



(Amended)

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

Registration Certificate

Registration Number :32AAMCA9419N1Z7

| | | | | | |
|--|--|---|---|----|----------------|
| 1. | Legal Name | ASCLEPIUS WELLNESS PRIVATE LIMITED | | | |
| 2. | Trade Name, if any | ASCLEPIUS WELLNESS PRIVATE LIMITED | | | |
| 3. | Additional trade names, if any | | | | |
| 4. | Constitution of Business | Private Limited Company | | | |
| 5. | Address of Principal Place of Business | first floor, Door No. 12/528.B1, Ramanttukata municipality, Kozhikode, Ramanattukara, Kozhikode, Kerala, 673632 | | | |
| 6. | Date of Liability | 01/12/2019 | | | |
| 7. | Date of Validity | From | 11/01/2020 | To | Not Applicable |
| 8. | Type of Registration | Regular |  | | |
| | | Signature Not Verified | | | |
| 9 | Particulars of Approving Authority | Digitally signed by DS GOODS AND SERVICES TAX NETWORK 07 Date: 2023.01.03 06:16:56 IST | | | |
| Signature | | | | | |
| Name | | | | | |
| Designation | | | | | |
| Jurisdictional Office | | | | | |
| 9. | Date of issue of Certificate | 03/01/2023 | | | |
| Note: The registration certificate is required to be prominently displayed at all places of Business/Office(s) in the State. | | | | | |

This is a system generated digitally signed Registration Certificate issued based on the deemed approval of application on 03/01/2023 .



Details of Additional Place of Business(s)

| | |
|--------------------------------|------------------------------------|
| GSTIN | 32AAMCA9419N1Z7 |
| Legal Name | ASCLEPIUS WELLNESS PRIVATE LIMITED |
| Trade Name, if any | ASCLEPIUS WELLNESS PRIVATE LIMITED |
| Additional trade names, if any | |



Total Number of Additional Places of Business(s) in the State 0

ONLY FOR WEBSITE VIEW PURPOSE



GSTIN 32AAMCA9419N1Z7
Legal Name ASCLEPIUS WELLNESS PRIVATE LIMITED
Trade Name, if any ASCLEPIUS WELLNESS PRIVATE LIMITED
Additional trade names, if any

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

| | | | |
|---|---|--------------------|---------------------|
| 1 |  | Name | MAM CHAND RAIPURIYA |
| | | Designation/Status | DIRECTOR |
| | | Resident of State | Rajasthan |
| 2 |  | Name | SANJEEV KUMAR |
| | | Designation/Status | DIRECTOR |
| | | Resident of State | Uttar Pradesh |

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