FORM NO. INC.28 Notice of Order of the Court or any other competent authority
सत्यमेव जयते Form language o English o Hindi
Refer the instruction kit for filing the form.
1.(a) *Corporate identity number (CIN) or foreign company registration number (FCRN) of the company
(b) Global location number (GLN) of company
2.(a) Name of the company
(b) Address of the registered office or of the principal place of business in India of the company
(c) e-mail ID of the company
3.(a) <sup>*</sup> Order passed by
(b) Name of the court or Tribunal or any other competent authority
(c) <sup>*</sup> Location
(d) *Petition or application number
(e) *Order number
4. Date of passing the order (DD/MM/YYYY)
5.(a) (i) Section of the Companies Act, 2013 under which order passed
(ii) Section of the Companies Act, 1956 under which order passed
(b) If others, mention
6. Number of days within which order is to be filed with Registrar (To be entered pursuant to aforesaid sections or in terms of court order or Tribunal order or order of the competent authority, as the case may be)
7. Date of application to court or Tribunal or the competent authority for issue of certified copy of order (DD/MM/YYYY)
8. *Date of issue of certified copy of order (DD/MM/YYYY)
9. Due date by which order is to be filed with Registrar (DD/MM/YYYY)
10. In case of compounding of offence, enter Service request number (SRN)(s) of Form 61.

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[भाग II—खण्ड 3(i)]

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11. In case of amalgamation, mention whether company filing the form is transferor or transferee OTransferor OTransferee
(a) Details of transferee company
CIN Pre-fill
Name
Appointed date of amalgamation (DD/MM/YYYY)
(b) Details of transferor company(s)
Number of transferor company(s)
Category of the transferor company
CIN or FCRN or any other registration number Pre-fill
Name
Appointed date of amalgamation (DD/MM/YYYY) SRN of Form INC.28
Category of the transferor company
CIN or FCRN or any other registration number Pre-fill
Name
Appointed date of amalgamation (DD/MM/YYYY) SRN of Form INC.28
Category of the transferor company
CIN or FCRN or any other registration number Pre-fill
Name
Appointed date of amalgamation (DD/MM/YYYY) SRN of Form INC.28
Category of the transferor company
CIN or FCRN or any other registration number Pre-fill
Name
Appointed date of amalgamation (DD/MM/YYYY) SRN of Form INC.28
Category of the transferor company
CIN or FCRN or any other registration number Pre-fill
Name
Appointed date of amalgamation (DD/MM/YYYY) SRN of Form INC.28

## THE GAZETTE OF INDIA : EXTRAORDINARY

12. In case of winding up, provide	e the following details winding up under section 445 of the Con	nonios Act 1956	(DD/MM/YYYY)
	ount number (Income-tax PAN)		(,
(iii) Name of liquidator			
(iv) Address of liquidator			
Line I			
Line II			
City			
State			
Country			
Pin code			
(b) Date with effect from which win under section 466 of the Compan	nding up proceedings have been sta	yed (DI	D/MM/YYYY)
(c) Date of dissolution under secti	on 481 of the Companies Act, 1956		D/MM/YYYY)
(d) (i) Date with effect from which under section 559 of the Com	dissolution has been declared as vo panies Act, 1956.	id (DI	D/MM/YYYY)
(ii) Whether the order is in the	respect of company dissolved under	<b>section</b> 394 of the Companies Act, 19	56 Yes No
(iii) If yes, provide details of the	e transferor company whose dissoluti	ion has been declared as void	
CIN or FCRN		Pre-fill	
Name			
Date of amalgamation	(DD	/MM/YYYY)	
(e) Date with effect from which di Under section 252 of the Com	ssolution has been declared as v		
13.(a) SRN of relevant form			
(Mention the SRN of relevant form ING	L C.22, INC.28, CHG.1, CHG.4, CHG.9, MGT.14 OI	r any other form; if applicable	
(b) Date of special resolution und	er section 66(1) of the Companies Act,	, 2013	(DD/MM/YYYY)
(c) SRN of relevant Form INC.23 or C	HG.8, if applicable		
14. *Whether penalty involved or no	t 🔿 Yes 🔿 No		
If yes, SRN of payment of penal	ty		
Attachments		List of attachments	
1. *Copy of court order or NCLT or C order by any other competent aut	7 (((0))))	E	
2. Optional attachment(s) - if any	Attach		
		Remove attachr	nent

[भाग II—खण्ड 3(i)]

Declaration				
I am authorized by the Board of Directors of the Company vide resolution no. * Dated *				
*To be digitally signed by Particulars of the person signing and submitting the form				
*Name				
Capacity				
*Designation				
DIN or Income-tax PAN or Membership number				
Note: Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false statement and punishment for false evidence respectively           Modify         Check Form         Prescrutiny         Submit				
For office use only: Affix filing 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)				

## [F. No. 01/09/2013 (Part -I) CL-V]

RENUKA KUMAR, Jt. Secy.

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