

Form language English Hindi

Refer the instruction kit for filing the form.

*Whether name is already approved by Registrar of Companies Yes No

SRN of RUN

H47612536

Pre-fill

Entity Type

Section 8 Company

1. (a) *State the type of company

(b) *State the class of company Public Private One Person Company

(c) *State the category of company

(d) *State the sub-category of company

(e) *Whether proposed company is an IFSC company Yes No

(f) *Company is Having share capital Not having share capital

(g) Section 8 license number

2. (a) *Main division of industrial activity of the company

Description of the main division

(b) Whether Articles of Association is entrenched Yes No

3. (i) *Capital structure of the company

Total authorized share capital (in Rupees)

Authorized share capital	Equity	Preference	Unclassified
Number of shares	10,000	0	
Nominal amount per share (in Rupees)	10		
Total amount (in Rupees)	100,000	0	0

Total subscribed share capital (in Rupees)

Subscribed share capital	Equity	Preference
Number of shares	10,000	0
Nominal amount per share (in Rupees)	10	
Total amount (in Rupees)	100,000	0

4. (a) *Correspondence address

* Line I	C/O VILL DEWARIKALA,		
* Line II	PO- MARIHAN,		
* City	MIRZAPUR		
* State/Union Territory	Uttar Pradesh-UP	* Pin code	231310
* District	Mirzapur		
* Phone (with STD code)		-	9450726329
Fax			
* email ID of the company	client@legalraasta.com		

(b) *Whether the address for correspondence is the address of registered office of the company Yes No

(c) *Name of the office of the Registrar of Companies in which the proposed company is to be registered

Registrar of Companies, Uttar Pradesh

5. *Particulars of the proposed or approved name

(a) Proposed or approved name

SDCCP EDUCATION FOUNDATION

6. (a) *Number of first subscriber(s) to MOA and directors of the company

	Having valid DIN	Not having valid DIN
Total number of first subscribers (non-individual + individual)	0	2
Number of non-individual first subscriber(s)		0
Number of individual first subscriber(s) cum director(s)	0	2
Total number of directors (director(s) who is/are not subscriber(s) + subscriber(s) cum director(s) as mentioned in above Row no. 3)	0	2

(d) *Particulars of individual first subscriber(s) cum directors

I.	*First Name	MANI		
	Middle Name	BHUSHAN		
	*Surname	SHARMA		
	*Father's first name	RAJENDRA		
	Father's middle name	PRASAD		
	*Father's surname	SHARMA		
	*Gender	Male	*Date of Birth	25/05/1977
			*Nationality	INDIA
	*Place of Birth	MIRZAPUR		
	*Whether citizen of India	<input checked="" type="radio"/> Yes <input type="radio"/> No	*Whether resident in India	<input checked="" type="radio"/> Yes <input type="radio"/> No
	*Occupation type	<input checked="" type="radio"/> Self Employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman		
	*Area of Occupation	Others		
	If 'Others' selected, please specify	business		
	*Educational Qualification	Graduation/Bachelor/Equivalent		
	* <input checked="" type="radio"/> PAN <input type="radio"/> Passport number	CCUPS6124F	Verify Details	
	*Designation	Director	*Category	Promoter
	Whether	<input type="checkbox"/> Chairman	<input type="checkbox"/> Executive director	<input type="checkbox"/> Non-executive director

*email ID

Permanent Address

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Whether present residential address same as permanent residential address Yes No

Present address

*Line I

Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Duration of stay at present address Years Months

*Proof of identity *Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	8,000	80,000
Preference shares	0	0

Number of entities in which director have interest

*Registration number	<input type="text"/>
*Name	<input type="text"/>
*Address	<input type="text"/>
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

II. *First Name

Middle Name

*Surname

*Father's first name

Father's middle name

*Father's surname

*Gender *Date of Birth *Nationality

*Place of Birth

*Whether citizen of India Yes No *Whether resident in India Yes No

*Occupation type Self Employed Professional Homemaker Student Serviceman

*Area of Occupation

If 'Others' selected, please specify

*Educational Qualification

* PAN Passport number

*Designation *Category

Whether Chairman Executive director Non-executive director

*email ID

Permanent Address

*Line I
Line II
*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Whether present residential address same as permanent residential address Yes No

Present address

*Line I
Line II

*City

*State/ Union Territory *Pin code

* ISO Country code Country

*Phone (with STD/ISD code) -

*Duration of stay at present address Years Months

*Proof of identity *Residential Proof

Voter's identity card number

Driving license number

Aadhaar Number

Submit the proof of identity and proof of address under attachments.

Kind of shares subscribed	Number of subscribed shares	Amount of shares subscribed
Equity shares	2,000	20,000
Preference shares	0	0

Number of entities in which director have interest

*Registration number <input type="text"/>	
*Name <input type="text"/>	
*Address <input type="text"/>	
Nature of interest	*Designation <input type="text"/>
	Percentage of Shareholding <input type="text"/> Amount <input type="text"/>
	Others (specify) <input type="text"/>

8. Particulars of payment of stamp duty

(a) State or Union territory in respect of which stamp duty is paid or to be paid <input type="text" value="Uttar Pradesh"/>		<input type="button" value="Pre-Fill"/>	
(b) * Whether stamp duty is to be paid electronically through MCA21 system <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable			
(i) Details of stamp duty to be paid			
Type of document/Particulars	Form	Memorandum of association	Articles of association
Amount of stamp duty to be paid	<input type="text" value="10.00"/>	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

(ii) Provide details of stamp duty already paid

Type of document/Particulars	Form	Memorandum of association	Articles of association	Others <input type="text" value="0"/>
Total amount of stamp duty paid(in Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mode of payment of stamp duty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of vendor or Treasury or Authority or any other competent agency authorised to collect stamp duty or to sell stamp papers or to emboss the documents or to dispense stamp vouchers on behalf of the Government				
Serial number of embossing or stamps or stamp paper or treasury challan number				
Registration number of vendor				
Date of purchase of stamps or stamp paper or payment of stamp duty (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of purchase of stamps or stamp paper or payment of stamp duty				

9. *Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)

Information specific to PAN

Area code			AO type		Range code			AO No.		
L	K	N	W		2	2		1		

Information specific to TAN

Area code			AO type		Range code			AO No.		
L	K	N	W	T	9			4		

Source of Income

- Income from Business/profession
 Capital Gains
 Income from house property
 Income from other source
 No Income

Business/Profession code

2	0
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10. ^Additional Information for Employer registration under Employee State Insurance Corporation (ESIC)

Type of Unit Factory Establishment

Exact nature of Work/ Business carried on

Work Sub category

11. ^Does the Employees Provident Fund and Miscellaneous Provisions Act 1952

apply to the establishment EFP and MP Act Voluntary Coverage

12. ^Number of employees to be covered under Employees Provident Fund Act

13. ^Number of Employees earning wages less than Rupees fifteen thousand employed directly or through contractor to

be covered under Employees State Insurance Act

14. ^Do you need Importer Exporter code Yes No

15. ^Particulars of Investment

INVESTMENT	Proposed amount (in Rupees)
a) land (for rented premises, capitalised value of the same to be indicated)	
b) building	
c) plant and machinery	
I indigenous	
II import	
(A) cif value	
(B) landed cost	
(III) Total [(I) + (II)(B)]	

^ The information in Serial number 10-15 are mandatorily required for Employees State Insurance Corporation registration, Employee Provident Fund , Employees State Insurance registration, Importer Exporter Code Registration in case of applicants desirous of applying for these services at the time of incorporation of a company and this facility is available at e-Biz Portal only as per separate procedure prescribed by e-Biz Portal. These services (Serial number 10-15) will not be available for forms filed on MCA21 Portal and no cognizance will be taken of entries in those fields if the form is filed on MCA21 Portal.

Attachments

List of attachments

1. Memorandum of association
2. Articles of Association
3. Declaration by first subscriber(s) and director(s)
(Affidavit is not required to be attached)
4. Proof of Office address (Conveyance/ Lease deed/
Rent Agreement etc. along with rent receipts)
5. Copy of the utility bills (not older than two months)

Attach

Attach

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kyc.pdf
 Letter of issue of license.pdf
 bill.pdf
 INC 9 comp.pdf
 DIR 2 comp.pdf
 decl.pdf
 bank statements.pdf
 noc new.pdf
 Complete MOA.pdf
 complete AOA.pdf

14. Proof of identity & residential address of subscribers

Attach

16. Proof of identity and address of Applicant I

Attach

17. Proof of identity and address of Applicant II

Attach

20. Optional attachment(s), (if any)

Attach

Remove attachment

Declaration

* I

a person named in the articles as a director of the company has been duly authorized by the promoters of the company to sign this form and declare that all the requirements of the Companies Act, 2013 and the rules made thereunder in respect of Director Identification Number (DIN), registration of the company and matters precedent or incidental thereto have been complied with.

I am authorized by the promoter subscribing to the Memorandum of Association and Articles of Association and the first director(s) to give this declaration and to sign and submit this Form.

I further declare that, company shall not commence its business, unless all the required approval from the sectoral Regulators such as RBI, SEBI etc. have been obtained;

I on behalf of the promoters and the first directors, hereby declare that the registered office is capable of receiving and acknowledging all communications and notices addressed to the proposed company on incorporation, shall be maintained at the given address at item 4 of this form;

*I, on behalf of all the first director(s) named in the Articles of Association of the proposed company, solemnly declare, that the declaration given herein as stated above are true to the best of my knowledge and belief, the information given in this integrated application form for incorporation and attachments thereto are correct and complete, and nothing relevant to this form has been suppressed. All the required attachments have been completely, correctly and legibly attached to this form and are as per the original records maintained by the promoters subscribing to the Memorandum of Association and Articles of Association.

I, on behalf of the proposed Directors whose particulars for allotment of DIN are filled as above, hereby confirm and declare that they are not restrained, disqualified, removed for being appointed as Director of a company under the provisions of the Companies Act, 2013 including sections 164 and 169, and have not been declared as proclaimed offender by any Economic Offence Court or Judicial Magistrate Court or High Court or any other Court, and not been already allotted a Director Identification Number (DIN) under section 154 of the Companies Act, 2013, and I further declare that I have read and understood the provisions of Sections 154, 155, 447 and 448 read with Sections 449, 450 and 451 of the Companies Act, 2013.

* SHRUTI GUPTA

a Company Secretary

having Membership Number 55188 and/or Certificate of practice number 21120

has been engaged to give declaration under section 7(1) (b) and such declaration is attached.

Note: Attention is drawn to the provisions of sections 7(5) and 7(6) which, inter-alia, provides that furnishing of any false or incorrect particulars of any information or suppression of any material information shall attract punishment for fraud under section 447. Attention is also drawn to provisions of section 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively.

*To be digitally signed by director

Digitally signed by
MANI
BHUSHAN
SHARMA
Date: 2019.05.13
12:55:15 +05'30'

*DIN / PAN

CCUPS6124F

Declaration and certification by professional

I SHRUTI GUPTA

member of The Institute of Company Secretaries of India

having office at *

HOUSE NO. 277, POCKET C-7, SECTOR-8, ROHINI, DELHI-110085

Who is engaged in the formation of the company declare that I have been duly engaged for the purpose of certification of this form. It is hereby also 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/certified records maintained by the applicant 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;

- (i) the draft memorandum and articles of association have been drawn up in conformity with the provisions of sections 4 and 5 and rules made thereunder; and
- (ii) all the requirements of Companies Act, 2013 and the rules made thereunder relating to registration of the company under section 7 of the Act and matters precedent or incidental thereto have been complied with. 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;
- (iii) I have opened all the attachments to this form and have verified these to be as per requirements, complete and legible;
- (iv) I further declare that I have personally visited the premises of the proposed registered office given in the form at the address mentioned herein above and verified that the said proposed registered office of the company will be functioning for the business purposes of the company (wherever applicable in respect of the proposed registered office has been given).
- (v) It is understood that I shall be liable for action under Section 448 of the Companies Act, 2013 for wrong certification, if any found at any stage.

- * Chartered Accountant (in whole-time practice) or Cost Accountant (in whole-time practice) or
 Company Secretary (in whole-time practice) Advocate

SHRUTI
GUPTA
Digitally signed
by SHRUTI
GUPTA
Date: 2019.05.13
17:56:02 +05'30'

- * Whether Associate or Fellow Associate Fellow

* Membership number.

Certificate of practice number

Modify

Check Form

Prescrutiny

Submit

For office use only:

Affix estamp and filling details

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Confirm submission

Date of signing (DD/MM/YYYY)