



(Amended)

**Government of India**  
**Form GST REG-06**  
[See Rule 10(1)]

**Registration Certificate**

**Registration Number :27AAMCA6409N1Z6**

|  |  |  |   |    |    |
|--|--|--|---|----|----|
| 1.   | Legal Name                             | AGNIVESH HEALTH CARE CENTRE PRIVATE LIMITED  |   |    |    |
| 2.   | Trade Name, if any                     |  |   |    |    |
| 3.   | Constitution of Business               | Private Limited Company  |   |    |    |
| 4.   | Address of Principal Place of Business | PLOT NO 06,GUT NO 142, NEAR AYAPPA MANDIR, BEED BY PASS ROAD SATARA, AURANGABAD, Aurangabad, Maharashtra, 431005 |   |    |    |
| 5.   | Date of Liability                      |  |   |    |    |
| 6.   | Date of Validity                       | From   | 21/12/2017  | To | NA |
| 7.   | Type of Registration                   | Regular  |  |    |    |
| 8.   | Particulars of Approving Authority     |  |   |    |    |
| Signature  |  |  |   |    |    |
| Name   |  |  |   |    |    |
| Designation  |  |  |   |    |    |
| Jurisdictional Office  |  |  |   |    |    |
| 9.   | Date of issue of Certificate           | 15/01/2019   |   |    |    |
| Note: The registration certificate is required to be prominently displayed at all places of Business/Office(s) in the State. |  |  |   |    |    |



**Details of Additional Place of Business(s)**

GSTIN 27AAMCA6409N1Z6  
Legal Name AGNIVESH HEALTH CARE CENTRE PRIVATE LIMITED  
Trade Name, if any



Total Number of Additional Places of Business(s) in the State 1

| Sr. No. | Address   |
|---------|---|
| 1       | PLOT NO. FP 3/7, FOOD PARK, MIDC SHENDRA, AURANGABAD, Aurangabad, Maharashtra, 431007 |



GSTIN 27AAMCA6409N1Z6  
Legal Name AGNIVESH HEALTH CARE CENTRE PRIVATE LIMITED  
Trade Name, if any

**Details of Managing / Whole-time Directors and Key Managerial Persons**

|   |   |                    |                           |
|---|---|--------------------|---------------------------|
| 1 |  | Name               | AMIT SHANKARRAO DESHPANDE |
|   |   | Designation/Status | DIRECTOR                  |
|   |   | Resident of State  | Maharashtra               |
| 2 |  | Name               | SHEETAL AMIT DESHPANDE    |
|   |   | Designation/Status | DIRECTOR                  |
|   |   | Resident of State  | Maharashtra               |