## **FORM 20B**

Number of unclassified shares

0

Form for filing annual return by a company having a share capital with the Registrar

[Refer section 159 of the Companies Act, 1956]

Note - All fields marked in \* are to be mandatorily filled. Authorised capital of the company as on the date of Filing (in Rs.) 60000000.00 1(a) \*Corporate identity number (CIN) of company Pre-Fill U85100TG2013PTC091707 (b) Global location number (GLN) of company 2(a) Name of the company (b) \* Address of the Line I 6-3-2,6-3-3,6-3-3/1, Ashoka Metro Politon Building registered office of the company Line II Road No 1, Banjara Hills, \* City Hyderabad \* State Telangana Country INDIA \* Pin Code 500034 (c) Telephone number with STD code  $|_{04048911111}$ (d) Fax (e) \* e-mail ID of the company TAGORE@VIRINCHI.COM (f) Website 3. \* Whether shares listed on recognised stock exchange Yes No If yes, stock exchange code: Α В 4. \* Financial year end date to which the annual general meeting (AGM) relates (DD/MM/YYYY) 31/03/2014 5. \* Whether annual general meeting (AGM) held Yes No (a) If yes, date of AGM (DD/MM/YYYY) 14/11/2014 (b) \* Due date of AGM (DD/MM/YYYY) 15/11/2014 (c) \* Whether any extension for financial year or AGM granted Yes  $\odot$ No (DD/MM/YYYY) (d) If yes, due date of AGM after grant of extension I. Capital Structure of the company as on the date of AGM or latest due date thereof 6. \* Authorised capital of the company (in Rs.) 100,000.00 Break up of Authorised capital Total amount of equity shares (in Rs.) $|_{100,000.00}$ \* Number of equity shares 10,000 Nominal amount per equity share 10 \*Number of preference shares Total amount of preference shares 0 (in Rs.) Nominal amount per preference share

Total amount of unclassified shares

(in Rs.)

7.* Issued capital of the company	(in Rs.) 100,000.00			
Break up of Issued capital				
*Number of equity shares	10,000	Total amount of equity shares (in Rs.)	100,000.00	
Nominal amount per equity share	10			
*Number of preference shares	0	Total amount of preference shares (in Rs.)		
Nominal amount per preference share		(iii io.)		
8. * Subscribed capital of the compar	ny (in Rs.) 100,0	00.00		
Break up of Subscribed share capit	tal			
*Number of equity shares	10,000	Total amount of equity shares (in Rs.	100,000.00	
Nominal amount per equity share	10			
* Number of preference shares	0	Total amount of preference shares (in Rs.)		
Nominal amount per preference share		()		
9. * Paid up capital of the company	(in Rs.) 100,00	00.00		
Break up of Paid up capital	100,0			
* Number of equity shares	10,000	Total amount of equity shares (in Rs.)	100,000.00	
Nominal amount per equity share	10			
* Number of preference shares	0	Total amount of preference shares (in Rs.)		
Nominal amount per preference share				
•=				
10. *Total debentures of the company	(in Rs.)			
Break up of Debenture		Total amount of non convertible		
<ul> <li>Number of non convertible debentures</li> </ul>	0	debentures (in Rs.)		
Nominal amount per non convertible debenture				
* Number of partly convertible debentures	0	Total amount of partly convertible debentures (in Rs.)		
Nominal amount per partly convertible debenture				
<ul> <li>Number of fully convertible debentures</li> </ul>	0	Total amount of fully convertible debentures (in Rs.)		
Nominal amount per fully convertible debenture				
II. Indebtedness of the company as on the date of AGM or latest due date thereof (secured loans including interest outstanding and accrued but not due for payment)				
,	in Rs.) 0.00		,	

# III. Equity share breakup (percentage of total equity) as on the date of AGM or latest due date thereof

S.No.	Category	Percentage
1.	Government [Central and State]	0.00
2.	Government companies	0.00
3.	Public financial companies	0.00
4.	Nationalised or other banks	0.00
5.	Mutual funds	0.00
6.	Venture capital	0.00
7.	Foreign holdings (Foreign institutional investor(s), Foreign companie(s) Foreign financial institution(s), Non-resident indian(s) or Overseas corporate bodies or Others)	0.00
8.	Bodies corporate (not mentioned above)	99.99
9.	Directors or relatives of directors	0.01
10.	Other top fifty (50) shareholders (other than listed above)	0.00
11.	Others	0.00
12.	Total	100.00
*Total number o	of shareholders 2	<u> </u>

IV. Details of directors(s), Managing Director, manager and secretary as on the date of AGM

12.* Number of director(s), Managing Director, manager and secretary	2	ĺ

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#### Following details are to be entered only in case date of AGM is on or after 1st July'2007

Provide Director identification number (DIN) in case of director, Managing Director and Income-tax permanent account number (Income-tax PAN) in case of manager, secretary

DIN or Income Name	-tax PAN	00053646		Pre-Fill
Designation	Director			Date of appointment 16/12/2013
Number of equ	ity share(s) held	1		0.01 per cent
Whether he/she has signed the annual return    Yes   No				
If yes, date of s	igning	14/11/2014		(DD/MM/YYYY)

DIN or Income	tax PAN	3114319		Pre-Fill
Designation	Director			Date of appointment 16/12/2013
Number of equ	ity share(s) held	0		0.00 per cent
Whether he/she has signed the annual return				
If yes, date of s	igning	14/11/2014		(DD/MM/YYYY)

### V. Details of director(s), Managing Director, manager and secretary who ceased to be associated with the company since the date of last AGM

13	13. *Number of director(s), Managing Director, manager and secretary				
F	ollowing details are to be er	ntered only in case date of AGM is on or after 1st July'2007			
P	rovide DIN in case of director	, Managing Director and income-tax PAN in case of manager, secretary			
, [	DIN or Income-tax PAN				
		Pre-Fill			
	Name				
	Designation				
	Date of appointment	Date of cessation			
L					
П	DIN or Income-tax PAN	Pre-Fill			
	Name				
	Designation				
	Date of appointment	Date of cessation			
L					
III [	DIN or Income-tax PAN				
		Pre-Fill			
	Name				
	Designation				
	Date of appointment	Date of cessation			
[					
IV	DIN or Income-tax PAN	Pre-Fill			
	Name				
	Designation				
	Date of appointment	Date of cessation			
	11				

14. In case of a listed company, details of secretary	y in whole time practice certifying the annual return				
Name					
Whether associate or fellow Associate	Fellow				
Certificate of practice number					
15. *Whether complete list of shareholders, debenture holders has been enclosed as attachment In case No, then submit the details of all the share holders, debenture holders in a CD seperately with the office of Registrar of Companies.					
Attachments	List of attachments				
1. * Annual return as per schedule V of the					
Companies Act, 1956	Attach				
Companies Act, 1956  2. Approval letter for extension of financial year or annual general meeting	Attach				
Approval letter for extension of financial year					

#### Verification I confirm that all the particulars mentioned above are true as per the attached annual return which is duly prepared as required under section 159 and Schedule V and which is duly signed as required under section 161 of the Act. To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete. I have been authorised by the Board of directors' resolution number \* 4 dated \* 02/09/2014 (DD/MM/YYYY) to sign and submit this form. To be digitally signed by Managing Director or director or manager or secretary of the company \* Designation Director \* DIN of the director or Managing Director; or Income-tax PAN of the manager; or 03114319 Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

#### Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

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VIRINCHI HEALTH CARE PRIVATE LIMITED					
and found them to be true and correct. I further certify that all requir attached to this form.	red attachment(s) have been completely				
Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or					
Company secretary (in whole-time practice)  CHANDRA DIRECTOR SECRETARY (IN WHOLE-TIME PRACTICE)					
*Whether associate or fellow    Associate    Fellow	PATNAIK ALDADA SERVICE AT STATE OF THE PATRAIK ALDADA SERVICE AT SERVICE AT STATE OF THE PATRAIC ALDADA SERVICE AT SERVIC				
* Membership number or certificate of practice number 16619					
Modify Check Form F	Prescrutiny Submit				

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

Auto-approved By