

**MINISTRY OF CORPORATE AFFAIRS**  
**ACKNOWLEDGEMENT**

**SRN :** R30154603

**Service Request Date :** 14/01/2020

**Received From :**

**Name :** PH & CO  
**Address :** No. 13, Unit No. F3, Sampurna Chambers,  
Vasavi Temple Street, V V Puram  
Bengaluru, Karnataka  
IN - 560004

**Entity on whose behalf money is paid**

**CIN:** U24230MH2008PTC271062  
**Name :** FAGRIS MEDICA PRIVATE LIMIEDTED  
**Address :** 201, DEVAVRATA, SECTOR 17,  
VASHI  
NAVI MUMBAI, Maharashtra  
India - 400703

**Full Particulars of Remittance**

**Service Type:** eFiling

**Service Description**

Fee For Form GNL-1

Note: The defects or incompleteness in any respect in this eForm as noticed shall be placed on the Ministry's website ([www.mca.gov.in](http://www.mca.gov.in)). In case the eForm is marked as RSUB or PUCL, please resubmit the eForm or file Form GNL-4(Addendum), respectively. Please track the status of your transaction at all times till it is finally disposed off. (Please refer Rule 10 of the Companies (Registration offices and Fees) Rules, 2014) It is compulsory to file Form GNL-4 (Addendum) electronically within the due date whenever the document is put under PUCL, failing which the system will treat the document as invalid and will not be taken on record in accordance with Rule 10(4) of the Companies (Registration offices and Fees) Rules, 2014

# FORM NO. GNL-1

[Pursuant to rule 12(2) of the Companies  
(Registration offices and Fees) Rules,2014]



Form for filing an application with  
Registrar of Companies

Form language  English  Hindi

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

1. \* Category of applicant

Company

2. \* Name of office of the registrar of Companies (RoC) to which application is being made

Registrar of Companies, Mumbai

3. (a) Corporate identity number (CIN) or foreign company

U24230MH2008PTC271062

Pre-fill

registration number (FCRN) of the company or **RUN** reference number

(Service request number (SRN) of **RUN**)

(b) Global location number (GLN) of company

4. (a) Name of the company

FAGRIS MEDICA PRIVATE LIMIEDED

(b) Address of the  
registered office or  
of the principal place  
of business in India  
of the Company

201, DEVAVRATA, SECTOR 17,  
VASHI  
NAVI MUMBAI  
Mumbai City  
Maharashtra  
400703

(c) e-mail ID of the company

manjula.r@strides.com

5. Details of applicant (in case category is others)

(a) Name

(b) Address

Line I

Line II

(c) City

(d) State

(e) ISO country code

(f) Country

(g) Pin code

(h) e-mail ID

6. \* Application filed for

- Compounding of offences  
 Extension of period of annual general meeting by three months  
 Scheme of arrangement, amalgamation  
 Others

7. If Others, then specify

8. \*Details of application

Filing of Scheme of Amalgamation of Arrow Remedies Private Limited, Fagris Medica Private Limited, Strides Emerging Markets Limited with Strides Pharma Science Limited and intimation of meeting of shareholders in compliance with the Order dated December 19, 2019 read with November 28, 2019 of the Hon'ble National Company Law Tribunal, Mumbai Bench

9. In case of application for compounding of offences, provide the following details

(a) Whether application for compounding offence is filed in respect of

Company  Director  Manager or Secretary or CEO or CFO  Other

(b) Number of person(s) for whom the application is being filed

(c) Details of person(s) for whom the application is being filed

(i)	Category <input type="text"/>	Director identification number (DIN) or income-tax permanent account number (income-tax PAN) or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		
(ii)	Category <input type="text"/>	DIN or income-tax PAN or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		
(iii)	Category <input type="text"/>	DIN or income-tax PAN or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		
(iv)	Category <input type="text"/>	DIN or income-tax PAN or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		
(v)	Category <input type="text"/>	DIN or income-tax PAN or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		
(vi)	Category <input type="text"/>	DIN or income-tax PAN or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		
(vii)	Category <input type="text"/>	DIN or income-tax PAN or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		
(viii)	Category <input type="text"/>	DIN or income-tax PAN or passport number <input type="text"/>	<input type="button" value="Pre-fill"/>
	Name <input type="text"/>		

(d) Whether application is being filed

Suo-motu       In pursuance to notice received from RoC or any other competent authority

(e) Notice number and date of notice

(f) Section for which application is being filed

(g) Brief particulars as to how the default has been made good

10. In case of application is made for extension of period of an AGM, mention financial  (DD/MM/YYYY)  
year end date in respect of which the application is being filed

11.(a) Service request number of Form MGT-14

(b) Date of passing special or ordinary resolution  (DD/MM/YYYY)

(c) Date of filing form MGT-14  (DD/MM/YYYY)

12. Total amount of stamp duty paid or stamp paper

**Attachments**

List of attachments

- 1. Board Resolution
- 2. Scheme of arrangement, amalgamation
- 3. \*Detailed application
- 4. Copy of notice received from RoC or any other competent authority
- 5. Other attachments - if any

Attach

Attach

Attach

Attach

Attach

Board Resolution\_Fagris.pdf  
 Scheme of STRIDES PHARMA SCIENCE LIMITED  
 Application of Strides Pharma Science Limited.pdf  
 CSA ORDER\_STRIDES\_1.pdf  
 CSA ORDER\_STRIDES\_2.pdf

Remove Attachment

**Verification**

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

- I have been authorised by the Board of directors' resolution number  dated  (DD/MM/YYYY) to sign and submit this application.
- I am duly authorised to sign and submit this form.

**To be Digitally signed by**

Managing Director or director or manager or secretary or CEO or CFO (in case of an Indian company or an authorised representative (in case of a foreign company) or other)



Designation

DIN of the director or Managing Director or; income-tax PAN of the manager or authorised representative; or CEO or CFO Membership number

**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:

- i. 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 ;
- ii. All the required attachments have been completely and legibly attached to this form

**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

Certificate of practice number

**Note: Attention is also drawn to provisions of Section 447, section 448 and 449 of the Companies Act, 2013 which provide for punishment for fraud, punishment for false statement and punishment for false evidence respectively**

Modify  Check Form  Prescrutiny  Submit

**For office use only:**

eForm Service request number (SRN)  eForm filing date  (DD/MM/YYYY)

**Digital signature of the authorising officer**

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

Date of signing  (DD/MM/YYYY)