# FORM NO. AOC-4 CFS NBFC (Ind AS)

[Pursuant to section 137 of the Companies Act, 2013 and sub-rule (1A) of rule 12 of the Companies (Accounts) Rules, 2014]



#### **Form** for filing consolidated financial statements and other documents with the Registrar

Form Language o English o Hindi

Refer the instruction kit for filing the form.

#### Note-

- -All fields marked in \* are to be mandatorily filled.
- -Figures appearing in the e-Form should be entered in Absolute Rupees only. Figures should not be rounded off in any other unit like hundreds, thousands, lakhs, millions or crores.

### S

| EC   | GMENT- I: INFORMATION AND PARTICULARS IN RESPECT OF CONSOLIDATED BALANCE SHEET                          |
|------|---------------------------------------------------------------------------------------------------------|
|      | Part A                                                                                                  |
| I. ( | General information of the company                                                                      |
| 3.   | (a) *Corporate identity number (CIN) of company                                                         |
|      | (b) Global location number (GLN) of company                                                             |
| 4.   | (a) Name of the company                                                                                 |
|      | (c) Address of registered office of the company                                                         |
|      | (d)*e-mail id of the company                                                                            |
| 5.   | *SRN of form AOC-4 NBFC (Ind AS) filed by the company for its standalone financial statements  Pre-fill |
| 6.   | (a) Financial year to which financial statements relates:                                               |
|      | From To (DD/MM/YYYY)                                                                                    |
| (1   | b) (i) Nature of consolidated financial statements                                                      |
|      | (ii) Nature of revision o Consolidated financial statements o Directors' Report o Both                  |
|      | (iii) Whether provisional consolidated financial statements filed earlier o Yes o No o Not Applicable   |
|      | (iv) Whether adopted in adjourned AGM o Yes o No o Not Applicable                                       |
|      | (v) Date of adjourned AGM in which consolidated financial statements were adopted [DD/MM/YYYY]          |
|      | (vi) SRN of form INC-28                                                                                 |
|      | (vii) *SRN of form AOC-4 CFS NBFC (Ind AS)                                                              |
|      | (viii) Date of order of competent authority (DD/MM/YYYY)                                                |

| 7. (a) *Whether annual g               | general meeting (AGM) held o Yes o No                                                                                                   | o Not Applicable          |                                                      |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|
| (b) Date of AGM                        | (DD/MM/YYYY                                                                                                                             | )                         |                                                      |
| (c) Due date of AGM                    | (DD/MM/YYYY                                                                                                                             | )                         |                                                      |
| (d) Whether any exten                  | nsion for financial year or AGM granted o Yo                                                                                            | es o No                   |                                                      |
| (e) If yes, due date of                | AGM after grant of extension                                                                                                            | (DD/MM/Y                  | YYY)                                                 |
| (a) *Date of Board of D                | pirectors' meeting in which consolidated financia                                                                                       | l statements were approve | ed                                                   |
| financial statement Provide Director I | s, manager, secretary, CEO, CFO of the companys dentification number (DIN) in case of director in case of manager, secretary, CEO, CFO. | -                         |                                                      |
| DIN or Income-tax PAN                  | Name                                                                                                                                    | Designation               | Date of signing of consolidated financial statements |
|                                        |                                                                                                                                         |                           |                                                      |
|                                        |                                                                                                                                         |                           |                                                      |
|                                        |                                                                                                                                         |                           |                                                      |
|                                        |                                                                                                                                         |                           |                                                      |
| under section 134 was a                | Directors' meeting in which Boards' report referred approved so who have signed the Boards' report                                      | ed to                     | (DD/MM/YYYY)                                         |
| DIN                                    | Name                                                                                                                                    | Designation               | Date of signing of<br>Boards' report                 |
|                                        |                                                                                                                                         |                           | •                                                    |
|                                        |                                                                                                                                         |                           |                                                      |
|                                        |                                                                                                                                         |                           |                                                      |
|                                        |                                                                                                                                         |                           |                                                      |
| Date of signing of reports             | on the consolidated financial statements by the a                                                                                       | uditors                   | (DD/MM/YYYY)                                         |

| *(a) Income-tax PAN of auditor or auditor's firm  *(b) Category of auditor  *(c) Membership number of auditor or auditor's firm  *(d) SRN of form ADT-1  *(e) Name of the auditor or auditor's firm  Line I  Line II  *City  *State  Country  *Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  a) (i) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary company or a joint venture as defined under clause (6) of section 2 o Yes o No  (iii) If yes, then indicate number of subsidiary company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures |                          |                                                                                                                                            |                                    |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------|
| *(c) Membership number of auditor or auditor's firm's registration number  *(d) SRN of form ADT-1  *(e) Name of the auditor or auditor's firm  Line I  Line II  City  *State  Country  *Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Al(i) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary company as defined under clause (87) of section 2 o Yes o No  (iii) If yes, then indicate number of subsidiary company as defined under clause (87) of section 2 o Yes o No  (iv) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (iv) *Whether the company has a nassociate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (iv) If yes, then indicate number of associate companies and joint ventures                                                                                                                        | *(a)                     | Income-tax PAN of auditor or auditor's firm                                                                                                |                                    |             |
| firm's registration number  *(d) SRN of form ADT-1  *(e) Name of the auditor or auditor's firm  Line I  Line II  *City  *State  Country  Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  a) (i) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary companies  Pre-fill  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (iii) If yes, then indicate number of subsidiary companies  Pre-fill  O Yes o No  (ii) If yes, then indicate number of subsidiary company as defined under clause (6) of section 2 o Yes o No                                                                                                                                                                                                                                           | *(b)                     | Category of auditor                                                                                                                        | O Individual O Auditor's firm      |             |
| *(e) Name of the auditor or auditor's firm  Line I  Line II  *City  *State  Country  *Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  a) (i) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary company subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (iii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                  | *(c)                     |                                                                                                                                            |                                    |             |
| *(f) Address of the auditor or auditor's firm  Line II  City  *State  Country  Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  If yes, then indicate number of subsidiary companies  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary companies  Pre-fill  ON Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (iii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                | *(d)                     | SRN of form ADT-1                                                                                                                          |                                    |             |
| Line I  Line II  *City  *State  Country  Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  If yes, then indicate number of subsidiary companies  Pre-fill  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2  o Yes o No  (ii) If yes, then indicate number of subsidiary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *(e)                     | Name of the auditor or auditor's firm                                                                                                      |                                    | egthicklet  |
| Line I  Line II  *City  *State  Country  Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  If yes, then indicate number of subsidiary companies  Pre-fill  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2  o Yes o No  (ii) If yes, then indicate number of subsidiary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                            |                                    | ╛╽          |
| Line II  *City  *State  Country  Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  In the company has a subsidiary company as defined under clause (87) of section 2 or Yes or No  (ii) If yes, then indicate number of subsidiary companies  CIN of subsidiary company  Name of the subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 or Yes or No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                    | *(f)                     | Address of the auditor or auditor's firm                                                                                                   |                                    | 寸           |
| *City  *State  Country  Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  If yes, then indicate number of subsidiary companies  CIN of subsidiary company  Name of the subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                            |                                    | Щ           |
| *State  Country  *Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  It yes, then indicate number of subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary companies  Pre-fill  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Line II                                                                                                                                    |                                    |             |
| Country  *Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  Membership number  If yes, then indicate number of subsidiary companies  Pre-fill  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | *City                                                                                                                                      |                                    |             |
| *Pin code  (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  Membership number  Name of the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary companies  Pre-fill  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  ii) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | *State                                                                                                                                     |                                    |             |
| (g) Details of the member signing for the above firm  Name of the member  Membership number  Membership number  a) (i) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary companies  Pre-fill  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Country                                                                                                                                    |                                    | $\neg \neg$ |
| Name of the member    Membership number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | *Pin code                                                                                                                                  |                                    |             |
| Name of the member    Membership number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (g)                      | Details of the member signing for the above                                                                                                | firm                               | -           |
| a) (i) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary companies  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                            |                                    | ╗           |
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| a) (i) *Whether the company has a subsidiary company as defined under clause (87) of section 2 o Yes o No  (ii) If yes, then indicate number of subsidiary companies  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                            |                                    |             |
| (ii) If yes, then indicate number of subsidiary companies  CIN of subsidiary company  Name of the subsidiary company  Provisions pursuant to which the company has become a subsidiary  i) *Whether the company has an associate company or a joint venture as defined under clause (6) of section 2 o Yes o No  (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Membership number                                                                                                                          |                                    |             |
| (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (ii) If y CIN of Name of | yes, then indicate number of subsidiary compan f subsidiary company of the subsidiary company ons pursuant to which the company has become | e a subsidiary                     | <br>]<br>   |
| (ii) If yes, then indicate number of associate companies and joint ventures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                            |                                    |             |
| Pre-fill Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (ii) If                  | yes, then indicate number of associate compani                                                                                             | ies and joint ventures  Pre-fill A | II          |
| I CIN of associate/joint venture company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I CIN                    | of associate/joint venture company                                                                                                         |                                    |             |
| Name of the associate/joint venture company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                            |                                    |             |
| Whether company is an associate or a joint venture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Whet                     | ther company is an associate or a joint venture                                                                                            |                                    |             |
| *Whether Schedule III of the Companies Act, 2013 is applicable o Yes o No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | on Sahadala III afdha Camananias Art 2012 is a                                                                                             | applicable o Yes o No              |             |
| whomo behouse in of the Companies Act, 2015 is applicable 0 1 cs 0 N0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a) *Wheth                | er Schedule III of the Companies Act, 2013 is a                                                                                            |                                    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                            |                                    |             |
| *Type of Industry  *Whether company has adopted Ind AS for the first time o Yes o No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b)*Type of               | f Industry                                                                                                                                 | Also Good Aires and Mars and Na    |             |

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|---|---|----|---|---|
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### I. CONSOLIDATED BALANCE SHEET

|     | Particulars                             | Figures as at the end of   | Figures as at the end of | Figures as at the   |
|-----|-----------------------------------------|----------------------------|--------------------------|---------------------|
|     |                                         | (Current reporting period) | (Previous reporting      | beginning of        |
|     |                                         | (in Rs.)                   | period) (in Rs.)         | (Previous reporting |
|     |                                         |                            |                          | period) (in Rs.)    |
|     |                                         | <u> </u>                   |                          |                     |
|     |                                         | DD/MM/YYYY)                | (DD/MM/YYYY)             |                     |
|     |                                         |                            |                          | (DD/MM/YYYY)        |
| I.  | ASSETS                                  |                            |                          |                     |
| (1) | Financial Assets                        |                            |                          |                     |
| (1) | (d) Cash and cash equivalents           |                            |                          |                     |
|     | (e) Bank Balance other than (a) above   |                            |                          |                     |
|     | (c) Derivative financial instruments    |                            |                          |                     |
|     | (d) Receivables                         |                            |                          |                     |
|     | (I) Trade Receivables                   |                            |                          |                     |
|     | (II) Other Receivables                  |                            |                          |                     |
|     | (e) Loans                               |                            |                          |                     |
|     |                                         |                            |                          |                     |
|     | (f) Investments                         |                            |                          |                     |
| (8) | (g) Other Financial Assets              |                            |                          |                     |
| (2) | Non-financial Assets                    |                            |                          |                     |
|     | (a) Inventories                         |                            |                          |                     |
|     | (b) Current tax assets (Net)            |                            |                          |                     |
|     | (c) Deferred Tax Assets (Net)           |                            |                          |                     |
|     | (d) Investment Property                 |                            |                          |                     |
|     | (e) Biological assets other than bearer |                            |                          |                     |
|     | plants                                  |                            |                          |                     |
|     | (f) Property, Plant and Equipment       |                            |                          |                     |
|     | (g) Capital Work-in-Progress            |                            |                          |                     |
|     | (h) Intangible assets under             |                            |                          |                     |
|     | development                             |                            |                          |                     |
|     | (i) Goodwill                            |                            |                          |                     |
|     | (j) Other Intangibles assets            |                            |                          |                     |
|     | (k) Other non-financial assets          |                            |                          |                     |
|     | TOTAL ASSETS                            | 0.00                       | 0.00                     |                     |
| II. | LIABILITIES AND EQUITY                  |                            |                          |                     |
|     | LIABILITIES                             |                            |                          |                     |
| (1) | Financial Liabilities                   |                            |                          |                     |
|     | (a) Derivative financial instruments    |                            |                          |                     |
|     | (b) Payables                            |                            |                          |                     |
|     | (I) Trade Payables                      |                            |                          |                     |
|     | (i) total outstanding dues of micro     |                            |                          |                     |
|     | enterprises and small enterprises       |                            |                          |                     |
|     | (ii) total outstanding dues of          |                            |                          |                     |
|     | creditors other than micro enterprises  |                            |                          |                     |
|     | and small enterprises                   |                            |                          |                     |
|     | (II) Other Payables                     |                            |                          |                     |
|     | (i) total outstanding dues of micro     |                            |                          |                     |
|     | enterprises and small enterprises       |                            |                          |                     |
|     | (ii) total outstanding dues of          |                            |                          |                     |
|     | creditors other than micro enterprises  |                            |                          |                     |
|     | and small enterprises                   |                            |                          |                     |
|     | (c) Debt Securities                     |                            |                          |                     |

|                               | (e) Deposits                                                                                                             |                                                                  |         |                                      |                                             |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------|--------------------------------------|---------------------------------------------|
|                               | (f) Subordinated Liabilities                                                                                             |                                                                  |         |                                      |                                             |
|                               | (g) Other financial liabilities                                                                                          |                                                                  |         |                                      |                                             |
| )                             | Non-Financial Liabilities                                                                                                |                                                                  |         |                                      |                                             |
|                               | (a) Current tax liabilities (Net)                                                                                        |                                                                  |         |                                      |                                             |
|                               | (b) Provisions                                                                                                           |                                                                  |         |                                      |                                             |
|                               | (c) Deferred Tax Liabilities (Net)                                                                                       |                                                                  |         |                                      |                                             |
|                               | (d) Other non-financial liabilities                                                                                      |                                                                  |         |                                      |                                             |
| )                             | EQUITY                                                                                                                   |                                                                  |         |                                      |                                             |
|                               | (a) Equity Share Capital                                                                                                 |                                                                  |         |                                      |                                             |
|                               | (b) Other Equity                                                                                                         |                                                                  |         |                                      |                                             |
|                               | Total equity attributable to owners of parent                                                                            |                                                                  |         |                                      |                                             |
|                               | Non-controlling Interest                                                                                                 |                                                                  |         |                                      |                                             |
|                               | Total Equity                                                                                                             |                                                                  |         |                                      |                                             |
|                               | TOTAL LIABILITIES AND                                                                                                    | 0.0                                                              | 0       | 0.0                                  | 0                                           |
|                               | EQUITY                                                                                                                   |                                                                  |         |                                      |                                             |
| Sta                           | tailed Balance sheet items (Amount in F                                                                                  | Rupees)                                                          |         |                                      |                                             |
| Sta<br>a. I                   | atement of Changes in Equity Equity Share Capital                                                                        |                                                                  |         |                                      |                                             |
| Sta<br>a. I<br>I.<br>B        | atement of Changes in Equity                                                                                             |                                                                  | capital | reporting period) (i                 | end of the (Current in Rs.)<br>(DD/MM/YYYY) |
| Sta<br>a. I                   | Equity Share Capital  alance at the beginning of the (Current eporting period) (in Rs.)                                  | Changes in equity share                                          | capital | reporting period) (i                 | in Rs.)                                     |
| Bare                          | Equity Share Capital  alance at the beginning of the (Current eporting period) (in Rs.)                                  | Changes in equity share                                          | capital | reporting period) (i                 | in Rs.)                                     |
| Bre L                         | Equity Share Capital  alance at the beginning of the (Current eporting period) (in Rs.)  (DD/MM/YYYY)                    | Changes in equity share during the year                          |         | reporting period) (i                 | in Rs.)<br>(DD/MM/YYYY)                     |
| Bare L.                       | Equity Share Capital  alance at the beginning of the (Current eporting period) (in Rs.)                                  | Changes in equity share                                          |         | Balance at the ereporting period) (i | in Rs.) (DD/MM/YYYY)  end of the (Previous  |
| Sta  I.  Bree  II.  Bree  II. | alance at the beginning of the (Current DD/MM/YYYY)  alance at the beginning of the (Previous Exporting period) (in Rs.) | Changes in equity share during the year  Changes in equity share |         | Balance at the ereporting period) (i | end of the (Previous in Rs.)                |
| Bare L.                       | alance at the beginning of the (Current DD/MM/YYYY)  alance at the beginning of the (Previous Exporting period) (in Rs.) | Changes in equity share during the year  Changes in equity share |         | Balance at the ereporting period) (i | end of the (Previous in Rs.)                |

|                                                                                  | ı                                                               |                                                   |                            |                                                                  | ,                                                         | T                                                 |                                                |                                         |              |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|----------------------------|------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|------------------------------------------------|-----------------------------------------|--------------|--|
|                                                                                  | Share application money                                         | Equity component of                               | Statutor<br>Reserve        |                                                                  | Securities premium                                        | Other<br>Reserve                                  | Retained<br>Earnings                           | instrum<br>through                      |              |  |
|                                                                                  | pending allotment (1)                                           | compound<br>financial<br>instruments<br>(2)       | (3)                        | (4)                                                              | (5)                                                       | (6)                                               | (7)                                            | Other<br>Compre<br>ive Inco             | ehens        |  |
| Balance at the beginning of the (Current reporting period) (in Rs.)  [DD/MM/YYY] |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| Y) Changes in accounting                                                         |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| policy/ prior<br>period errors<br>Restated                                       |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| balance at the<br>beginning of<br>the (Current<br>reporting<br>period) (in Rs.)  |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| (DD/MM/YYY<br>Y)                                                                 |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| Total Comprehensive Income for the year                                          |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| Dividends Transfer to retained earnings                                          |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| Any other change                                                                 |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| Balance at the end of the (Current reporting period) (in Rs.)                    |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| (DD/MM/YYY<br>Y)                                                                 |                                                                 |                                                   |                            |                                                                  |                                                           |                                                   |                                                |                                         |              |  |
| ,                                                                                | Equity<br>instrument<br>s through<br>Other<br>Comprehe<br>nsive | Effective<br>portion<br>of Cash<br>Flow<br>Hedges | Revalua<br>tion<br>Surplus | Exchange<br>differences<br>on<br>translating<br>the<br>financial | Other<br>items of<br>Other<br>Compre<br>hensive<br>Income | Money<br>received<br>against<br>share<br>warrants | Total equity attributabl e to owners of parent | Non-<br>Contro<br>Iling<br>Interes<br>t | Total        |  |
|                                                                                  | Income (9)                                                      | (10)                                              | (11)                       | statements<br>of a<br>foreign<br>operation<br>(12)               | (13)                                                      | (14)                                              | (15)<br>(Sum of 1<br>to 14)                    | (16)                                    | (15 +<br>16) |  |

| Balance at the    |   |  |  |  |  |
|-------------------|---|--|--|--|--|
| beginning of      |   |  |  |  |  |
| the (Current      |   |  |  |  |  |
| reporting         |   |  |  |  |  |
| period) (in Rs.)  |   |  |  |  |  |
| period) (iii 16.) |   |  |  |  |  |
| (DD/MM/YYY        | 1 |  |  |  |  |
| Y)                |   |  |  |  |  |
| Changes in        |   |  |  |  |  |
| accounting        |   |  |  |  |  |
| policy/ prior     |   |  |  |  |  |
| policy/ prior     |   |  |  |  |  |
| period errors     |   |  |  |  |  |
| Restated          |   |  |  |  |  |
| balance at the    |   |  |  |  |  |
| beginning of      |   |  |  |  |  |
| the (Current      |   |  |  |  |  |
| reporting         |   |  |  |  |  |
| period) (in Rs.)  |   |  |  |  |  |
|                   |   |  |  |  |  |
| (DD/MM/YYY        |   |  |  |  |  |
| Y)                |   |  |  |  |  |
| Total             |   |  |  |  |  |
| Comprehensive     |   |  |  |  |  |
| Income for the    |   |  |  |  |  |
| year              |   |  |  |  |  |
| Dividends         |   |  |  |  |  |
| Transfer to       |   |  |  |  |  |
| retained          |   |  |  |  |  |
| earnings          |   |  |  |  |  |
| Any other         |   |  |  |  |  |
| change            |   |  |  |  |  |
| Balance at the    |   |  |  |  |  |
| end of the        |   |  |  |  |  |
| (Current          |   |  |  |  |  |
| reporting         |   |  |  |  |  |
| noriod) (in Pa)   |   |  |  |  |  |
| period) (in Rs.)  |   |  |  |  |  |
|                   |   |  |  |  |  |
| (DD/MM/YYY        |   |  |  |  |  |
| Y)                |   |  |  |  |  |

II.

|                  |            |             |           | Reserves and Surplus |            |          |          |             |  |
|------------------|------------|-------------|-----------|----------------------|------------|----------|----------|-------------|--|
|                  | Share      | Equity      | Statutory | Capital              | Securities | Other    | Retained | Debt        |  |
|                  | applicatio | component   | Reserves  | reserves             | premium    | Reserves | Earnings | instruments |  |
|                  | n money    | of          |           |                      |            |          |          | through     |  |
|                  | pending    | compound    |           |                      |            | (6)      |          | Other       |  |
|                  | allotment  | financial   |           |                      |            | , ,      |          | Comprehens  |  |
|                  | (1)        | instruments | (3)       | (4)                  | (5)        |          | (7)      | ive Income  |  |
|                  |            | (2)         |           |                      |            |          |          | (8)         |  |
| Balance at the   |            |             |           |                      |            |          |          |             |  |
| beginning of the |            |             |           |                      |            |          |          |             |  |
| (Previous        |            |             |           |                      |            |          |          |             |  |

| reporting period) (in Rs.)                                                   |                |           |         |                  |                |          |              |              |        |
|------------------------------------------------------------------------------|----------------|-----------|---------|------------------|----------------|----------|--------------|--------------|--------|
|                                                                              | j              |           |         |                  |                |          |              |              |        |
| (DD/MM/YYY<br>Y)                                                             |                |           |         |                  |                |          |              |              |        |
| Changes in                                                                   |                |           |         |                  |                |          |              |              |        |
| accounting                                                                   |                |           |         |                  |                |          |              |              |        |
| policy/ prior                                                                |                |           |         |                  |                |          |              |              |        |
| period errors<br>Restated                                                    |                |           |         |                  |                |          |              |              |        |
| balance at the                                                               |                |           |         |                  |                |          |              |              |        |
| beginning of the                                                             |                |           |         |                  |                |          |              |              |        |
| (Previous reporting                                                          |                |           |         |                  |                |          |              |              |        |
| period) (in Rs.)                                                             |                |           |         |                  |                |          |              |              |        |
|                                                                              | 1              |           |         |                  |                |          |              |              |        |
| (DD/MM/YYY<br>Y)                                                             |                |           |         |                  |                |          |              |              |        |
| Total                                                                        |                |           |         |                  |                |          |              |              |        |
| Comprehensive Income for the                                                 |                |           |         |                  |                |          |              |              |        |
| year                                                                         |                |           |         |                  |                |          |              |              |        |
| Dividends                                                                    |                |           |         |                  |                |          |              |              |        |
| Transfer to retained                                                         |                |           |         |                  |                |          |              |              |        |
| earnings                                                                     |                |           |         |                  |                |          |              |              |        |
| Any other                                                                    |                |           |         |                  |                |          |              |              |        |
| change                                                                       |                |           | $\bot$  |                  |                |          |              |              |        |
| Balance at the end of the                                                    |                |           |         |                  |                |          |              |              |        |
| (Previous                                                                    |                |           |         |                  |                |          |              |              |        |
| reporting                                                                    |                |           |         |                  |                |          |              |              |        |
| period) (in Rs.)                                                             |                |           |         |                  |                |          |              |              |        |
| (DD/MM/YYY                                                                   |                |           |         |                  |                |          |              |              |        |
| Y)                                                                           |                |           |         |                  |                |          |              |              |        |
|                                                                              | Equity         | Effective | Revalua | Exchange         | Other          | Money    | Total        | Non-         | Total  |
|                                                                              | instrument     | portion   | tion    | differences      | items of       | received | equity       | Cont         | 1 otai |
|                                                                              | s through      | of Cash   | Surplus | on               | Other          | against  | attributa    | rollin       |        |
|                                                                              | Other          | Flow      |         | translating      | Compre hensive | share    | ble to       | g<br>Intor   |        |
|                                                                              | Comprehe nsive | Hedges    |         | the<br>financial | Income         | warrants | owners<br>of | Inter<br>est |        |
|                                                                              | Income         |           |         | statements       |                |          | parent       |              |        |
|                                                                              |                |           |         | of a foreign     |                |          |              |              | (15 +  |
|                                                                              |                | ]         |         | operation (12)   |                |          |              |              | 16)    |
|                                                                              |                |           | 1       | (12)             |                | (1.4)    | (15)         |              |        |
|                                                                              |                | (10)      |         |                  |                | (14)     | (10)         |              |        |
|                                                                              |                | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      |              |        |
|                                                                              | (9)            | (10)      | (11)    |                  | (13)           | (14)     |              | (16)         |        |
| Balance at the                                                               | (9)            | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      | (16)         |        |
| Balance at the beginning of                                                  | (9)            | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      | (16)         |        |
| beginning of<br>the (Previous                                                | (9)            | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      | (16)         |        |
| beginning of<br>the (Previous<br>reporting                                   | (9)            | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      | (16)         |        |
| beginning of<br>the (Previous                                                | (9)            | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      | (16)         |        |
| beginning of<br>the (Previous<br>reporting<br>period) (in Rs.)<br>(DD/MM/YYY | (9)            | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      | (16)         |        |
| beginning of<br>the (Previous<br>reporting<br>period) (in Rs.)               | (9)            | (10)      | (11)    |                  | (13)           | (14)     | (Sum of      | (16)         |        |

| policy/ prior                                                              |  |  |  |  |  |
|----------------------------------------------------------------------------|--|--|--|--|--|
| period errors                                                              |  |  |  |  |  |
| Restated balance at the beginning of                                       |  |  |  |  |  |
| the (Previous reporting period) (in Rs.)                                   |  |  |  |  |  |
| (DD/MM/YYY<br>Y)                                                           |  |  |  |  |  |
| Total<br>Comprehensive<br>Income for the<br>year                           |  |  |  |  |  |
| Dividends                                                                  |  |  |  |  |  |
| Transfer to retained earnings                                              |  |  |  |  |  |
| Any other change                                                           |  |  |  |  |  |
| Balance at the end of the (Previous reporting period) (in Rs.)  (DD/MM/YYY |  |  |  |  |  |
| Y)                                                                         |  |  |  |  |  |

### D. Derivative financial Instruments

|                                                                                                      |                     | (Current Y           | ear)                       |                      | (Previous Year)      |                            |  |  |
|------------------------------------------------------------------------------------------------------|---------------------|----------------------|----------------------------|----------------------|----------------------|----------------------------|--|--|
| Part I                                                                                               | Notional<br>amounts | Fair Value<br>Assets | -Fair Value<br>Liabilities | -Notional<br>amounts | Fair Value<br>Assets | -Fair Value<br>Liabilities |  |  |
| (i)Currency derivatives                                                                              |                     |                      |                            |                      |                      |                            |  |  |
| (ii)Interest rate derivatives                                                                        |                     |                      |                            |                      |                      |                            |  |  |
| (iii)Credit derivatives                                                                              |                     |                      |                            |                      |                      |                            |  |  |
| (iv)Equity linked derivatives                                                                        |                     |                      |                            |                      |                      |                            |  |  |
| (v)Other derivatives                                                                                 |                     |                      |                            |                      |                      |                            |  |  |
| Total Derivative Financial<br>Instruments (i)+(ii)+(iii)+(iv)+ (v)                                   |                     |                      |                            |                      |                      |                            |  |  |
| Part II                                                                                              |                     |                      |                            |                      |                      |                            |  |  |
| Included in above (Part I) are derivatives held for hedging and risk management purposes as follows: |                     |                      |                            |                      |                      |                            |  |  |

| (i)Fair value hedging                                          |  |  |  |
|----------------------------------------------------------------|--|--|--|
| (ii)Cash flow hedging                                          |  |  |  |
| (iii)Net investment hedging                                    |  |  |  |
| (iv)Undesignated Derivatives                                   |  |  |  |
| Total Derivative Financial<br>Instruments (i)+ (ii)+(iii)+(iv) |  |  |  |

### J. Receivables:

| Particulars                                     | Current reporting period | Previous reporting period |
|-------------------------------------------------|--------------------------|---------------------------|
| Receivables considered good - Secured           |                          |                           |
| Receivables considered good - Unsecured         |                          |                           |
| Receivables which have significant increase     |                          |                           |
| in Credit Risk                                  |                          |                           |
| Receivables – credit impaired                   |                          |                           |
| Total Receivables                               | 0.00                     | 0.00                      |
| Impairment loss allowance                       |                          |                           |
| Net Receivable                                  |                          |                           |
| Debts due by directors or other officers of the |                          |                           |
| company                                         |                          |                           |

### K. Loans

|                                   | Current reporting period | Previous reporting period |
|-----------------------------------|--------------------------|---------------------------|
|                                   |                          |                           |
| Loans                             |                          |                           |
| Total (A) – Gross                 |                          |                           |
| Less: Impairment loss allowance   |                          |                           |
|                                   |                          |                           |
| Total (A) – Net                   |                          |                           |
|                                   |                          |                           |
| (B)                               |                          |                           |
| (i) Secured by tangible assets    |                          |                           |
| (ii) Secured by intangible assets |                          |                           |
|                                   |                          |                           |
| (iii) Covered by Bank/ Government |                          |                           |
| Guarantees                        |                          |                           |
|                                   |                          |                           |
| (iv) Unsecured                    |                          |                           |
| Total (B) – Gross                 |                          |                           |
| Less: Impairment loss allowance   |                          |                           |
|                                   |                          |                           |

| Total (B) – Net                     |  |
|-------------------------------------|--|
|                                     |  |
| Total (C)(I) Loans in India – Gross |  |
|                                     |  |
| Lass Lungium out lass allowers      |  |
| Less: Impairment loss allowance     |  |
|                                     |  |
| Total (C)(I) – Net                  |  |
|                                     |  |
| Total (C)(II) Loans outside India – |  |
| Gross                               |  |
| Less: Impairment loss allowance     |  |
| Less. Impairment loss anowance      |  |
|                                     |  |
| Total (C)(II) – Net                 |  |
|                                     |  |
| Total (C)(I) and (C)(II)            |  |
|                                     |  |

### L. Investments

| Investments                             | Current reporting period | Previous reporting period |
|-----------------------------------------|--------------------------|---------------------------|
|                                         |                          |                           |
| Mutual funds                            |                          |                           |
| Government Securities                   |                          |                           |
| Other approved securities               |                          |                           |
|                                         |                          |                           |
| Debt securities                         |                          |                           |
| Equity instruments                      |                          |                           |
| Subsidiaries                            |                          |                           |
| Joint Ventures                          |                          |                           |
| Others                                  |                          |                           |
| Total – Gross (A)                       |                          |                           |
|                                         |                          |                           |
| (i) Investments outside India           |                          |                           |
|                                         |                          |                           |
| (ii) Investments in India               |                          |                           |
|                                         |                          |                           |
| Total (B)                               |                          |                           |
| Total (A) to tally with (B)             |                          |                           |
|                                         |                          |                           |
| Less: Allowance for Impairment loss (C) |                          |                           |
|                                         |                          |                           |
| Total - Net D = (A)-(C)                 |                          |                           |

#### M. Debt Securities

|                                 | Current reporting period | Previous reporting period |
|---------------------------------|--------------------------|---------------------------|
|                                 |                          |                           |
| Liability component of compound |                          |                           |
| financial instruments           |                          |                           |
| Other (Bonds/ Debenture etc.)   |                          |                           |
| Total (A)                       |                          |                           |
| Debt securities in India        |                          |                           |
|                                 |                          |                           |
| Debt securities outside India   |                          |                           |
| Total (B) to tally with (A)     |                          |                           |

### N. Borrowings (Other than Debt Securities)

|                                     | Current reporting period | Previous reporting period |
|-------------------------------------|--------------------------|---------------------------|
|                                     |                          |                           |
| (a) Term loans                      |                          |                           |
| (i) from banks                      |                          |                           |
| (ii) from other parties             |                          |                           |
| (b) Deferred payment liabilities    |                          |                           |
| (c) Loans from related parties      |                          |                           |
| (d) Finance lease obligations       |                          |                           |
| (e) Liability component of compound |                          |                           |
| financial instruments               |                          |                           |
| (f) Loans repayable on demand       |                          |                           |
| (i) from banks                      |                          |                           |
| (ii) from other parties             |                          |                           |
| (g) Other loans                     |                          |                           |
| Total (A)                           |                          |                           |
|                                     |                          |                           |
|                                     |                          |                           |
| Borrowings in India                 |                          |                           |
| Borrowings outside India            |                          |                           |
| Total (B) to tally with (A)         |                          |                           |

### O. Deposits

|                     | Current reporting period | Previous reporting period |
|---------------------|--------------------------|---------------------------|
|                     |                          |                           |
| Deposits            |                          |                           |
| (i) Public deposits |                          |                           |
| (ii) From Banks     |                          |                           |
| (iii) From Others   |                          |                           |
| Total               |                          |                           |

### P. Subordinated Liabilities

|                                          | Current reporting period | Previous reporting period |
|------------------------------------------|--------------------------|---------------------------|
|                                          |                          |                           |
|                                          |                          |                           |
| Perpetual Debt Instruments to the extent |                          |                           |
| that do not qualify as equity            |                          |                           |
| Preference Shares other than those that  |                          |                           |
| qualify as Equity                        |                          |                           |

| Others                                 |  |
|----------------------------------------|--|
| Total (A)                              |  |
|                                        |  |
| Subordinated Liabilities in India      |  |
| Subordinated Liabilities outside India |  |
| Total (B) to tally with (A)            |  |

# III. \*Financial parameters – Balance sheet items (Amount in Rupees) as on financial year end date

| 1  | Amount of issue for contracts without payment received in    |   |
|----|--------------------------------------------------------------|---|
|    | cash during reporting period                                 |   |
| 2  | Share application money given                                |   |
| 3  | Share application money given during the reporting period    |   |
| 4  | Share application money received during the reporting        |   |
|    | period                                                       |   |
| 5  | Share application money received and due for refund          |   |
| 6  | Paid-up capital held by foreign companies                    |   |
| 7  | Paid-up capital held by foreign holding and/ or through its  | - |
|    | subsidiaries                                                 |   |
| 8  | Number of shares bought back during the reporting period     |   |
| 9  | Deposits accepted or renewed during the reporting period     |   |
| 10 | Deposits matured and claimed but not paid during the         |   |
|    | reporting period                                             |   |
| 11 | Deposits matured and claimed but not paid                    |   |
| 12 | Deposits matured, but not claimed                            |   |
| 13 | Unclaimed matured debentures                                 |   |
| 14 | Debentures claimed but not paid                              |   |
| 15 | Interest on deposits accrued and due but not paid            |   |
| 16 | Unpaid dividend                                              |   |
| 17 | Investment in subsidiary companies                           |   |
| 18 | Investment in government companies                           |   |
| 19 | Capital reserve                                              |   |
| 20 | Investment in Associates                                     |   |
| 21 | Investment in Joint Ventures                                 |   |
| 22 | Goodwill on consolidation                                    |   |
| 23 | Amount due for transfer to Investor Education and            |   |
|    | Protection Fund (IEPF)                                       |   |
| 24 | Inter-corporate deposits                                     |   |
| 25 | Gross value of transaction as per Ind AS- 24 (if applicable) |   |
| 26 | Capital subsidies or grants received from government         |   |
|    | authorities                                                  |   |
| 27 | Calls unpaid by directors                                    |   |
|    |                                                              |   |

| 28 | Calls unpaid by others                                                    |                                     |
|----|---------------------------------------------------------------------------|-------------------------------------|
| 29 | Forfeited shares (amount originally paid-up)                              |                                     |
| 30 | Forfeited shares reissued                                                 |                                     |
| 31 | Borrowing from foreign institutional agencies                             |                                     |
| 32 | Borrowing from foreign companies                                          |                                     |
| 33 | Inter-corporate borrowings -secured                                       |                                     |
| 34 | Inter-corporate borrowings –unsecured                                     |                                     |
| 35 | Commercial Paper                                                          |                                     |
| 36 | Conversion of warrants into equity shares during the reporting period     |                                     |
| 37 | Conversion of warrants into preference shares during the reporting period |                                     |
| 38 | Conversion of warrants into debentures during the reporting period        |                                     |
| 39 | Warrants issued during the reporting period (In foreign currency)         |                                     |
| 40 | Warrants issued during the reporting period (In Rupees)                   |                                     |
| 41 | Default in payment of short term borrowings and interest                  |                                     |
|    | thereon                                                                   |                                     |
| 42 | Default in payment of long term borrowings and interest                   |                                     |
| 42 | thereon Whether any operating lease has been converted to financial lea   | ase or <i>vice-versa</i> o Yes o No |
| 43 | Provide details of such conversions                                       | ase of vice-versa of tes of No      |
|    | 1 Tovide details of such conversions                                      |                                     |
|    |                                                                           |                                     |
|    |                                                                           |                                     |
|    |                                                                           |                                     |
| 44 | Net Worth of the companies                                                |                                     |
| 45 | Number of shareholders to whom shares allotted under                      |                                     |
|    | private placement during the reporting period                             |                                     |
| 46 | Secured Loan                                                              |                                     |
| 47 | Gross Property, Plant and Equipment                                       | -                                   |
| 48 | Intangible assets                                                         |                                     |
| 49 | Depreciation and amortization                                             | -                                   |
| 50 | Miscellaneous expenditure to the extent not written off or adjusted       |                                     |

# IV. Share capital raised during the reporting period (Amount in Rupees)

| Particulars      | <b>Equity shares</b> | Preference shares | Total |
|------------------|----------------------|-------------------|-------|
| (a) Public issue |                      |                   | 0.00  |
| (b) Bonus issue  |                      |                   | 0.00  |
| (c) Rights issue |                      |                   | 0.00  |

| (d) Private placement arising out of conversion of debentures/ preference shares      |      |      | 0.00 |
|---------------------------------------------------------------------------------------|------|------|------|
| (e) Other private placement                                                           |      |      | 0.00 |
| (f) Preferential allotment arising out of conversion of debentures/ preference shares |      |      | 0.00 |
| (g) Other preferential allotment                                                      |      |      | 0.00 |
| (h) Employee Stock Option Plan (ESOP)                                                 |      |      | 0.00 |
| (i) Other                                                                             |      |      | 0.00 |
| (j) Total amount of share capital raised during the reporting period                  | 0.00 | 0.00 | 0.00 |

### SEGMENT II: INFORMATION AND PARTICULARS IN RESPECT OF CONSOLIDATED PROFIT AND LOSS ACCOUNT

### I. Statement Of Consolidated Profit and Loss

|        | Particulars                          | Figures for the period (Current | Figures for the period (Previous reporting |
|--------|--------------------------------------|---------------------------------|--------------------------------------------|
|        |                                      | reporting period)               | period)                                    |
|        |                                      | From                            | From (DD/MM/YYYY)                          |
|        |                                      |                                 |                                            |
|        |                                      | (DD/MM/YYYY)                    | To (DD/MM/YYYY)                            |
|        |                                      | To (DD/MM/YYYY)                 |                                            |
|        | Revenue from operations              |                                 |                                            |
| (i)    | Interest Income                      |                                 |                                            |
| (ii)   | Dividend Income                      |                                 |                                            |
| (iii)  | Rental Income                        |                                 |                                            |
| (iv)   | Fees and commission Income           |                                 |                                            |
| (v)    | Net gain on fair value changes       |                                 |                                            |
| (vi)   | Net gain on derecognition of         |                                 |                                            |
|        | financial instruments under          |                                 |                                            |
|        | amortised cost category              |                                 |                                            |
| (vii)  | Sale of products (including          |                                 |                                            |
|        | Excise Duty)                         |                                 |                                            |
| (viii) | Sale of services                     |                                 |                                            |
| (ix)   | Others                               |                                 |                                            |
| (I)    | <b>Total Revenue from operations</b> |                                 |                                            |
|        |                                      |                                 |                                            |
| (II)   | Other Income                         |                                 |                                            |
|        |                                      |                                 |                                            |
| (III)  | Total Income (I+II)                  | 0.00                            | 0.00                                       |
|        |                                      |                                 |                                            |
|        | Expenses                             |                                 |                                            |
| (i)    | Finance Costs                        |                                 |                                            |
| (ii)   | Fees and commission expense          |                                 |                                            |
| (iii)  | Net loss on fair value changes       |                                 |                                            |
| (iv)   | Net loss on derecognition of         |                                 |                                            |
|        | financial instruments under          |                                 |                                            |
|        | amortised cost category              |                                 |                                            |
| (v)    | Impairment on financial              |                                 |                                            |
|        | instruments                          |                                 |                                            |
| (vi)   | Cost of materials consumed           |                                 |                                            |

| (vii)  | Purchases of Stock-in-trade         |      | Ī    |
|--------|-------------------------------------|------|------|
| (viii) | Changes in Inventories of           |      |      |
| (VIII) | finished goods, stock-in-trade      |      |      |
|        |                                     |      |      |
| (:-)   | and work-in-progress                |      |      |
| (ix)   | Employee Benefits Expenses          |      |      |
| (x)    | Depreciation, amortization and      |      |      |
| ( )    | impairment                          |      |      |
| (xi)   | Other expenses                      | 0.00 | 0.00 |
| (IV)   | Total expenses (IV)                 | 0.00 | 0.00 |
| (II)   |                                     | 0.00 | 0.00 |
| (V)    | Profit/ (loss) before exceptional   | 0.00 | 0.00 |
| ~ ~    | items and tax (III-IV)              |      |      |
| (VI)   | Exceptional items                   |      |      |
| (VII)  | Profit/ (loss) before tax (V-VI)    | 0.00 | 0.00 |
| (VIII) | Tax Expense                         |      |      |
|        | (3) Current tax                     |      |      |
|        | (4) Deferred tax                    |      |      |
| (IX)   | Profit/(Loss) for the period        | 0.00 | 0.00 |
|        | from continuing operations          |      |      |
|        | (VII-VIII)                          |      |      |
| (X)    | Profit /(Loss) from                 |      |      |
|        | discontinued operations             |      |      |
| (XI)   | Tax expense of discontinued         |      |      |
|        | operations                          |      |      |
| (XII)  | Profit/ (Loss) from                 | 0.00 | 0.00 |
|        | discontinued operations (After      |      |      |
|        | tax) (X-XI)                         |      |      |
| (XIII) | Profit /(Loss) for the period       |      |      |
|        | (IX+XII)                            |      |      |
|        | (i)Profit or loss, attributable to  |      |      |
|        | owners of parent                    |      |      |
|        | (ii)Profit or loss, attributable to |      |      |
|        | non-controlling interests           |      |      |
|        | Total Profit or loss, attributable  | 0.00 | 0.00 |
|        | for the Period                      |      |      |
|        |                                     |      |      |
| (XIV)  | Other Comprehensive Income          |      |      |
|        | (A)(i) Items that will not be       |      |      |
|        | reclassified to profit or loss      |      |      |
|        |                                     |      |      |
|        | (ii) Income tax relating to items   |      |      |
|        | that will not be reclassified to    |      |      |
|        | profit or loss                      |      |      |
|        | Subtotal (A)                        |      |      |
|        | (B)(i) Items that will be           |      |      |
|        | reclassified to profit or loss      |      |      |
|        | (ii) Income tax relating to items   |      |      |
|        |                                     |      |      |
|        | that will be reclassified to profit |      |      |
|        | or loss                             |      |      |
|        | Subtotal (B)                        |      |      |
|        | Other Comprehensive Income          |      |      |
|        | (A+B)                               |      |      |

| 1         | 1                                 |  |
|-----------|-----------------------------------|--|
|           | (i) Other Comprehensive           |  |
|           | income, attributable to owners of |  |
|           | parent                            |  |
|           | (ii) Other Comprehensive          |  |
|           |                                   |  |
|           | income, attributable to non-      |  |
|           | controlling interests             |  |
|           | Total Other comprehensive         |  |
|           | income net of tax                 |  |
|           |                                   |  |
| (XV)      | <b>Total Comprehensive Income</b> |  |
| , ,       | for the period (XIII+XIV)         |  |
|           | (Comprising Profit (Loss) and     |  |
|           | other Comprehensive Income        |  |
|           |                                   |  |
|           | for the period)                   |  |
|           | (i)Comprehensive income,          |  |
|           | attributable to owners of parent  |  |
|           | (ii)Comprehensive income,         |  |
|           | attributable to non-controlling   |  |
|           | interests                         |  |
|           | Total Comprehensive income net    |  |
|           | of tax                            |  |
|           | or tax                            |  |
|           |                                   |  |
| (XVI)     | Earnings per equity share (for    |  |
|           | continuing operations)            |  |
|           | (3) Basic (Rs.)                   |  |
|           | (4) Diluted (Rs.)                 |  |
|           | (1) = 1111111 (11111)             |  |
| (XVII)    | Earnings per equity share (for    |  |
| ,         | discontinued operations)          |  |
|           | (1) Basic (Rs.)                   |  |
|           | ` / ` /                           |  |
|           | (2) Diluted (Rs.)                 |  |
| (7.77.77. |                                   |  |
| (XVIII    | Earnings per equity share (for    |  |
| )         | continuing and discontinuing      |  |
|           | operations)                       |  |
|           | (1) Basic (Rs.)                   |  |
|           | (2) Diluted (Rs.)                 |  |
| L         | (2) Diluicu (Rs.)                 |  |
|           |                                   |  |

### II. \*Financial parameters – Profit and loss account items (amount in Rupees) during the reporting period

| 1 | Proposed Dividend                                                  |  |
|---|--------------------------------------------------------------------|--|
| 2 | Revenue subsidies or grants received from government               |  |
|   | authority(ies)                                                     |  |
| 3 | Rent paid                                                          |  |
| 4 | 4 Consumption of stores and spare parts                            |  |
| 5 | Gross value of the transaction with the related parties as per Ind |  |
|   | AS-24 (if applicable)                                              |  |
| 6 | Bad debts of related parties as per Ind AS-24 (if applicable)      |  |

### Segment III: Auditor's Report

I. (a) In case of a government company, whether Comptroller and Auditor-General of India (CAG of India) has commented

|           | pon or supplemented the audit report under section 143 of the Co<br>If yes, provide following details:- | ompanies Act, 2013 o Yes o No                                                                                    |
|-----------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| S.<br>No. | Provide details of comment(s) or supplement(s) received from CAG of India                               | Board of Director's reply(ies) on comments received from CAG of India                                            |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
| I         |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
| ) Whe     | ther CAG of India has conducted supplementary or test audit un                                          | der section 143 o Yes o No                                                                                       |
|           | nils of remark(s) made by auditors and applicability of CARO                                            |                                                                                                                  |
|           | ther auditors' report has been qualified or has any reservations o                                      |                                                                                                                  |
|           | s, number of qualifications or reservations or adverse remarks                                          |                                                                                                                  |
| S.<br>No. | (a) Auditors' qualifications, reservations or adverse remarks in the auditors' report                   | (b) Directors' comments on qualifications, reservations or adverse remarks of the auditors as per Board's report |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |
|           |                                                                                                         |                                                                                                                  |

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (5) *Whether Companies (Auditors' Report) Order, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2015 (CARO) ambahla a Vas a Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (3) Whether Companies (Auditors Report) Order, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2015 (CARO) applicable o Yes o No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (6) Auditors' comment on the items specified under 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Companies (Auditors' Report) Order, 2015 (CARO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Particulars                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Auditors' comments on the report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Fixed assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Inventories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Loans given by the company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Acceptance of Public Deposits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Maintenance of Cost records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Statutory dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Term loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fraud noticed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| *Whether detailed disclosures with respect to Directors'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| *Whether detailed disclosures with respect to Directors'  ttachments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| *Whether detailed disclosures with respect to Directors'  ttachments  *Consolidated financial statements duly authenticated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | report under section 134(3) is attached o Yes o No  List of Attachment  as per section  Attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| *Whether detailed disclosures with respect to Directors' <b>ttachments</b> *Consolidated financial statements duly authenticated (including Board's report, auditors' report and other doc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | report under section 134(3) is attached o Yes o No  List of Attachment  as per section  cuments)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| *Whether detailed disclosures with respect to Directors' <b>ttachments</b> *Consolidated financial statements duly authenticated (including Board's report, auditors' report and other doc *Statement of subsidiaries/associate companies/joint ven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | report under section 134(3) is attached o Yes o No  List of Attachment  as per section  cuments)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| *Whether detailed disclosures with respect to Directors' <b>ttachments</b> *Consolidated financial statements duly authenticated (including Board's report, auditors' report and other doc *Statement of subsidiaries/associate companies/joint ven section 129 – Form AOC-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | List of Attachment  as per section  Attach  cuments)  attach  Attach  Attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| *Whether detailed disclosures with respect to Directors' <b>ttachments</b> *Consolidated financial statements duly authenticated (including Board's report, auditors' report and other doc *Statement of subsidiaries/associate companies/joint ven section 129 – Form AOC-1 Supplementary or test audit report under section 143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | report under section 134(3) is attached o Yes o No  List of Attachment  as per section cuments) tures as per  Attach  Attach  Attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| *Whether detailed disclosures with respect to Directors' <b>ttachments</b> *Consolidated financial statements duly authenticated (including Board's report, auditors' report and other doc *Statement of subsidiaries/associate companies/joint ven section 129 – Form AOC-1  Supplementary or test audit report under section 143  Details of other entity(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | report under section 134(3) is attached o Yes o No  List of Attachment  as per section cuments)  tures as per  Attach  Attach  Attach  Attach  Attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| *Director identification number of the director; or PAN of the manager or CEO or CFO; or Membership number of the secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 of the Company and maintained as per the relevant provisions of the Companies Act, 2013 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. |
| Chartered accountant (in whole-time practice) or Company secretary (in whole-time practice)  Whether associate or fellow  Membership number  Certificate of practice number  Cost accountant (in whole-time practice)  Fellow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Digital signature of the authorising officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| This e-Form is hereby registered Confirm submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date of signing (DD/MM/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| OR  This eForm 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 filing company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |