#### Photo not Required Authorized Person's Stamp & Sign Required

#### Form No. 49A

#### **Application for Allotment of Permanent Account Number** [In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)

Area code			AO	type	Ra	inge co	AO No.				
A	P	R	W		1	2	3	1	2		

Photo Not Required

																		Αυ	ıtho	oriz	zec	l Pe	rsc	n's	5	
Sir																	S	tan	ıp (	& S	Sig	n R	leg	uir	ed	
	e hereby request that a permanent accou	nt numb	er b	e al	lotte	d to r	me/u	IS.											•		·		•			
	e give below necessary particulars:																	Sigi	natur	e / Le	eft Th	umb I	mpre	ssion		
1	Full Name (Full expanded name to be n	nention	ed a	ıs ap	pea	ring	in p	roo	f of i	den	tity	/date	e of	birt	h/ac	ldre	ss d	ocu	mer	nts:	init	ials	are	not	perm	nitted
				•	_	_	-		_		-		4												•	
	Please select title, 🗸 as applicable	Sh			$\bigsqcup$	Smt.		L		ımaı		lacksquare	M/									1	1			
	Last Name / Surname	E D	U	C	A	T	I	0	N	A	L		T	R	U	S	T									
	First Name																									
	Middle Name																									
2	Abbreviations of the above name, as y	ou wou	ld l	ike i	t, to	be p	rint	ed o	on th	ne P	AN	card	ł													
	E D U C A T I O N A	L	T	R	U	S '	T	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	$\top$	$\overline{}$	$\overline{}$
	E D U C A T I O N A	L	1	N	U	3	1	+	+	+	+	+	$\pm$	+	+	+	_	+	+	+	+	+	_	+	+	+
						$\perp$			$\perp$															ᆚ	丄	
3	Have you ever been known by any oth	er name	?			Ye	S			No	)						(	(plea	ase	tick	as	app	lica	ble)		
	If yes, please give that other name				_				_				7													
	Please select title, 🗸 as applicable	Sh	ri			Smt.			Κι	ımaı	ri		M/	's												
	Last Name / Surname																									
	First Name																									
	Middle Name																									
4	Gender (for Individual applicants only		7	Male			E	ema	مام			Tra	nea	end	or			(nlo	360	tick	7 26	арр	lica	hla)		
																<b>.</b> .		•						•		
5	Date of Birth/Incorporation/Agreement	/Partne	rsn	ıp o	rıru	IST D	eea	/ FO	rma	lion	OT I	Boa	у от	ına	IVIA	uais	or A	4550	ocia	itior	1 OT	Pers	sons	3		
	Day Month Year																									
6	1 5 1 2 2 0 1 9																									
6	Details of Parents (applicable only for								, .						,.											
6	Details of Parents (applicable only for Whether mother is a single parent and you	ou wish t					by fu	urnis	shing	the	nar	ne d	of yo	our n	noth	er o	nly?									
6	Details of Parents (applicable only for Whether mother is a single parent and your Yes No (please tick as applicable only for the No (please tick as appli	ou wish t ble)	o ap	oply	for F	PAN				the	e nar	me d	of yo	our n	noth	er o	nly?									
6	Details of Parents (applicable only for Whether mother is a single parent and you Yes No (please tick as applicating yes, please fill in mother's name in the	ou wish t ble) appropri	o ap	oply spa	for F	PAN	e be	elow.										na	ma	of n	noti	nor (	on ly			
6	Details of Parents (applicable only for Whether mother is a single parent and you Yes No (please tick as applicating yes, please fill in mother's name in the Father's Name (Mandatory except whether)	ou wish t ble) appropri	o ap	oply spa	for F	PAN	e be	elow.										na	me	of n	notl	ner o	only	)		
6	Details of Parents (applicable only for Whether mother is a single parent and you Yes No (please tick as applicating the yes, please fill in mother's name in the Father's Name (Mandatory except whether the years) and the years of the years	ou wish t ble) appropri	o ap	oply spa	for F	PAN	e be	elow.										na	me	of n	notl	ner o	only	)		
6	Details of Parents (applicable only for Whether mother is a single parent and you Yes No (please tick as applicating yes, please fill in mother's name in the Father's Name (Mandatory except whether)	ou wish t ble) appropri	o ap	oply spa	for F	PAN	e be	elow.										e na	me	of n	notl	ner o	only	)		
6	Details of Parents (applicable only for Whether mother is a single parent and you yes No (please tick as applicating the same in the Father's Name (Mandatory except wheeld Last Name / Surname First Name Middle Name	bu wish the ble ble ble ble ble ble ble ble ble bl	iate	spa	for F	PAN rovid	e be	elow.	nd P	AN i	is ap	oplie	ed b	y fu	rnis	shin	g the							)		
6	Details of Parents (applicable only for Whether mother is a single parent and you Yes No (please tick as applicating the Father's Name (Mandatory except whether the Name / Surname  First Name	bu wish the ble ble ble ble ble ble ble ble ble bl	iate	spa	for F	PAN rovid	e be	elow.	nd P	AN i	is ap	oplie	ed b	y fu	rnis	shin	g the							)		
6	Details of Parents (applicable only for Whether mother is a single parent and you yes No (please tick as applicating the same in the Father's Name (Mandatory except wheeld Last Name / Surname First Name Middle Name	bu wish the ble ble ble ble ble ble ble ble ble bl	iate	spa	for F	PAN rovid	e be	elow.	nd P	AN i	is ap	oplie	ed b	y fu	rnis	shin	g the							)		
6	Details of Parents (applicable only for Whether mother is a single parent and you Yes No (please tick as applicating the second of the second	bu wish the ble ble ble ble ble ble ble ble ble bl	iate	spa	for F	PAN rovid	e be	elow.	nd P	AN i	is ap	oplie	ed b	y fu	rnis	shin	g the							)		
6	Details of Parents (applicable only for Whether mother is a single parent and you yes No (please tick as applicating the same in the Father's Name (Mandatory except wheeleast Name / Surname  First Name  Middle Name  Mother's Name (optional except where Last Name / Surname	bu wish the ble ble ble ble ble ble ble ble ble bl	iate	spa	for F	PAN rovid	e be	elow.	nd P	AN i	is ap	oplie	ed b	y fu	rnis	shin	g the							)		
6	Details of Parents (applicable only for Whether mother is a single parent and you yes. No (please tick as applicated if yes, please fill in mother's name in the Father's Name (Mandatory except whee Last Name / Surname First Name Middle Name Mother's Name (optional except where Last Name / Surname First Name	ou wish toble) appropriere moth	iate iate ris	sparis a a si	for F	PAN ovid le pa	e be	t an	PAN	AN i	app	lied	by	furr	rnis	ing	g the							)		
6	Details of Parents (applicable only for Whether mother is a single parent and you yes. No (please tick as applicated if yes, please fill in mother's name in the Father's Name (Mandatory except whee Last Name / Surname First Name Middle Name Mother's Name (optional except where Last Name / Surname First Name   Mother's Name   Mother's Name   Mother's Name   Mother's Name   Middle Name	ou wish to ble) appropriere moth	iate iate iate iate iate iate iate iate	spais a a si	for F	pare to b	e be	and	PAN	AN i	app	lied	by	furr	rnis	ing	g the							)		
6	Details of Parents (applicable only for Whether mother is a single parent and you yes. No (please tick as applicating the same of either shame in the same of either shame in the same of either shame of either shame.  Details of Parents (applicable only for Whether is a single parent and you will be same in the same in the same of either shame in the same of either shame in the same of either shame.  Details of Parents (applicable only for Whether is a single parent and you whether is a single parent a	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	r PAN
7	Details of Parents (applicable only for Whether mother is a single parent and you yes No (please tick as applicating if yes, please fill in mother's name in the Father's Name (Mandatory except where Last Name / Surname  First Name  Middle Name  Mother's Name (optional except where Last Name / Surname  First Name  Middle Name  Select the name of either father or mother is name Mother's name M	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	if PAN
	Details of Parents (applicable only for Whether mother is a single parent and you have to be provided then parent and you have to be provided then parent and you have the par	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	ır PAN
	Details of Parents (applicable only for Whether mother is a single parent and you have a single parent	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	ir PAN
	Details of Parents (applicable only for Whether mother is a single parent and your yes No (please tick as applicating yes, please fill in mother's name in the Father's Name (Mandatory except where Last Name / Surname First Name Middle Name Mother's Name (optional except where Last Name / Surname First Name Middle Name Select the name of either father or mother father's name Mother's name Mother's name Mother's name Mother's name Mother's name Mother's name Select the name of either father or mother by furnishing name of the mother only)'.  Address Residence Address Flat / Room / Door / Block No. Name of Premises/Building/Village	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	ir PAN
	Details of Parents (applicable only for Whether mother is a single parent and you have a single parent	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	ir PAN
	Details of Parents (applicable only for Whether mother is a single parent and you yes No (please tick as applicating tyes, please fill in mother's name in the Father's Name (Mandatory except where Last Name / Surname  First Name  Middle Name  Mother's Name (optional except where Last Name / Surname  First Name  Middle Name  Select the name of either father or mother of Father's name Mother's name Select the name of the mother only)'.  Address  Residence Address  Flat / Room / Door / Block No.  Name of Premises / Building / Village Road / Street / Lane/Post Office	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	ır PAN
	Details of Parents (applicable only for Whether mother is a single parent and your yes. No (please tick as applicating tyes, please fill in mother's name in the Father's Name (Mandatory except where Last Name / Surname  First Name  Middle Name  Mother's Name (optional except where Last Name / Surname  First Name  Middle Name  Select the name of either father or mother of Father's name Mother's name of the mother only)'.  Address  Residence Address  Flat / Room / Door / Block No.  Name of Premises / Building / Village Road / Street / Lane / Post Office Area / Locality / Taluka / Sub- Division	e mother which ame	r is	sparis a si	for F ce pr sing ngle	pare	e be aren	t and	PAN d on cable	AN i	app	lied	by	furr	ne c	ing t	g the	nam-	e of	mo	the	r on	ly)		bly for	ır PAN

## Office address field is Mandatory

			TTT	T	T .	Ton T	<b>T</b> 1.	<del>~</del> □	NT A	T <del>-</del>	1		<b>T</b>	T T	a	m		1		т—	_		$\overline{}$		, ,
	Name of office	ED	U A	C	A	T		<b>)</b> ]	N A	L		T	R	U	S	T	_	-	igspace	₩	<u> </u>	Ш	$\sqcup$	•	  -
	Flat / Room / Door / Block No.	FL	A	T	Ļ	_	0	-	+	$\vdash$									<u> </u>	╄	₩	Ш	igspace		 
	Name of Premises/Building/Village	B U	1	L	D		N	G	+	₩	•								<u> </u>		<u> </u>	Ш	$\sqcup$		 
	Road / Street / Lane/Post Office	ST	R	E	E	T	$\perp$	4	+	ــــــــــــــــــــــــــــــــــــــ									<u> </u>	ـــــ		Ш	Ш		ļ
	Area/Locality/Taluka/Sub-Division	TA	. <u>L</u>	U	K	A		$\bot$	$\bot$	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$									<u> </u>	↓	Щ.		1	•	
	Town / City / District	DI	S	T	R	I	$\mathbf{C}$	Г		$\perp$									<u></u>	<u></u>	<u></u>				
	State / Union Territory			<del>-</del> F	2incc	ode/		- 1			Co	untry	y Na	me									$\neg$		I
	STATE		_		1	2	3	丄	4 5	6						IN	DI.	A	_	_	_	_	┙		
8	Address for Communication					Res	iden	се				<b>1</b> o	office	е			(F	leas	e ti	ck a	s ap	plic	able)	)	
9	Telephone Number & Email ID details																								
	Country code Area/STD Co	ode		_					obile p				- 1				_								ŀ
	0 9 1					9   8	3 7	6	5	1   2	2   :	3 4	4	5				_							ļ
40	Email ID steelcity.visakhapati	nam@	)xm	1211	.co	m																			
10	Status of applicant																								
	Please select status, pas applicable																		] (	Gove	ernn	nent			ŀ
	Individual Hindu undivide	ed family	/		Co	mpar	ny				Par	rtner	rship	Fir	m			Ī	٦,	Asso	nciat	ion c	of Pei	rsor	ns
	Trusts Body of individ	luale		Ħ	١٠	cal Au	ıthor	tv		H	Δrti	ificia	al len	ridic	al D	ore	ne	F	$\exists$	Limit	tod I	iahii	lity D	artn	nership
11	Registration Number (for company, firr		De at	c )	LOC	Jaint	JUI IOI I	Ly			Λιu	ilicia	ıı Jui	iiuic	aii	CISC	113	L	'	_111111	.cu L	.iabii	illy i	artiri	GISHIP
	Registration Number (for company, in	IIS, LL.	3 61	U.,	T		T			T	T	T	T		T		T								
42	La constant and a la required to		* call		-2-11				ln		.D.o	٠ ٨ ٥	-lbo			•	•	· · · ·			226	·: on	120	4.4	
12	In case of a person, who is required to	-		1aar	nui	nbei	Or ti	ie ⊏	:nroiii	lent	ס עו	f Aa	ППа	lar a	ippi	ICai	IOn	torn	i as	per	Sec	tion	139	AA	
	Please mention your AADHAAR number of AADHAAR number is not allotted, pleas	,	,	he e	nrolr	ment	ID of	 Aa	 dhaar	appl	icati	on fo	orm												ŀ
	II AADITAAN Humbor to flot anottou, prose	1	T	10 0.	T	TIO. I.	10 0.	710.	unaa	app.	lou.		01					Ī					$\Box$	$\neg$	ŀ
	Name as per AADHAAR letter or card or a	as per t	he E	nrolr	men	t ID c	of Aa	<u>l</u> haa	ar app	licati	on fo	orm				_			<u> </u>		_			_	
			$\mathbb{L}$					1	$\prod$																
			$\top$				$\top$	I	$\top$																
							$\top$	T																	
13	Source of Income																	Plea	se s	sele	ct,	7	as a <sub>l</sub>	ppli	icable
	Salary																Γ		Car	oital	Gair	 ng			
	Income from Business / Profession	Busine	ss/P	rofes	ssior	n cod	e [	Т	٦,	For C	ેode	≃: Re	efer	instr	ucti	ons <sup>°</sup>	,						her s	our	ces
	Income from House property	Duoic	30,.	10.00	JOIC.	1000	_		┙,	10.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>.</i>	JI U.	li io.	uo.	0	'			inco		1 0	10. 0	<b>о</b>	,00
14	Representative Assessee (RA)																L								
	Full name, address of the Representative	Assess	see,	who	is as	ssess	sible	und	ler the	Inco	me	Tax	Act	in re	espe	ect o	f the	e pei	son	, wh	ose	parti	icula	rs h	ave
	been given in the column 1-13.																								
	Full Name (Full expanded name : initia	ls are n	ot p	erm	ittec	i)			1			,													
	Please select title, as applicable	Sh	nri —	<u>, L</u>	;	Smt.		$\Box$	Kuma	ari	L	M/s	s											_	
	Last Name / Surname																								
	First Name																								
	Middle Name																								
	Address																								
	Flat / Room / Door / Block No.																								
	Name of Premises / Building / Village																								
	Road / Street / Lane/Post Office																						$\Box$		
	Area / Locality / Taluka/ Sub- Division																								
	Town / City / District																								
	State / Union Territory			F	Pinco	ode		_																	
		(54	- N -	Щ.		Д.	丄				_														
15	Documents submitted as Proof of Iden					_				_					,		-								
	I/We have enclosed Trust deed	Relate	<u>ed</u> ]	<u>Pro</u>	<u>of</u>	as	prod	of of	f identi	ty, L	<u>T</u>	rus	t d	eed	1/	Re	late	ed	<u>Prc</u>	<u>of</u>					
	as proof of address and							as	proof	of da	ite o	f birt	th.												
					$\neg$	41	nnlic		, in the		ocity						Т.	rust	-				_		
16	I/we Authorized Person's	Name	e					ant																	
16	I/we Authorized Person's			the							•						1.	lusi	<u> </u>	—		_			
16	do hereby declare that what is stated abo	ove is tru	ue to	the l							•		i.							ed F	)ers	ion <sup>3</sup>	's		
16		ove is tru	ue to	the							•		i.				\u1	tho	rize			son'			
16	do hereby declare that what is stated about Place:  City / Town / I	ove is tru	ue to		best	t of m	ny/ou	r info		ion a	nd b	elief					\u1	tho	rize				's ired		

### Guidelines for Trust Category PAN application

### Document acceptable for Trust

- 1) Trust deed or
- 2) Copy of certificate of registration number issued by charity commissioner

### These related names belongs to Trust category

Educational / Welfare / Memorial / Charitable / Spiritual Trust Ashram / Seva ashram / Vrudda ashram Foundation / Educational Foundation

Office address is field is mandatory for Trust, Firm, LLP ,Company ,Government & Local Authority Categories.

Residence address field should be blank.

Name should not be prefixed with any title such as Shri, Smt, Kumari, Dr, Major, M/s etc.

Category	Capacity Of Verifier
Hindu Undivided Family	Karta
Firm / LLP	Partner
Trust	Trustee
Company	Authorized Signatory / Director
Association Of Persons	Authorized Signatory
Government	Authorized Signatory
Local Authority	Authorized Signatory
Body Of Individuals	Authorized Signatory
Artificial Juridical Person	Authorized Signatory

#### **Dispatch Of Physical Documents**

- Pls send all physical documents (Pan, Tan, Tds, 24G, Sft) to Head office (Visakhapatnam) only.
- ➤ Physical documents should pack properly & send to head office safely.
- ➤ Physical documents should be sealed in tamper-proof envelopes, marked as <u>Restricted Confidential</u> and dispatched through reputed dispatch agencies.
- > The documents should contain Acknowledgement receipt with relative proofs compulsory
- ➤ If you send documents without Acknowledgement receipt ,we will consider that document is not received at Head Office (Visakhapatnam).

#### **Dispatch Address:**

Mr.KVS Ramakrisna (Dy. General Manager, e-Governance) Steel city Securities Limited # 50-81-18, Seethammapeta, Visakhapatnam -530016 (Andhra Pradesh)

Mobile: 9848192732, 0891-6770222.

## **Penalty Points Observed in New PAN Application**

Quality check errors ( Non - Core )							
Error Field	Penalty (Rs)						
Name on card	500						
Name on letter	500						
Date of Incorporation	1000						
Address	500						

Modifications may update .If you want updated data , you can check in TOM (TIN Operation Module)

Quality check errors ( Non - Core )	
Type of error	Penalty (Rs)
Verification details incorrect digitized.	100
Source of Income incorrect digitized	100
Email ID / Contact number not/incorrect digitized	100
Verifier name incorrect digitized (for non-individual category)	100
Registration no. mentioned but not /incorrect digitized	100
Communication address flag not / incorrect digitized	100
Incorrect Status digitized	100
PIN / ZIP CODE not/incorrect digitized	100
AO code incorrect digitized	100
Document code incorrectly digitized	100
Name/Name to be printed on card /Father name is incorrect digitized	100
Verifier name not mentioned/incorrect mentioned	100

Modifications may update every year . If you want updated data , you can check in TOM in login manager (TIN Operation Module).

## Download e-PAN Card

#### With

## **Acknowledgement Number / PAN**

PAN Number / Acknowledgement Number

ABCPK1234M / 200019700123123

**Aadhaar Number (Only for Individual)** 

5678 1234 9866

**Date of Birth / Incorporation / Formation** 

Month of Birth MM

Year of Birth YYYY

## **Instructions:**

- a) This facility is available for PAN holders whose latest application was processed through Protean.
- b) For the PAN applications submitted to Protean where PAN is allotted or changes are confirmed by ITD within last 30 days, e-PAN card can be downloaded free of cost three times.
- c) If the PAN is allotted / changes in PAN Data are confirmed by ITD prior to 30 days then charges applicable for download of e-PAN Card is Rs.8.26/-(inclusive of taxes).

https://www.onlineservices.nsdl.com/paam/requestAndDownloadEPAN.html

प्रारूप-8 नियम 7(2) देखिये



### सोसाइटी-रजिस्ट्रीकरण

का

#### प्रमाण-पत्र

### (अधिनियम संख्या 21, 1860 के अधीन )

पंजीकरण संख्या HAT/05404/2019-2020

एतदद्वारा प्रमाणित किया जाता है कि शास्त्री जी ग्राम सेवा आश्रम, लालगढ़ी पोस्ट अगराना,हाथरस, हाथरस, 204211 को आज उत्तर प्रदेश में अपनी प्रवृत्ति के संबंध में यथासंशोधित सोसाइटी रजिस्ट्रेशन अधिनियम 1860 के अधीन सम्यक रूप से रजिस्ट्रीकृत किया गया है । यह प्रमाण पत्र दिनांक 19/09/2024 तक विधिमान्य होगा । आज दिनांक 20/09/2019 को मेरे हस्ताक्षर से दिया गया ।

Digitally Signed By (VINOD KUMAR SINGH) सोसाइटी के ्जिस्ट्रार, उत्सर प्रदेश ।



ಆಂಧ್ಯವದೆ हैं आन्ध्र प्रदेश ANDHRA PRADESH

BN 210432 Denomination: 190

ate:21/07/2014, 11:38 AM

Furchased By: SATISH PALAPALA

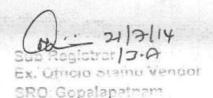
BIO RAMA KRISHNA

VISAKHAPATNAM

For Whom

BWASA FOUNDATION

Serial No: 110,611



#### DEED OF THE TRUST

Dated: 21st July, 2014

The registered office of the Trust shall be located at

Door No. 4-164-5/1, Plot No.128, 6th Lane, Ajantha Park, R.R.V.Puram Post

Gopalapatnam, Visakhapatnam- 530 029.

This deed of Trust is made on this the 21st day of July, 2014 at Visakhapatnam, Sri.SATISH PALAPALA, aged: 29 years, son of Late Rama Krishna, residing Door No. 4-164-5/1, Plot No.128, 6th Lane, Ajantha Park, R.R.V.Puram Post Gopalapatnam, Visakhapatnam- 530 029. Here after called the settler, has constituted this irrevocably with the following conditions.

### 1. CONSTITUTION OF THIS TRUST

The Trust shall be called by the name **SWASA FOUNDATION** (here after Referred to as trust). Shall be registered as a charitable trust. The trust shall function as a voluntary

विशेष-अ.जा./मु. सा. वि./५० म.

क्रमांक

0081846



### नोंदणी प्रमाणपत्र

संस्था नोंदणी अधिनियम, १८६०

(१८६० चा अधिनियम, २१)

सहा १४।२०१९।ठाणेः

याद्वारे असे प्रमाणित करण्यात येते की. प्रमार्थी फाऊंडेशन अंबास्माध्य (पुर्व), जि. ठाणे

खालील तारखेस संस्था नोंदणी अधिनियम, १८६० (सन १८६० चा अधिनियम, २१) अन्वये योग्यरित्या नोंदणी करण्यात आली.

तारीखः १० जभावासी २७१ रोजी माझ्या सहीनिशी दिले.



तहात्वक संस्था निवंबक विभाग होणे प्रदेश, ठाणे.

(Gul)



ఆంగ్రప్రదేశ్ आंध्र प्रदेश ANDHRA PRADESH 17 13/3/67 10 ma Venkater ware Rose 5/ Appala Swamy by Kokiner

#### **KVR FOUNDATION (A Charitable Trust)**

The Deed of declaration of **KVR FOUNDATION** (A Charitable Trust) is executed on this 21<sup>st</sup> day March. 07 By

Kasina Venkateswara Rao son of late Kasina Appalaswamy aged 54 years Lecturer MSN Degree College, Kakinada and permanent residing at Door No. 5-8-6, Lachirajuvari street, suryaraopeta Opp.NGO home, Kakinada-533001(A.P)

Whereas I am desirous to establish public charity in the name and styled as **KVR FOUNDATION** (A Charitable Trust) at Kakinada and I am contributing a sum of Rupees 5,000/-(Five Thousand) as corpus fund and which it shall be deposited in the Bank and shall opened in the name of the said Trust.

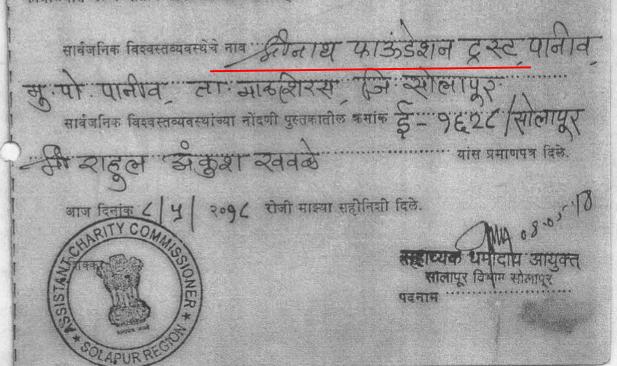
Whereas the declarant above named as Chairman and Managing Trustee desire and to record and declare the trust and objects and proposes for which the trust fund and the income thereof is held and



25

## नींदणीचे प्रमाणपत्र

याद्वारे प्रमाणपत्र देण्यात येते की, खाली वर्णन केलेली सार्वजनिक विश्वस्तव्यवस्था ही भाज, मुंबई सार्वजनिक विश्वस्तव्यवस्था अविनियम, १९५० (सन १९५० चा मुंबई अधिनियम क्रमांक २९) सहाय्यक धर्मोदाय आयुक्त ..... येथील सार्वजनिक विश्वस्तव्यवस्था नोंदणी सार्वाज्यात योग्य रीतीने नोंदण्यात आलेली आहे.



#### RULES AND REGULATIONS

#### NAME OF THE TRUST:

The name of the trust shall be:

## SADGURU KABIR SEWA ASHRAM & DHARAMSHALA TRUST

### 2. MEMBERSHIP OF THE TRUST

The membership of the Trust is open to only person Who has attained the age of majority and belongs to Sat Guru Sant kabeer followers (Specially followers of Sadguru Kabir,) and fulfill the term And conditions Of the Trust (framed by the Board of Trustees /General Body from time to time) but subject to The Board of Trustees of Trust

NOTE: If the membership is not approved by the Board of Trustees' of the Trust the reason of refusal will be communicated to the person/applicant concerned

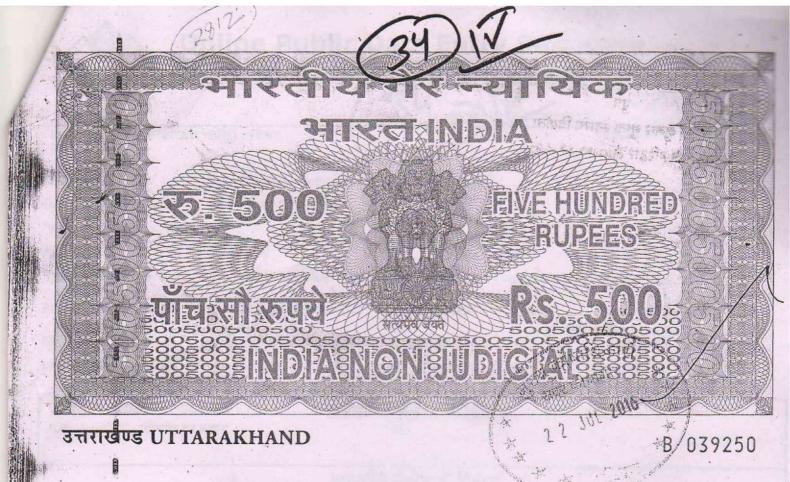
### 3. ADMISSION FEE & SUBSCRIPTION:

Admission Fee and Subscription fee shall be as under unless otherwise revised by the Board of Trustees of the Trust.

- (a) Admission Fee Rs, 5100/-at the time of admission.
- (b) Subscription Rs.2100/-per year.

#### 4. TYPE OF MEMBERS:

At present there is only one type of members namely:-General Members Board of Trustees of Trust shall decide different types of members in its Board of Trustees Meeting called for this purpose.



#### न्यास घोषणा-पत्र राधा रमन सेवाश्रम ट्रस्ट।

मैं, शारदा नन्द गिरी पुत्र स्व० श्री शिव प्रसाद आयु लगभग ६६ वर्ष, निवासी— ग्राम महाराजपुर कलां तहसील लक्सर जिला हरिद्वार (आधार कार्ड सं० ३६२५ ३१३२ २१४६) का हूँ। मैं भारत को एक शिक्षित एवं समृद्ध राष्ट्र के रूप में देखना चाहता हूँ। इसलिए हमने इस पवित्र उद्देश्य हेतु उच्चस्तरीय शिक्षा संस्थान खोलने एवं सामाजिक चेतना जगाने का प्रण लिया है। जिससे शिक्षित एवं समृद्ध राष्ट्र का निर्माण हो । इसी उद्देश्य से हम, आज दिनांक 28—07—2016 को 5,100/—(पाँच हजार एक सौ रूपये) मात्र की प्रारम्भिक राशि से न्यास के स्थापना की घोषणा करता हूँ।

इस न्यास का नाम, कार्यालय, कार्यक्षेत्र, पवित्र उद्देश्य आदि निम्नलिखित होंगे —

1. न्यास का नाम

राधा रमन सेवाश्रम द्रुस्ट।

2. पंजीकृत कार्यालय

ग्राम- महाराजपुर-कलां डाकखाना रायसी

तहसील लक्संर जिला-हरिद्वार (उत्तराखण्ड)

कार्यक्षेत्र : समस्त भारत

कायक्षत्र <u>न्या</u>स के उद्देश्य

> ट्रस्ट का उद्देश्य शिक्षा का प्रचार-प्रसार करना। टीचर्स ट्रेनिंग कोर्सेस, नर्सिंग कोर्सेस, योग शिक्षा, बी०एड०, तकनीकी शिक्षा तथा खेल-कूद से सम्बन्धित शिक्षण-प्रशिक्षण केन्द्र खोलना। ट्रस्ट द्वारा युवक युवतियों को स्वरोजगार के लिए

> > शेष पृष्ठ 2 पर



Jurdend Con

#### TRUST DEED

I, Swaroop Kishan Wahi S/o Late Sri Chand Kishan Wahi aged 84 years old, Resident of Chintamani Ashram, Sharvan Nath Nagar, Hardwar (Uttarakhand) due to my interest / Liking in the social and national activities, I have taken a vow to engage my entire life in the service of the society. Therefore with the grace of God, We have decided to form a Trust for the common good. The area of activities, the aims and the system of working will be as under. For this purpose, with a view to establish a Trust, I am dedicating a sum of Rs. 11,000/- for this Trust.

The name, office, area of its activities and pious aims shall be as under:

1- Name of the Trust : CHINTAMANI ASHRAM TRUST

2- Address of the office : Chintamani Ashram, Niranjani Akhada Road

Hardwar (Uttarakhand)

3- Area of activities : Entire India

4- Aims of Trust :

- To Work for the service of humanity without distinction of sects, country, cast and colour Differentiation and to propagate in Indian Heritage & Beliefs.
- To establish and maintain Guest Houses, Community Hall, Inn and / or Dharamshalas for the use of the public and to grant / receive assistance for the Purpose to other charitable institutions. To establish, promote, support, maintain, help and run medical or / and educational institutions and other establishments for giving medical relief & education to the public.
- iii) To provide education, medicines, food, clothing, water, light and shelter for the poor or / and Needy persons and to give any other help for their uplifment.
- iv) To organize training and employment for women and youth
- v) To establish and maintain Homes, Orphanages, and other establishments for relief of and to give help to the poor & destitute, orphans and widows and otherwise provide for them.
- vi) To establish, maintain and run institutions for senior citizens, their care, treatment, day home etc..

नवीकरण प्रमाण पत्र कमांक......

प्रारूप - 9

नियम 8 (2) देखिये

संख्या 3984

दिनांक ० 0 2 2 2 17





सोसाइटी के नवीकरण का प्रमाण-पत्र ( अधिनियम संख्या 21 , 1860 के अधीन )

नवीकरण संख्या 738 पत्रावली संख्या 11767—एम दिनांक 1986-1987
एतद्द्वारा प्रमाणित किया जाता है कि <u>श्री राम कृष्ठ</u>

<u>आश्रम, हापुड़ रोड, मोदीनगर, जिला—गाजियाबाद</u>

को

869 15-09-1986
दिये गये रजिस्ट्रीकरण प्रमाण—पत्र दिनांक को दिनांक

15-09-2016 से पांच वर्ष की अवधि के लिए नवीकृत किया गया है ।

1550 रूपये की नवीकरण फीस सम्यक् रूप से प्राप्त हो गयी है ।

01-09-2017

जारी करने का दिनांक.....

सोसाइटी के रजिस्ट्रार उत्तर प्रदेश

Shri Ram Kussht Ashram
Shri Ram Kussht Ashram
Golony, Hapur Road
Quodinagar Ghaziabad (UP) R.N.-869



পূহ্চিম্বঙ্গ पश्चिम बंगाल WEST BENGAL

E 298758

erufied that the document is admitted to registration. The Signature sheet and the encertwines where are the encertwines are and pair of this document.

Addi. Bisuriet Curr Pagistrar
Someraul, 30011 21 Perganas.



## 'DEED OF CHARITABLE TRUST'

### " GOURANGA JAYPATAKA BHAKTA SEBASHRAM SANGHA"

THIS DEED OF CHARITABLE TRUST is made this 16th Day of FEBRUARY , 2018

#### BETWEEN

Sri SWAPAN KUMAR MAKHAL, Son of Sri Hriday Ranjan Makhal, aged about 49 years, faith—Hindu, by Occupation—Self Employed, residing at Nepalganj, Raghabpur, Dist—South 24 Parganas, Pin—700103, West Bengal, hereinafter called the SETTLOR (which expression shall unless excluded by or repugnant to the subject or context be deemed to include his heirs, executors, administrators, assigns, and representatives) to the ONE PART.

#### April 2019 - DRAFT

### E-Stamp No.- IN-UK08905287759282R

This deed of Declaration of Trust (Bachhi Devi Durga Dutta Kapilashrami Educational Foundation) executed at Haldwani on the 2<sup>nd</sup> day of April, 2019 by Anand Prakash Harbola, aged about 65 years, son of Late Sri Radha Ballabh Harbola, presently residing at Ma Girja sadan, Kosi Road Hanumangari, Ramnagar Nainital Uttrakhand herein after is referred to as the Author of the Trust.

#### WITNESSETH

The Author of the trust intends to establish a Trust for carrying out activities of charitable purpose in the form of extending education and learning, collection and dissemination of information, knowledge in Sanskrit (spoken and written) and other purposes for the preservation, protection, and promotion of the Hindu culture.

And whereas in order to realize the aforesaid desire, the Author of of the trust intends to establish a Trust for carrying out activities of charitable purpose in the form of education and research, dissemination of knowledge, wisdom, information, and other resources to different Academy and Institutions, etc. A sum of Rupees Ten thousand (INR 10,000/-) has been set apart for the same, which is held in the Trust by the Author of the Trust.

Therefore, by this deed of declaration of Trust, the Author of the Trust hereby creates a charitable Trust, which shall function in accordance with the rules and regulations framed below:-

<u>I. TRUST NAME:</u> This Trust shall be called 'Bachhi Devi Durga Dutta Kapilashrami Educational Foundation'.

305



## नोंदणीचे प्रमाणपत्र

याद्वारे प्रमाणपत्र देण्यात येते की, खाली वर्णन केलेली विश्वास्थ्व्यवस्था ही आज, मुंबई सार्वजनिक . विश्वस्तव्यवस्था अधिनियम, १९५० (सन १९५० चा मुंबई अधिनिअयम क्रमांक २९) या अन्वये नांदेड येथील सार्वजनिक विश्वस्तव्यवस्था नोंदणी कार्यालयात योग्य रीतीने नोंदण्यात आलेले आहे.

सार्वजिनक विश्वास्तव्यवस्थेचे नाव भगवान श्रीकृष्ण व्रदाशराम भोकर टालुक. भोकर जिल्हा. नांदेड सार्वजिनक विश्वस्तव्यवस्थ्यांच्या नोंदणी पुस्तकातील क्रमांक E-0000614(NND)

भगवान जगन्नाठराव मोरे यांस प्रमाणपत्र दिले.

आज दिनांक 23 May 2018 रोजी माझ्या सहीनिशी दिले

## Certificate of Registration

It is hereby certified that the Public Trust described below has this day been duly registered under the Mumbai Public Trust Act, 1950 (BOM.XXIX of 1950) at the Public Trust Registration office Nanded

Name of the Public Trust BHAGWAN SHRIKRUSHNA VRADDHASHRAM BHOKAR TALUKA. BHOKAR JILHA. NANDED

Number in the Register of Public Trusts E-0000614(NND)

Certificate issued to BHAGWAN JAGANNATHRAO MORE

Given under my hand this 23 Day of May 2018.

Bemale



Signature

बहाय्यक घर्मादाय आयुवस नांटेड विभाग नांटेड



संख्या 00584/2018-2019 पत्रावली संख्या AG/MAT/0002349

दिनांक 24/07/2018

प्रारूप-8 नियम 7(2) देखिये



## सोसाइटी-रजिस्ट्रीकरण का प्रमाण-पत्र

### (अधिनियम संख्या 21, 1860 के अधीन )

पंजीकरण संख्या MAT/02319/2018-2019

एतदद्वारा प्रमाणित किया जाता है कि राधे कृष्ण वृद्धा सेवाश्रम, 612 गौरा नगर कॉलोनी, वृन्दावन, मथुरा, मथुरा, 281121 को आज उत्तर प्रदेश में अपनी प्रवृत्ति के संबंध में यथासंशोधित सोसाइटी रजिस्ट्रेशन अधिनियम 1860 के अधीन सम्यक रूप से रजिस्ट्रीकृत किया गया है। यह प्रमाण पत्र दिनांक 23/07/2023 तक विधिमान्य होगा । आज दिनांक 24/07/2018 को मेरे हस्लाक्षर से दिया गया।

राह्येकृत्वा वृद्धा सेवाग्रय

Digitally Signed By ( ARVIND KUMAR SINGH )

सोसाइटी के रजिस्ट्रार, उत्तर प्रदेश ।

403/17 1

### भारतीय गेर न्यायिक

एक सौ रुपये

₹. 100

Rs. 100

ONE HUNDRED RUPEES

INDIA N

उत्तर प्रदेश UTTAR PRADESH

IA MONITORIAL

2 5 30CT 2017 DU

DU 528773

्ट्रस्ट डीड (शिव शक्ति मानवीय आश्रम )

यह पब्लिक <u>चैरिटेबल टस्ट</u> <u>शिव शक्ति मानवीय आश्रम</u> इण्डियन ट्रस्ट एक्ट 1882, व चैरिटेबल एण्ड रिलीजियस ट्रस्ट एक्ट 1920 के अन्तर्गत दिनांक 30.10..2017 को फूलचन्द्र मौर्य पुत्र श्री श्रीराम मौर्या, निवासी—65/50जी, गोविन्दपुर, इलाहाबाद उ०प्र० द्वारा संस्थापक के रूप मे स्थान — कैलाशपुरी, गोविन्दपुर, इलाहाबाद उ०प्र०—211004, में संस्थापित की गई। जिसके अनुसार गठित ट्रस्ट — शिव शक्ति मानवीय आश्रम में निम्नलिखित ट्रस्टी होगें।

क0सं0	ट्रस्टी का नाम	पिता/पति	पता	पद	द्रस्टी की
		का नाम			सदर्यता श्रेणी
1.	फूलचन्द्र मौर्या आई डी नं–आधार नं–484228525431	श्री श्रीराम मौर्या	65 / 50 जी, गोविन्दपुर, इलाहाबाद, उ०प्र०।	संस्थापक / अध्यक्ष	संस्थापक
2.	रमेश चन्द्र मौर्य आई डी नं0- आधारनं0- 393275187148	श्री राम आस्चर्य मोर्य	64/50 एफ इलाहाबाद, इलाहाबाद उ०प्र०।	उपाध्यक्ष	संस्थापक ट्रस्टी
3.	विभा मौर्या आई डी नं0- आधारनं0- 470223109235	रमेश चन्द्र मीर्य	145बी / 12आई / 2आई / 1 ई / 1 केलाशपुरी, गोविन्दपुर, तेलियरगंज, इलाहाबाद	महासंत्री	संस्थापक ट्रस्टी
			ਚ0प्र0-2110041		

(1) Amount



No:-2947-RS/148

## Certificate of Registration of Societies

### REGISTRAR OF SOCIETIES, KASHMIR

## Act VI of 1998 (1941 A. D.)

No. 6301 -S	of	2012
I hereby certify thatHind	an Gandhi Samyukt	a Ashram,
Mandibal Nowshera S	Frinagar. XX	. XX
XX .	XX	XX
λλ	XX -	
Act VI of 1998 (1941 A.  Given under my hand at	Srinagar	
nis 2ho	day of	June
wo thousand and $Tw \in V = V$		
wo thousand and Twelve		/



REGISTRAR OF SOCIETIES
J & K GOVERNMENT

MIR GARTARASHARASHAN HIMDAN GARTARASHAN SAMYUKTA ASHAN SAMYUKTA ASHAN Mandiria Jouri Kashan Mandiria Jouri Kashan Mandiria Jouri Kashan



Registrar, Mumbai Everest, 100 Marine Drive, Mumbai, Maharashtra, 400002, India

#### **FORM 16**

### [Refer Section 12(1)(b) of the LLP Act, 2008]

#### CERTIFICATE OF INCORPORATION

LLP Identification Number: AAG-5181

It is hereby certified that ENTEAL TECHNOLOGIES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Thirtieth day of May Two thousand sixteen.

Ministry of Corporate Affairs and the company of the control of the corporate Affairs and the company of the corporate Affairs and the corporate Affairs and the corporate Affairs and the corporate affairs and the corporate and t



Registrar, Mumbai

Note: The corresponding form has been approved by SATYA PARKASH KUMAR, Registrar of Companies (STS) and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: ENTEAL TECHNOLOGIES LLP

Mumbai, Mumbai City, Maharashtra, 400005, India.



Registrar, Mumbai Everest, 100 Marine Drive, Mumbai, Maharashtra, 400002, India

# FORM 16 [Refer Section 12(1)(b) of the LLP Act, 2008] CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-3758

It is hereby certified that NILKANTH ENTERPRISES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Twelfth day of September Two thousand sixteen.

Ministry of Corporate Affairs Corporate Corporate Affairs Corporate Corporate



Registrar, Mumbai

Note: The corresponding form has been approved by MAGESH RAMDAS JADHAV, Assistant Registrar of Companies and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: NILKANTH ENTERPRISES LLP

Navi Mumbai, Mumbai City, Maharashtra, 400703, India.



Registrar, Mumbai Everest, 100 Marine Drive, Mumbai, Maharashtra, 400002, India

#### **FORM 16**

## [Refer Section 12(1)(b) of the LLP Act, 2008] CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-1971

It is hereby certified that NAYA PLAST & METAL WORKS LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Twenty second day of August Two thousand sixteen.





Registrar, Mumbai

Note: The corresponding form has been approved by Naikwadi Parvez Fattulal, Assistant Director and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: NAYA PLAST & METAL WORKS LLP

BHIWANDI, Thane, Maharashtra, 421302, India.



Registrar,

Pune PMT Building, 3rd Floor Deccan Gymkhana, Pune, Maharashtra, 411004,

#### **FORM 16**

#### [Refer Section 12(1)(b) of the LLP Act, 2008]

#### CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-1323

It is hereby certified that PASAYDAAN INDUSTRIES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Eleventh day of August Two thousand sixteen.

Ministry of Corporate Affairs - Govt of India



Registrar, Pune

Note: The corresponding form has been approved by VIJAYA NAGORAO KHANDARE, Registrar of Companies and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: PASAYDAAN INDUSTRIES LLP

PANDHARPUR, Solapur, Maharashtra, 413304, India.



Registrar, Mumbai

Everest, 100 Marine Drive, Mumbai, Maharashtra, 400002, India

#### FORM 16

## [Refer Section 12(1)(b) of the LLP Act, 2008] CERTIFICATE OF INCORPORATION

LLP Identification Number: AAI-3865

It is hereby certified that ISHANT CONSULTANCY AND REAL ESTATE LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Maharashtra this Twenty seventh day of January Two thousand seventeen.

Ministry of Corporate Affairs - Govt of India



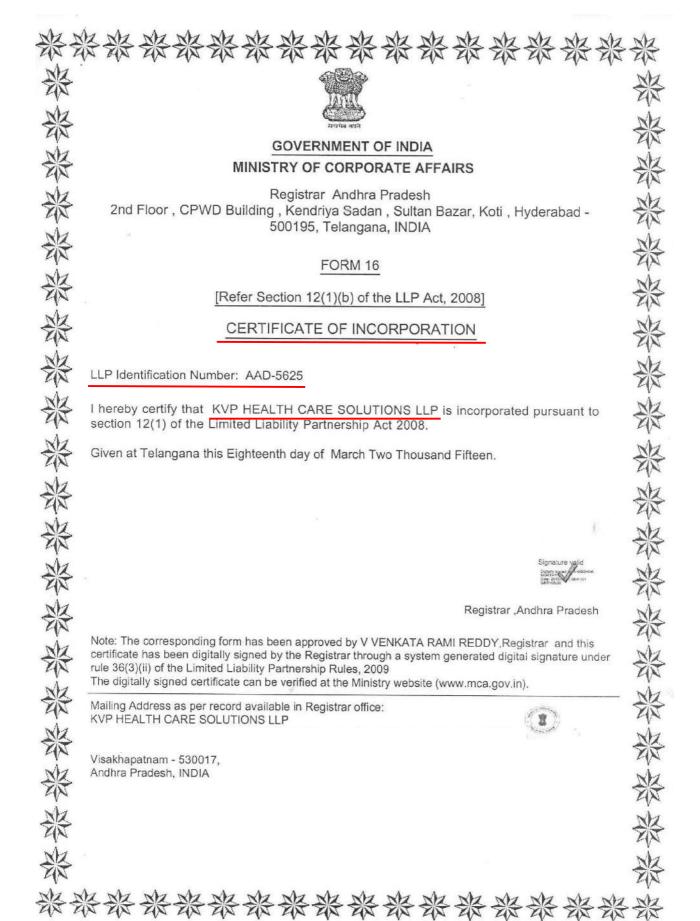
Registrar, Mumbai

Note: The corresponding form has been approved by Manoj Shamsundar Bang, Assistant Director and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: ISHANT CONSULTANCY AND REAL ESTATE LLP

GADCHIROLI, Gadchiroli, Maharashtra, 442605, India.





Registrar, Delhi 4th Floor, IFCI Tower 61, New Delhi, Delhi, 110019, India

# FORM 16 [Refer Section 12(1)(b) of the LLP Act, 2008] CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-9612

It is hereby certified that JALOTA BUSINESS SUPPORT SERVICES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Delhi this Sixth day of December Two thousand sixteen.

DS Ministry of Corporate Affairs -(Govt of India) 14



Registrar, Delhi

Note: The corresponding form has been approved by Prahlad Meena, Deputy Registrar of Companies and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: JALOTA BUSINESS SUPPORT SERVICES LLP

GURGAON, Gurgaon, Haryana, 122018, India.



Registrar, Delhi 4th Floor, IFCI Tower 61, New Delhi, Delhi, 110019, India

#### FORM 16

#### [Refer Section 12(1)(b) of the LLP Act, 2008]

#### CERTIFICATE OF INCORPORATION

LLP Identification Number: AAH-6324

It is hereby certified that MONEYMAKERS INDIA SECURITIES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Delhi this Nineteenth day of October Two thousand sixteen.





Registrar, Delhi

Note: The corresponding form has been approved by DEBASISH BANDOPADYAY, Registrar of Companies and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: MONEYMAKERS INDIA SECURITIES LLP

NEW DELHI, South Delhi, Delhi, 110017, India.



Registrar, Delhi 4th Floor, IFCI Tower 61, New Delhi, Delhi, 110019, India

# FORM 16 [Refer Section 12(1)(b) of the LLP Act, 2008] CERTIFICATE OF INCORPORATION

LLP Identification Number: AAI-1647

It is hereby certified that SOM DIGITAL STUDIO LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Delhi this Third day of January Two thousand seventeen.

DS Ministry of Corporate Affairs - (Govt of India) 14



Registrar, Delhi

Note: The corresponding form has been approved by Tiainla , and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules; 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: SOM DIGITAL STUDIO LLP

NEW DELHI, West Delhi, Delhi, 110059, India.



Registrar, Delhi 4th Floor, IFCI Tower 61, New Delhi, Delhi, 110019, India

# FORM 16 [Refer Section 12(1)(b) of the LLP Act, 2008] CERTIFICATE OF INCORPORATION

LLP Identification Number: AAG-2598

It is hereby certified that INDUS EDUCATIONAL SERVICES LLP is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given at Delhi this Twenty ninth day of April Two thousand sixteen.



Registrar, Delhi

Note: The corresponding form has been approved by Prahlad Meena, Deputy Director (Insp.) and this certificate has been digitally signed by the Registrar through a system generated digital signature under rule 36(3)(ii) of the Limited Liability Partnership Rules, 2009.

The digitally signed certificate can be verified at the Ministry website (www.mca.gov.in).

Mailing Address as per record available in Registrar office: INDUS EDUCATIONAL SERVICES LLP

New Delhi, South West Delhi, Delhi, 110078, India.