Report No. and Date** : 03.06.2021 by DMHO, RR Dist

**3. File No. of Registration Authority** : 414/DM&HO/RR/2008

**4. Date of issue of the Certificate** : 06.05.2021

**5. Date of Expiry of the Certificate** : 05.05.2021

**6. Date of 1<sup>st</sup> renewal of the Certificate** : 06.05.2021

**7. Renewal of the Certificate of Registration** : Valid upto 05.05.2026

**8. Name of the Owner Applicant** : Dr. Govind Ramkaran Verma, Mang Director

**9. This is to certify that, M/s. Pace Hospitals (A unit of OMRV Hospitals Private Limited) located at Plot No: 23, Kedar Towers, Huda Techno Enclave, Madhapur, RR Dist.500081, is hereby registered under the provisions of T.S. Allopathic Private Medical Care Establishments Registration and Regulation Act 2002, to provide the following medical care services:**

**A. Special Services**

**Diagnosis and Treatment of Patients**

**10. This renewal registration shall be in force for a period of 5 (five) years from the date of issue.**


**11. This certificate shall be produced whenever it is required to the officer authorized by the Registration authority.**

**12. The establishment shall not rent, lend, sell, transfer or otherwise close down, without obtaining prior permission of the registration authority.**

**13. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the Establishment shall constitute a breach of registration.**

**14. The Establishment shall not violate the provisions of the T.S. Allopathic Private Medical Care Establishments Registration and Regulation Act 2002, as amended from time to time and the rules made there under.**

**15. This Certificate is subject to the conditions and the provisions of the T.S. Allopathic Private Medical Care Establishments Registration and Regulation Act 2002.**

  
**Dr. K.V. Swarnika**  
 District Registration Authority &  
 District Medical & Health Officer  
 RR Dist. RANGA REDDY DISTRICT





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

Digitally signed by Registrar of Companies  
Date: 2011.09.23 15:40:27  
GMT+05:30

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](http://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**