

# FORM 18

Notice of situation or change of situation of registered office

[Pursuant to section 146 of the  
Companies Act, 1956 ]

Form Language  English  हिन्दी

Note - All fields marked in \* are to be mandatorily filled.

1. \* This form is for  New company  Existing company

2. (a) \* Form 1A reference number (Service request number (SRN)  
of Form 1A) or corporate identity number (CIN) of company

U70101DL2009PTC196910

(b) Global location number (GLN) of company

Pre-Fill

3.(a) Name of the company

INVESTORS CLINIC INFRATECH Private Limited

(b) Address of the  
registered office of  
the company

WZ-244 D  
II FLOOR, STREET NO 1, VIRENDER NAGAR  
NEW DELHI  
Delhi  
INDIA  
110058

(c) Name of office of existing Registrar of Companies(RoC)

Registrar of Companies, National Capital Territory of Delhi and Haryana

(d) Purpose of the form

- Change within local limits of city, town or village  
 Change outside local limits of city, town or village  
 Change in office of RoC within same state  
 Change in state within office of same RoC  
 Change in state outside office of existing RoC

4. Notice is hereby given that

(a) The address of the registered office of the company with effect from

01/06/2012 (DD/MM/YYYY) is

The date of incorporation of the company is

\*Address Line I SHOP NO-7, RBI COLONY MARKET

Line II HAUZ KHAS

\* City NEW DELHI

\* District South Delhi

\* State Delhi-DL

Country INDIA

\* Pin code 110016

\* e-mail ID gosainassociates@yahoo.co.in

(b) \* Name of office of proposed RoC or new RoC

Registrar of Companies, National Capital Territory of Delhi and Haryana

(c) The full address of the police station under whose jurisdiction the registered office of the company is situated

\* Name POLICE STATION

\* Address Line I CHAUDHARY DILIP SINGH MARG

Line II HAUZ KHAS

\* City NEW DELHI

\* State Delhi-DL

\* Pin code 110016

5.(a) SRN of Form23

(b) SRN of relevant form

(Mention the SRN of related Form 1AD, 21; if applicable)

6.(a) Date of order of company law board (CLB) or any other competent authority

(DD/MM/YYYY)

(b) Petition number

**Attachments**

List of attachments

1. Optional attachment(s) - if any

**Verification**

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  dated  to sign and submit this form (DD/MM/YYYY)

I am authorised to sign and submit this form.

To be digitally signed by

Managing director or director or manager or secretary of the company



\* Designation

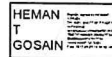
\* Director identification number of the director or Managing Director; or Income-tax permanent account number (income-tax PAN) of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

**Certificate**

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

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

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 or certificate of practice number

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

**MINISTRY OF CORPORATE AFFAIRS****RECEIPT****G.A.R.7**

SRN : B56953649

Service Request Date : 06/09/2012

Payment made into : HDFC Bank

**Received From :**

Name : SHALU MAINI  
Address : A-127/03, HITECH- APARTMENT  
SHALIMAR GARDEN, EXT-II SHAHIBABAD  
GHAZIABAD,UTTAR PRADESH  
201015

**Entity on whose behalf money is paid**

CIN : U70101DL2009PTC196910  
Name : INVESTORS CLINIC INFRA TECH Private Limited  
Address : WZ-244 D  
II FLOOR, STREET NO 1, VIRENDER NAGAR  
NEW DELHI,DELHI  
INDIA - 110058

**Full Particulars of Remittance**

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form18	Normal	500.00
	Additional	3,000.00
	<b>Total</b>	<b>3,500.00</b>

Mode of Payment: Internet Banking - HDFC Bank

Received Payment Rupees: Three Thousand Five Hundred only