

**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, treatment and management of C**

**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. Swaraj**  
**DISTRICT REGISTERING AUTHORITY &**  
**District Registration Authority**  
**HEALTH OFFICER**  
 RR Dist. 500081  
**RANGA REDDY DISTRICT**



प्रारूप 1

## पंजीकरण प्रमाण-पत्र

कॉर्पोरेट पहचान संख्या : U85191AP2011PTC076675

2011 - 2012

मैं एतदद्वारा 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**

**P.C.N. RAGHUPATHY** B.Com., B.L.,

**N. R. SRINATH** B.A., B.L., (Hons)  
Advocates

OFFICE :

No. 38, Adithanar Salai,  
Pudupet, Chennai - 600 002.

☎ 044 - 2855 1968, 2858 6153, Mobile : 92831 35468 / 98844 58388

E-mail : pcnr52@gmail.com

To

Date : 9th June 2018

OMRV HOSPITALS PVT LTD  
OMRV HOSPITALS PVT LTD  
NO.1-11-254/11/A/3/1  
2, 3, MOTHILAL NEHRU NAGAR  
SP ROAD, BEGUMPET  
HYDERABAD-500016  
ANDHRA PRADESH

**SUB : TRADEMARK CERTIFICATE FOR " PACE HOSPITALS "**

**in class " 44 " - Application Number - 2477054**

Dear Sir,

With reference to your above mark, I would like to inform you that your trade Mark Application No. **2477054** in Class **44** for your mark **PACE HOSPITALS** has been Registered. I am herewith sending the Original Trade Mark Registration Certificates for the above said trade mark for your references and also Bills for Payment. Every Registered Trade Mark should be renewed for every 10 years. Your trademark expires on **12/02/2023**. The said period of 10 years will be calculated from the date of filing the Trade Mark Application. We will intimate you about renewal.



**P.C.N.RAGHUPATHY**

- Encl: 1. Original Trade Mark Registration Certificates.  
2. Bills for payment

**CHAMBER : No. 347, New Law Chambers, 3rd Floor, High Court Campus, Chennai - 600 104.**

*Correspondence to Office address only.*

प्रारूप आरजी - 2  
Form RG - 2



सत्यमेव जयते

भारत सरकार

Government of India

व्यापार चिन्ह रजिस्ट्री

Trade Marks Registry

व्यापार चिन्ह अधिनियम, 1999

Trade Marks Act, 1999

व्यापार चिन्ह के रजिस्ट्रीकरण का प्रमाणपत्र, धारा 23 (2), नियम 56 (1)

Certificate of Registration of Trade Mark, Section 23 (2), Rule 56 (1)



क्रमांक  
No. 1882848

व्यापार चिन्ह संख्या / Trade Mark No. 2477054

दिनांक /Date 12/02/2013

ज. संख्या /J. No. 1833

यह प्रमाणित किया जाता है कि जिस प्रकार चिन्ह की समाकृति इसके साथ संलग्न है, वह .....  
के बारे में दिनांक .....

Certified that Trade Mark / a representation is annexed hereto, has been registered in the name(s) of :-  
OMRV HOSPITALS PVT LTD, NO.1-11-254/11/A/3/1,2,3, MOTHILAL NEHRU NAGAR, SP ROAD, BEGUMPET, HYDERABAD-500016,  
ANDHRA PRADESH, Trading as : OMRV HOSPITALS PVT LTD, SERVICE PROVIDERS, (Body Incorporate)

In Class 44 Under No. 2477054 as of the date 12 February 2013 in respect of

HOSPITAL AND CLINICAL LABS

Trade Mark as annexed

मेरे निर्देश पर आज ..... के ..... मास के ..... वे दिन को इस पर मुद्रा लगायी गई

Scaled at my direction, this 08<sup>th</sup> day of June, 2018



OKrupla

व्यापार चिन्ह रजिस्ट्री  
Trade Marks Registry MUMBAI

व्यापार चिन्ह रजिस्ट्रार  
Registrar of Trademarks

रजिस्ट्रीकरण आवेदन की तारीख से 10 वर्ष के लिए है और तदोपरान्त वह 10 वर्ष की कालावधि के लिए और प्रत्येक 10 वर्ष की कालावधि के अवसान पर भी नवीनीकृत किया जा सकेगा।  
Registration is for 10 years from the date of application and may then be renewed for a period of 10 years and also at the expiration of each period of 10 years.

यह प्रमाणपत्र विधि कार्यवाहियों में प्रयोग के लिए या विदेश में रजिस्ट्रीकरण अभिप्राप्त करने के लिए नहीं है।  
This certificate is not for use in legal proceedings or for obtaining Registration abroad.

टिप्पणी - इस व्यापार चिन्ह के स्वामित्व में कोई परिवर्तन होने पर, या कारोबार के मुख्य स्थान के पते में या भारत में तागोच के लिए पते में परिवर्तन होने पर परिवर्तन के लिए आवेदन तुरत किया जाना चाहिए।  
Note: Upon any change of ownership of this Trademark, or change in address, of the principal place of business or address for service in India a request should AT ONCE be made to register the change.

Trade Mark No. 2477054

Annexure of Certificate No.: 1882848

Date 12/02/2013






P.C.N.RAGHUPATHY,  
ADVOCATE  
NO. 38 ADITHANAR SALAI,  
PUDUPET, CHENNAI - 600002  
Phone : 9283135468 , 9884458388  
pcnr52@gmail.com

# INVOICE

Invoice To: OMRV HOSPITALS PVT LTD  
Address: NO.1-11-254/11/A/3/1  
2, 3, MOTHILAL NEHRU NAGAR  
SP ROAD, BEGUMPET  
HYDERABAD-500016  
ANDHRA PRADESH

Invoice #:  
Invoice Date : 09/06/2018  
Due Date : Due on Receipt  
Status : Awaiting Payment

Description	Service	Rate	Amount
<b>Service Charges</b> Service Charges inclusive of incidental expenses for reached to Stage of obtaining Trade Mark Registration Certificate from the Mumbai Registry for PACE HOSPITALS Under Trade Mark NO. 2477054 in Class 44.		Rs.2000	Rs.2000

Please issue Cheque or DD or Cash Deposit to  
P.C.N.RAGHUPATHY  
STATE BANK OF INDIA  
GUINDY BRANCH  
S B A/C 20001037316  
IFS CODE SBIN0000956  
PHONE : 9283135468

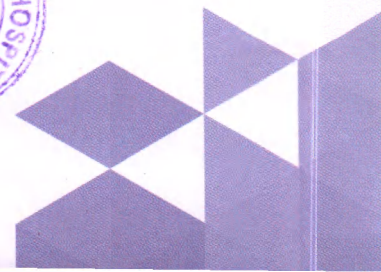
Total net price:	Rs. 2000
Amount to pay:	Rs. 2000

P.C.N.RAGHUPATHY  
SYNDICATE BANK,  
KILPAUK BRANCH  
CA ACCOUNT NO. 60431010000141  
IFS CODE NO. SYNB0006043

## Company Master Data



CIN	U85191TG2011PT0976675
Company Name	OMRV HOSPITALS PRIVATE LIMITED
ROC Code	RoC-Hyderabad
Registration Number	076675
Company Category	Company limited by Shares
Company SubCategory	Non-govt company
Class of Company	Private
Authorised Capital(Rs)	76000000
Paid up Capital(Rs)	65406030
Number of Members(Applicable in case of company without Share Capital)	0
Date of Incorporation	23/09/2011
Registered Address	Plot No. 23, Kedar Towers, HUDA Techno Enclave Beside Avasa Hotel, Madhapur village, Hyderabad Rangareddi TG 500081 IN
Address other than R/o where all or any books of account and papers are maintained	-
Email Id	secretarial@pacehospitals.in
Whether Listed or not	Unlisted
ACTIVE compliance	ACTIVE compliant
Suspended at stock exchange	-
Date of last AGM	30/12/2020
Date of Balance Sheet	31/03/2020
Company Status(for efilling)	Active



Movable property (not being  
pledge)

3945000 16/04/2015

3000000 16/04/2015



Motor Vehicle

(Hypothecation); Immovable  
property or any interest  
therein; Movable property  
(not being pledge); Fixed  
assets of the company

55500000 18/06/2016

-

OPEN

Movable property (not being  
pledge)

47000000 31/03/2017

-

OPEN

Motor Vehicle  
(Hypothecation)

2345000 21/09/2019

-

OPEN

Book debts; Floating charge;  
Movable property (not being  
pledge); Card Receivables /  
FD

9265000 10/05/2016 07/08/2020 OPEN

### Directors/Signatory Details

DIN/PAN	Name	Begin date	End date	Surrendered DIN
00114583	PREM KUMAR BAJAJ	27/08/2017	-	
02170639	DINESH RAMKARAN VARMA	01/04/2016	-	
03518471	GOVIND RAMKARAN VERMA	23/09/2011	-	
03521962	SHYAM VARMA	23/09/2011	-	
07170703	PHANI KRISHNA RAVULA	10/08/2015	-	
07194439	ANJU VERMA	30/06/2015	-	
07194569	VARMA MEGHANA	30/06/2015	-	

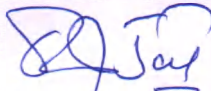


Date: 17.6.2021

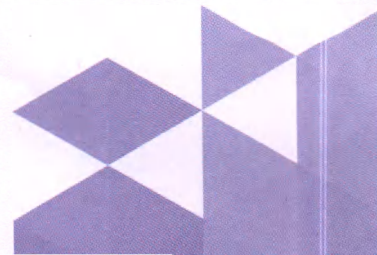
TO WHOM SOEVER IT MAY CONCERN

This is to certify that the Pace Hospitals is a unit of OMRV Hospitals pvt ltd., which is incorporated under company act 1956. The name Pace hospitals is a brand name created to get identity in the market and the basic company registered is OMRV Hospitals Pvt.Ltd, as per law.

For PACE HOSPITALS (A unit of OMRV Hospitals Pvt Ltd)



K.RADHAKRISHNA  
Chief Financial Officer,  
Pace Hospitals (a unit of OMRV Hospitals),  
Madhapur.



# **PACE HOSPITALS LABORATORY MEDICINE**

**Laboratory Prefix Name:**

**PACE HOSPITALS (A UNIT OF OMRV HOSPITALS  
PRIVATE LIMITED) DEPARTMENT OF LABORATORY  
MEDICINE**

**LABORATORY ADDRESS**

**Pace Hospitals**

**Plot No : 23, Huda Techno Enclave , Patrika Nagar Madhapur**

**Hyderabad,Telangana -500081**

**+91 8885095625 ,9014706552**

**Mail: [Lab@pacehospitals.in](mailto:Lab@pacehospitals.in)**