

FORM NO. DIR-12

[Pursuant to sections 7(1) (c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



सत्यमेव जयते

Particulars of appointment of directors and the key managerial personnel and the changes among them

Form Language

☒ English ☐ Hindi

Refer the instruction kit for filing the form.

1. *This form is for ☐ New company ☒ existing company

2. (a) * Corporate Identity Number (CIN) of company

U73100TG2018PTC127421

(b) Global location number (GLN) of company

3. (a) Name of the company

GV DISCOVERY CENTERS PRIVATE LIMITED

Pre-fill

(b) Address of the registered office of the company

5-4-187/3&4, SOHAM MANSION, 2ND FLOOR,
M.G. ROAD, SECUNDERABAD,
HYDERABAD
Hyderabad
Telangana
500003

(c) E-mail ID of the company

moditejal@hotmail.com

4. Number of Managing director or director(s) for which the form is being filed

1

5. Details of the Managing Director, directors of the company

1 Details of the Managing Director or Director of the company

i Director Identification Number (DIN)

06983437

Pre-fill

ii Name

TEJAL SOHAM MODI

iii Father's name

JAYANTI LAL MODI

iv Present residential address

Plot no - 280, road no - 25,
Near Peddamma temple, Jubilee hills
Hyderabad
Telangana
India
500033

v Nationality

IN

vi Date of birth

19/10/1970

vii Gender

Female

viii ☐ Appointment ☒ Cessation ☐ Change in designation

ix Designation

Director

x Date of Appointment or
change in designation

(DD/MM/YYYY)

xi Category

xii Whether Chairman, Executive Director, Non-Executive Director

☐ Chairman ☐ Executive director ☐ Non Executive Director

xiii DIN of such director to whom appointee is alternate

Pre-fill

xiv Name of the director to whom such
appointee is alternate

xv Name of the company or institution whose nominee the
appointee is

xvi E-mail ID of director

moditejal@hotmail.com

xvii In case of cessation

Hereby confirmed that the above mentioned ☒ Director ☐ Managing director xviii is not associated with the company
with effect from 31/03/2021 (DD/MM/YYYY) xix due to Resignation u/s 168

xx Interest in other entities

xxi Number of such entities

xxii *CIN/LLPIN/FCRN/Registration number

Pre-fill

xxiii * Name

xxiv * Address

xxv Nature of interest

xxvi * Designation

xxvii Percentage of Shareholding

xxviii Amount

xxix Others (specify)

6. Number of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer for which the form is being filed

7. Details of manager(s), secretary(s), Chief Financial Officer or Chief Executive Officer of the company

1	i Director Identification Number (DIN), if any		Pre-fill
	ii Income Tax permanent account number (PAN)		Verify Details
	iii ☐ Appointment ☐ Cessation		
	iv Membership number of the secretary		
	v First Name		
	vi Middle Name		
	vii Last Name		
	viii Father's name		
	ix First Name		
	x Middle Name		
	xi Last Name		
	xii Present residential address	xiii Line I	
		xiv Line II	
	xv City		
	xvi State		xvii Pin Code
	xviii ISO Country Code		
	xix Country		
	xx Phone		xxi Fax
	xxii Date of birth		(DD/MM/YYYY)
	xxiii Designation		
	xxiv Date of Appointment or cessation		(DD/MM/YYYY)
	xxv E-mail ID		

Attachments

List of attachments

- (1) Declaration by first director
- (2) Declaration of the appointee director
in Form No. DIR-2;
- (3) Notice of resignation;
- (4) Evidence of cessation;
- (6) Optional attachment(s) - if any.

Attach	Notice by retiring director.pdf Evidence of cessation E.pdf
Attach	
Attach	
Attach	
Attach	
Remove attachment	

Declaration

I * SOHAM SATISH MODI

- ☐ A person named in the articles as a of the company
(in case if a new company) or
- ☒ authorized by the Board of Directors of the Company vide NA
number dated 31/03/2021

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

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

00522546

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:

- ☒ 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 ;
- ☒ All the required attachments have been completely and legibly attached to this form;
- ☒ 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

- ☒ 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

228160

Certificate of Practice Number

Modify

Check Form

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.

