



GOVERNMENT OF INDIA  
MINISTRY OF CORPORATE AFFAIRS  
OFFICE OF THE REGISTRAR OF COMPANIES

Dated : 09-09-2021

NOTE - THIS LETTER IS ONLY AN APPROVAL FOR REGISTRATION OF THE ENTITIES FOR UNDERTAKING CSR ACTIVITIES.

To,  
RAMRATAN SARDA MEDICAL HELP SOCIETY NAGPUR , 119, AYODHYA,BAJAJ  
N. SAR,NAGPUR,MH21,MH,440010

PAN : AACAR5260J

**Subject:** In Reference to Registration of Entities for undertaking CSR activities

**Reference:** Your application dated 09-09-2021 (SRN-T41746694)

Sir/Madam,

With reference to the above, it is informed that the entity has been registered for undertaking CSR activities and the Registration number is CSR00014535. Please refer the registration number for any further communication.



Registrar of Companies

ROC-DELHI

**Note:** The corresponding form has been approved and this letter has been digitally signed through a system generated digital signature.

**FORM NO. CSR-1**

(Pursuant to section 135 of the Companies Act, 2013 and Rule 4(1) and (2) of Companies (CSR Policy) Rules, 2014)

**Registration of Entities for undertaking CSR Activities**

Form Language  English  Hindi

Refer the instruction kit for filing the form.

**1.\* Nature of the Entity**

- Company established under Section 8 of the Companies Act, 2013 with Section 12A and Section 80G registrations under the Income Tax Act, 1961.
- Registered Public Trust with Section 12A and Section 80G registrations under the Income Tax Act, 1961.
- Registered Society with Section 12A and Section 80G registrations under the Income Tax Act, 1961.
- Company established under Section 8 of the Companies Act, 2013 or Registered Trust or Registered Society established by the Central Government or State Government.
- Entity established under an Act of Parliament or State Legislature.

**2. (a) Whether the Entity is established by any company or group of companies**

Yes  No

(b)(i) If yes, then provide the details of such company (s)

Add

CIN of the Company		Pre-fill
Name of the Company		

(ii) If no, whether the entity has an established track record of three years in undertaking similar activities

Yes  No

**3. (a)\* Type of Existing entity**

Society

\*CIN/ Registration Number MAH-121/16(N)

Pre-fill

(In case of a Section 8 company, enter CIN. Else, enter registration number)

**(b) \*Name of the entity**

RAMRATAN SARDA MEDICAL HELP SOCIETY NAGPUR

(c) \*Date of incorporation of the entity  (DD/MM/YYYY)

(d) \*Address of the entity

Line I	119, AYODHYA	
Line II	BAJAJ NAGAR	
City	NAGPUR	
State/ Union Territory	Maharashtra-MH	
District	Nagpur	Pin Code
		440010

(e) \* E-Mail ID of the entity

(f) \*Enter OTP for Email ID

(g) \* PAN of the entity

4.\*Details of Directors/ Board of Trustees/ Chairman/ CEO/ Secretary/ Authorized Representatives of the entity:

S.No.	Name	Designation	DIN/PAN	Email Id
1	VIJAY AYODHYAPRA	Trustee	06482339	brij1957@gmail.com

### Attachments

1.\* Copy of Certificate of Registration

2.\*Copy of PAN of entity

CRTFCT OF REGST.pdf COPY OF PANCARD.pdf
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### List of Attachments

### \*Declaration

I am authorized by the Entity vide \*resolution number  \*dated  to sign this form and declare that the particulars given in the form herein above are true and also are in agreement with the documents maintained by the Entity.

To be digitally signed by one director in case of Section 8 company

To be digitally signed by one of the Trustee/ CEO in case of Registered Public Trust

To be digitally signed by Chairperson/ CEO/ Secretary in case of Registered Society

To be digitally signed by Authorized Representative in case of Entity established under an Act of Parliament or State Legislature

\* To be digitally signed by

Digitally signed by  
VIJAY  
CHANDAK Date: 2021.09.07  
10:42:11 +05'30'

\*Designation

\*DIN of the director; or DIN or PAN of the Trustee or CEO or Chairperson or Chief functionary or authorized representative of the Entity;

06482339

**\*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/certified records maintained by the Company/ 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:

1. The said records have been properly prepared, signed by the required officers/ authorized representatives of the entity and were found to be in order;
2. All the required attachments have been completely and legibly attached to this form;
3. 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.

\* To be digitally signed by



- Chartered accountant (in whole-time practice)     Company secretary (in whole-time practice)
- Cost accountant (in whole-time practice)     practice)

\* Whether Associate or Fellow     Associate     Fellow

\* Membership Number   

Certificate of Practice Number   

**Note: Attention is drawn to provisions of Section 448 and 449 of the Act which provide for punishment for false statement / certificate and punishment for false evidence respectively.**

Modify

Check Form

Prescrutiny

Submit

This e-Form has been taken on file maintained by the Registrar of Companies through electronic mode and on the basis of statement of correctness given by the authorized person and professional.