

**“Form No. NDH-1****Return of Statutory Compliances**

[Pursuant to section 406 of the Companies Act,  
2013 And pursuant to sub rule (2) of rule 5 of  
the Nidhi Rules, 2014]

*Refer instruction kit for filing the form*

*All fields marked in \* are mandatory*



Form language

☒ English☐ Hindi**Company Information**

1 \*Corporate Identity Number (CIN)

2 (a) \*Name of the Nidhi

(b) \*Address of the registered office

(c) \*Email id

(d) \*Date of incorporation of company (DD/MM/YYYY)

3 \*Financial year end date (DD/MM/YYYY)

**Member details**

4 (a) \*Number of subscribers to the Memorandum

(b) \*Number of members admitted since date of incorporation up to the end of the first financial year or second financial year, where applicable, as per rule 5(1)

(c) \*Number of persons who have ceased to be members up to the end of the first financial year or second financial year, where applicable, as per rule 5(1)

(d) \*Number of members as at the end of the first financial year or second financial year, where applicable, as per rule 5(1)

5 \*Whether the number of members as at the end of the first financial year or second financial year, where applicable, as per rule 5(1) is 200 or more

☐ Yes ☐ No

If 'No', whether application for extension of time has been made to Regional Director

☐ Yes ☐ No

If yes, SRN of the application

**Financial Parameters**

6 (i) \*Paid up equity share capital

(ii) \*Free reserves

(iii) \*Less: Accumulated Losses

\*Other intangible assets

\*Net Owned Funds

**Deposit details****7 Unencumbered Term Deposits (See rule 14)**

(a) (i) \*Deposit(s) in scheduled commercial Banks (in Rs.)

(ii) \*Deposits in Post Office (in Rs.)

\*Total unencumbered term deposits

(b) \*Deposits outstanding at the close of business on the last working day of the second preceding month

(c) \*Percentage of (a)/(b)

8 \*Ratio of Net Owned Funds to Deposits

\*Whether the ratio of Net Owned Funds to deposits as at the end of the first financial year or second financial year, where applicable, as per rule 5(1) is more than 1:20

☐ Yes☐ No

If 'yes', whether application for extension of time has been made to Regional Director

☐ Yes☐ No

If 'Yes', mention the SRN of application

**Attachments**

(a) \*List of all members with PAN, complete residential address and amount of deposit accepted

Max 2 MB

Choose

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(b) \*Break-up of deposits with bank/P.O name, branch and account number

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 number\*  
dated\*



to sign this 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**

\*Designation

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

DSC BOX

\*Director identification number of the director or Managing Director; or DIN or PAN of  
the manager/CEO/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 records maintained by the Company

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.

**To be digitally signed by**

DSC BOX

- ☐ Chartered accountant (in whole-time practice) or  
☐ Cost accountant (in whole-time practice) or  
☐ Company secretary (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 447, 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)

**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”;**