

Form No. AOC-1**Statement containing salient features of the financial statement of Subsidiaries/ associate companies/ joint ventures**

[Pursuant to first proviso to sub-section (3) of section 129 read with rule 5 of Companies (Accounts) Rules, 2014]

**Form language**
☒ English

☐ Hindi

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

*Name of the Company

Part "A": Subsidiaries**Details of Subsidiaries**

(Information in respect of each subsidiary to be presented with amounts in Rs)

1 Number of subsidiaries

Block -1		
CIN/ any other registration number of subsidiary company		
Name of the subsidiary		
Date since when subsidiary was acquired		
Provisions pursuant to which the company has become a subsidiary (Section 2(87)(i)/Section 2(87)(ii))		
Reporting period for the subsidiary concerned, if different from the holding company's reporting period	From	
	To	
Reporting currency and Exchange rate as on the last date of the relevant financial year in the case of foreign subsidiaries:-	Reporting Currency	
	Exchange Rate	
Share capital		
Reserves & surplus		
Total assets		
Total Liabilities		
Investments		
Turnover		
Profit before taxation		
Provision for taxation		
Profit after taxation		
Proposed Dividend		
% of shareholding		

2 Number of subsidiaries which are yet to commence operations

SI. No.	CIN /any other registration number	Names of subsidiaries which are yet to commence operations

3 Number of subsidiaries which have been liquidated or have ceased to be a subsidiary during the year.

SI. No.	CIN/ any other registration number	Names of subsidiaries

Part "B": Associates and Joint Ventures**Statement pursuant to Section 129 (3) of the Companies Act, 2013 related to Associate Companies and Joint Ventures**

4 Number of Associate / Joint Venture

Block-1		
1	Name of Associate/Joint Venture	
2	Latest audited Balance Sheet Date	
3	Date on which the Associate or Joint Venture was associated or acquired	
4	Shares of Associate/Joint Ventures held by the company on the year end	
A	Number	
B	Amount of Investment in Associates/Joint Venture	
C	Extent of Holding %	
5	Description of how there is significant influence	
6	Reason why the associate/joint venture is not consolidated	
7	Net worth attributable to Shareholding as per latest audited Balance Sheet	
8	Profit / Loss for the year	
A	Considered in Consolidation	
B	Not Considered in Consolidation	

5 Number of associates or joint ventures which are yet to commence operations

SI. No.	CIN/any other registration number	Names of Associates and Joint Ventures which are yet to commence operations

6 Number of associates or joint ventures which have been liquidated or have ceased to be associate or joint venture during the year

SI. No.	CIN /any other registration number	Names of Associates and Joint Ventures

Attachments

(a) Optional attachment

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
compiled with.

*** To be digitally signed by**

DSC BOX

***Designation**

(Director/Manager/Secretary/CEO/CFO/Interim Resolution Professional (IRP)/ Resolution Professional
(RP)/Liquidator)

Director identification number of the director; or PAN of the manager or CEO or CFO.
or Interim Resolution Professional (IRP) or Resolution Professional (RP) or Liquidator; 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.

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

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Whether associate or fellow:

- ☐ Associate ☐ Fellow

Membership number

Certificate of practice number

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