



ABIRAMI KIDNEY CARE

Dr. THANGAVELU HOSPITAL

No. 582, Brough Road, Near Ravi Theater, Erode - 638 011.

Phone : 0424-2269495, Cell : 95007 94485

e-mail : abiramikidneycare@gmail.com,



26/02/2022

Dear Sir / Madam,

Greetings from Abirami Kidney Care (P) Ltd.,

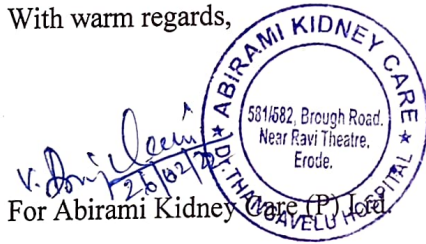
This is to inform you that, we have requested the change of address in Companies Act registration for our organization, and the request been updated but new certificate doesn't issued by the authorities, further the official authorities added request for changes can be done, but new certificate doesn't issued from their side. Herewith, we enclosed the final documents received from the authorities for vetting.

Also we enclosed the documents with the same address of our organization for vetting.

Kindly, find the attachment and do the needful.

Thank you.

With warm regards,


V. Doni
26/02/2022
For Abirami Kidney Care (P) Ltd.

Erode.

Encl:

1. Companies Act – Change of address Documents
2. NABH Entry Level Certificate
3. Hospital PAN Card
4. CEA Registration Certificate
5. ISO certificate



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]

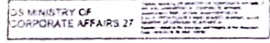
I hereby certify that ABIRAMI KIDNEY CARE PRIVATE LIMITED is incorporated on this Ninth day of January Two thousand nineteen under the Companies Act, 2013 (18 of 2013) and that the company is limited by shares.

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]



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

09/04/2021 (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

Attach

Attach

Attach

Attach

Attach

List of attachments

ctc-abiramy-09-04-2021.pdf

utility bill.pdf

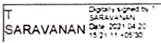
noc-abiramy-09-04-2021.pdf

Remove attachment

Declaration

I - THANGAVELU SARAVANAN

- 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 BR dated 09/04/2021 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 R NITHYA, a Company secretary(in whole time practice) having Membership number 9221 and certificate of practice no 10804 certifying this form has been duly engaged for this purpose.

* To be digitally signed by 


* Designation Director

* DIN of the director ; or DIN or PAN of the manager or CEO or CFO; or membership number of the Company Secretary 08325439

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 9221

Certificate of Practice number 10804

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.

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
No: 80258
Abirami Kidney Care, Erode - 638 011.

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATION

Abirami Kidney Care

581/582, Brough Road, Near Ravi Theatre
Erode - 638011, Tamil Nadu

has been assessed and found to comply with NABH
Entry Level -Small Healthcare Organisation
(SHCO) requirements. This certificate is valid for the Scope as
specified in the annexure subject to continued compliance with
the Entry Level requirements.

Date of first Certification: January 08, 2018

Valid from : December 18, 2020

Valid thru : December 17, 2022



Certificate No.
PESHCO-2018-0238

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 002337



NABH as an organisation is ISQua Accredited

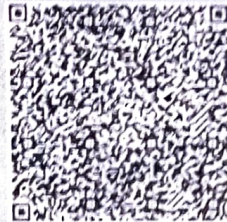
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AARCA7670C



नाम / Name
ABIRAMI KIDNEY CARE PRIVATE
LIMITED

निगमन/गठन की तारीख
Date of Incorporation/Formation
09/01/2019

इस कार्ड के खोने/पाने पर कृपया सूचित करें/सीटारें:
आयकर विन सेवा इकाई, एन एम सी ब्लॉक
5 वीं मंजिल, मंत्री स्टर्लिंग,
प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कॉलोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, NSDL
5th Floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: tininfo@nsdl.co.in



GOVERNMENT OF TAMIL NADU
DIRECTORATE OF MEDICAL AND RURAL HEALTH SERVICES

DMS COMPLEX, NO 356-361, ANNA SALAI, CHENNAI - 600 006

PHONE : (044)24343271 - FAX : (044) 24343271

FORM II

(see rule 8)

CERTIFICATE OF REGISTRATION OF CLINICAL ESTABLISHMENT

Registration No ERODALL20200014439

Date of Issue 12-03-2020

Valid upto 11-03-2025

1. **ABIRAMI KIDNEY CARE DR.THANGAVELU HOSPITAL** operating from 581/582 , **Brough Road , Erode , Tamil Nadu - 638011** as **Multi Speciality Services** is hereby registered under the provisions of the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 to provide services under **Allopathic** system of Medicine with **30** beds.

2. The Certificate of Registration shall be subject to the conditions laid down in the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Tamil Nadu Clinical Establishments (Regulation) Rules, 2018.



Joint Director of Health Services
Erode District.

Place: **Erode**

Date: **12-03-2020**

Competent Authority



Certificate

This is to Certify that

ABIRAMI KIDNEY CARE

**NO:-582 BROUGH ROAD, NEAR RAVI THEATER
ERODE, TAMIL NADU - 638011, INDIA**

has been found in Compliance with requirements of
Quality Management System

ISO 9001:2015

for the following scope:

**ANAESTHESIOLOGY, KIDNEY TRANSPLANTATION
NEPHROLOGY, UROLOGY, DIABETOLOGY
INFERTILITY TREATMENT, INTENSIVE CARE UNIT
DIALYSIS, EMERGENCY MEDICINE, ECG, X-RAY
ULTRASOUND, CLINICAL LABORATORY, CSSD
HUMAN RESOURCES, LAUNDRY, MAINTENANCE
FACILITY MANAGEMENT, BIOMEDICAL ENGINEERING
PHARMACY, COMMUNITY SERVICES AND
GENERAL ADMINISTRATION.**

Certificate No. : QMS/019377/1120
Original Certificate Date : 12-November-2020
Issue Date : 12-November-2020
Expiry Date : 11-November-2023

To check this certificate status visit:
["http://uasf.uk.com/certifiedorganization.html"](http://uasf.uk.com/certifiedorganization.html)


.....
Authorised Signature

Quality Control Certification

UK Office: 1929, Chynoweth House,
Trevissome Park, Truro-TR48UN, Cornwall, UK

India Office: 2nd Floor, Aman Market,
Narela Mandi, Delhi - 110 040, India

