



**GOVERNMENT OF INDIA  
MINISTRY OF CORPORATE AFFAIRS**

Central Registration Centre

## **Certificate of Incorporation**

[Pursuant to sub-section (2) of section 7 and sub-section (1) of section 8 of the Companies Act, 2013 (18 of 2013) and rule 18 of the Companies (Incorporation) Rules, 2014]

The Corporate Identity Number of the company is

\*

\*



Digital Signature Certificate

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)

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



\* as issued by the Income Tax Department

सूचना दिल्याबाबत पावती INTIMATION RECEIPT

अर्जदाराने नमुना "फ" द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली तमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे :-

The applicant has intimated the following details for having commenced the Business in Form "F" to this office. The details thereof are as follows:-



Maharashtra Shops & Establishment (Regulation of Employment and Condition of Service) Act, 2017  
महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) अधिनियम, २०१७

१. अर्जाचा आयडी क्रमांक (सूचनापत्राचा)

1. Application Id Number : 890650371 / KW Ward / COMMERCIAL II

२. आस्थापनेचे नाव

2. Name of the Establishment : KRM HEALTHCARE PRIVATE LIMITED

३. कामगारांची एकूण संख्या

	Male	Female	Total
3. Total No. Of Workers	00003	00004	00007

४. मालकाचे नाव

4. Name of the Employer : MR. LALIT KULWANT RAI MITTAL |

५. आस्थापनेच्या टपालाचा पत्ता

5. Postal Address of the Establishment : 436/437, LAXMI PLAZA, LAXMI INDUSTRIAL ESTATE, ANDHERI WEST, MUMBAI, 400053,

६. सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचनापत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञापती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल.

6. This is just an acknowledgement of the intimation application and not a proof of existence of the business and the place of business as mention in the intimation application. It shall be the responsibility of the employer to obtain the entire prior and post permission, permit, licenses mandatory for the conduct of the said business and for the place of business from the concerned authority.

७. व्यवसायाचे स्वरूप (व्यवसायाची सविस्तर माहिती द्यावी)

7. Nature of Business : PATHOLOGY LAB AND HOME HEALTHCARE OFFICE

८. पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास

8. Old Registration No. And Date, if applicable : / / / 00.00.0000

दिनांक

Date : 19.10.2022

कार्यालयाचा पत्ता

Office Address : Office of the Chief Facilitator,  
Hawkers Plaza Building,  
5th Floor, Senapati Bapat Marg,  
Dadar, Mumbai - 400028

ठिकाण

Place : Mumbai

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही.