

FORM NO. INC-35

[Pursuant to rule 38(A) of the
Companies (Incorporation) Rules,
2014]

AGILE-PRO

(Application for Goods and services tax
Identification number, employees state
Insurance corporation registration plus
Employees provident fund organization
registration, Profession Tax Registration and
Opening of Bank Account)

(This AGILE-PRO form is part of SPICe+ eform for GSTIN / EPFO / ESIC / Profession Tax / Bank Account)

* Name of the company

MITHRANJALI FOUNDATION

1. * Do you want to apply for GSTIN

☐ Yes

☒ No

2. * State (Same as entered in SPICe+)

Telangana-TG

3. * District (Same as entered in SPICe+)

Hyderabad

4. * State Jurisdiction

Circle

* Sector / Circle / Ward /Charge / Unit

5. * Center Jurisdiction

Commissionerate

Division

Range

6. * Reason to Obtain Registration

Voluntary

7. * Whether the Establishment On Lease

☐ YES

☒ NO

* Leased From Date

To Date

(a). * Nature of possession of premises

(b). * Proof of Principal Place of Business

(c). * Whether the building/premises of Establishment.is owned or hired

* If hired or there is a change in the name of Unit/ownership, please indicate

☐ YES

☐ NO

Leased From Date

To Date

8. * Option for Composition

☐ Yes

☐ No

(a) Composition Declaration

☐ I hear by declare that aforesaid business shall abide by the conditions and restrictions specified in the Act or

Rules for opting to pay tax under the composition levy

(b) Category of Registered Person

☐ Manufacturer of non-notified goods

☐ Supplier of food and non-alcoholic drinks

☐ Any other eligible supplier

9. * Nature of Business activity being carried out at above mentioned Premises (Please tick applicable)

Factory / Manufacturing

☐

Wholesale Business

☐

Retail Business

☐

Warehouse/Deport	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplier of services	<input type="checkbox"/>
Office/Sale Office	<input type="checkbox"/>	Leasing Business	<input type="checkbox"/>	Recipient of goods or services	<input type="checkbox"/>
EOU/ STP/ EHTP	<input type="checkbox"/>	Works Contract	<input type="checkbox"/>	Export	<input type="checkbox"/>
Import	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/>		
If others, please specify		<input type="text"/>			

(A) * Primary Business Activity

OTHERS

If others selected, please specify

Social and economic empowerment

(B) *Exact nature of work / business

Miscellaneous

*Work Sub-category

MISC12

*Nature of work business

Social and economic empowerment

10. * Details of Goods supplied by the Business

HSN Code (Four Digit)

Description of Goods

Pre-fill

11. * Details of Services supplied by the Business.

Service Accounting Code

Description of Services

Pre-fill

12. Director / Primary Owners / Office Bearer Details

(Minimum number of directors to be entered for OPC shall be 1, 2 in case of private company, 3 in case of public limited company and 5 in case of Producer Company)

Number of Director details to be entered

2

(A). Enter Director details who is also an Authorised Signatory / Primary Owner / Office Bearer

<input checked="" type="radio"/> Director Identification Number (DIN) <input type="radio"/> Permanent Account Number (PAN)		Photograph	
*DIN	<input type="text" value="07710200"/>	Pre-fill	
*PAN	<input type="text" value="ACPPP0778F"/>		<input type="text" value="Prajeev_RADHIKAVS_20200"/>
*First Name	<input type="text" value="PUTHANVEETIL"/>		Attach Photograph
Middle Name	<input type="text" value="PRABHAKARAN"/>		Remove Photograph
*Last Name	<input type="text" value="PRAJEEV"/>	Send OTP	Attach a latest passport size photograph by clicking the above box
*Personal Mobile Number	<input type="text" value="+91"/> <input type="text" value="9032744047"/>		
*Personal Email Id	<input type="text" value="ppprajeev@gmail.com"/>	Verify OTP	
*Enter OTP for Mobile Number	<input type="text" value="065941"/>		
*Enter OTP for Email Id	<input type="text" value="899288"/>		

(B). * Director Details other than Authorised Signatory / Primary Owner / Office Bearer

☒ Director Identification Number (DIN) ☐ Permanent Account Number / Passport Number (in case of foreign national)

Photograph

*DIN 07709275
*PAN / Passport Number FXSPS4436J
*First Name PANIKKASSERY
Middle Name SREEDHARAN
*Last Name SUBALA
*Personal Mobile Number 9985010484
*Personal Email Id subhalaprajeev@gmail.com

Pre-fill

Subala_RADHIKAVS_20200

Attach
Photograph

Remove
Photograph

Attach a latest passport
size photograph by
clicking the above box

13. *Police Station

Kushaiguda Police Station

14. *Employer's Particulars

*Select Appropriate Branch Office

BO - Balanagar

*Select Inspection Office

ID- Begumpet Division

15. *Bank Particulars

*Select Bank Name

ICICI

Attachments

1. *Proof of Principal place of business

Attach

2. *Proof of appointment of Authorized Signatory for GSTN

Attach

**(Either of the following document can be attached.
Letter of Authorisation / Copy of Resolution passed by BoD /
Managing Committee and Acceptance letter)**

3. *Proof of Identity of Authorized Signatory for opening
Bank Account

Utility_Bill_RADHIKAVS_2020090412

Attach

4. *Proof of Address of Authorized Signatory for opening
Bank Account

Prajeev_RADHIKAVS_202009041236

Attach

5. *Specimen Signature of Authorized Signatory for EPFO

Authorized_RADHIKAVS_202009041

Attach

GST Declaration (by Authorised Signatory)

- ☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

* ESIC Declaration (by Office Bearer)

- ☒ I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporation as soon as such change takes place.

Profession Tax Declaration

- ☐ The above information is true to the rest of the knowledge and belief

* EPFO Declaration (By Primary Owner)

- ☒ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

* Bank Declaration (By Authorized Signatory)

- ☒ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

I authorize Bank and its officials to contact me/us on phone/ email/ sms for the purpose of opening of bank account.

I understand that the bank account number generated through this process will be shared with MCA by the banks.

I/we undertake to complete all documentary requirements as per bank KYC norms before activation of the account.

Place	<input type="text" value="Chennai"/>
Date	<input type="text" value="04/09/2020"/>
Designation	<input type="text" value="Director"/>

* To be digitally signed by director (who has signed the SPICe+ form)

* DIN/PAN

P P
PRAJEEV

Digitally signed by P P PRAJEEV
DN: cn=P PRAJEEV, o=PPRAJEEV, email=pprajeev@pprajeev.com, c=IN
Reason: I am the Signer
Date: 2020.09.04 12:47:40 +05'30'

(Authorized Signatory/ Primary Owner signing the AGILE-PRO form shall provide his Permanent Account Number)

Modify

Check Form

Prescrutiny

Submit