

Form No. MR-1

Form language

Return of appointment of managerial personnel

[Pursuant to Section 196 read with Section 197 and
Schedule V of the Companies Act, 2013 and pursuant to
Rule 3 of the Companies (Appointment and
Remuneration of Managerial Personnel) Rules, 2014]


☒ English

☐ Hindi

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

Entity details

1 *Corporate Identity Number (CIN)

2 (a) *Name of the company

(b) *Address of the registered office of the company

(c) *Whether the company is a public company or
subsidiary of a public company

(Yes/ No)

KMP Details**3 Particulars of the proposed appointee or the person in whose respect the application is filed**

(a) *Name

(b) *Director Identification number (DIN) or income-tax permanent account
number (PAN) or membership number

(c) *Designation

4 *Date of the resolution by the board of directors (DD/MM/YYYY)

5 *Effective date of appointment (DD/MM/YYYY)

6 Terms and conditions including remuneration

(a) Remuneration

☐

Per month

☐

Per annum

Particulars	
(v) Salary (in Rs.)	
(vi) Perquisites (in Rs.)	
(vii) Others (in Rs.)	
(viii) Total of (i) to (iii) (in Rs.)	

(b) Tenure of appointment	*From (DD/MM/YYYY)	<input type="text"/>
	*To (DD/MM/YYYY)	<input type="text"/>
7 (a) *Whether the age of the appointee is more than 70 years (Yes/No)		<input type="text"/> ▼
(b) *Whether the appointee had been convicted or detained under any of the Acts mentioned in Part I of Schedule V years (Yes/No)		<input type="text"/> ▼
(c)* Whether the appointee is a Non-Resident in Part I of Schedule V (Yes/No)		<input type="text"/> ▼
8 (a) Whether the approval for such appointment has been obtained from the members in general meeting (Yes/No)		<input type="text"/> ▼
(a) (i) If yes, date of passing the resolution (DD/MM/YYYY)		<input type="text"/>
(b) SRN of related Form No. MGT-14 (for filing of Special Resolution)		<input type="text"/>
(c) SRN of MR-2 for obtaining Central Government's approval (as applicable)		<input type="text"/>
9 (a) Whether the appointee has been disqualified for appointment of director under section 164 of the Act (Yes/No)		<input type="text"/> ▼
(b) If yes, give details		<input type="text"/>

Attachments

(a)* Copy of Board resolution

Max 2 MB

Choose

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(b) Copy of certificate by the Nomination and
Remuneration Committee of the company, if
any, to the effect that the remuneration is as
per remuneration policy of the company

Max 2 MB

Choose

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(c) Optional attachment(s), if any

Max 2 MB

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Declaration

I am authorised by the Board of Directors of the Company vide resolution no*
Dated* ..(DD/MM/YYYY) to sign this is form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with.

I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

***To be digitally signed by**

DSC BOX

*Designation

(Director/Manager/Company Secretary/CFO/CEO)

*Director identification number of the director; or DIN or PAN
of the manager or CEO or CFO; or Membership number of
the Company 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

To be digitally signed by

DSC BOX

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

Whether associate or fellow:

- ☐ Associate ☐ Fellow

Membership number

Certificate of Practice number

Save

Submit

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)