FORM NO. [Pursuant to sections 7(1) (c), 16 Companies Act, 2013 and rule 1 (Incorporation) Rules 2014 and 8 Companies (Appointment and Qu Directors) Rules, 2014]	8 & 170 (2) of The changes among them 7 of the Companies A 5 4 6 7 6 7 6 7 7 6 7 7 7 7 7 7 7 7 7 7 7			
Form Language English 	Form Language 💿 English 🔿 Hindi			
Refer the instruction kit for fili	Refer the instruction kit for filing the form.			
1. *This form is for O New	company 💿 existing company			
2. (a) * Corporate Identity Nun	hber (CIN) of company L27109WB1996PLC082021			
(b)Global location number (GLN) of company Pre-fill				
3. (a) Name of the company	NARAYANI STEELS LIMITED			
(b) Address of the registered office of the company	23A, N.S.Road 7th Floor, Room-31 Kolkata West Bengal 700001 India			
(c) E-mail ID of the company	narayanisteelsvizag@gmail.com			
4. Number of Managing director or director(s) for which the form is being filed 2				

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

1 Details of the Managing Dire	ctor or Dire	ector of the company				
i Director Identification Number		09540310 Pre-fill				
ⁱⁱ Name	AKANSH					
iii Father's name		AKANSHA AGARWAL				
iv Dressent residential address	· · · · · · · · · · · · ·					
iv Present residential address						
V Nationality IN	vi [Date of birth 13/12/1992 vii Gender Female				
viii 💽 Appointment 🔵 Ces	sation	Change in designation × Date of Appointment or 16/03/2022				
ix Designation Additional di	rector	change in designation (DD/MM/YYYY)				
xi Category Independent	t					
xii Whether Chairman, Executive	Director, I	Non-Executive Director				
Chairman Executiv	ve director	Non Executive Director				
xiii DIN of such director to whom	appointee	e is alternate Pre-fill				
xiv Name of the director to whom appointee is alternate	such					
XV Name of the company or instit appointee is	ution who	se nominee the				
xvi E-mail ID of director narayar	nisteelsviza	ag@gmail.com				
xvii In case of cessation						
Hereby confirmed that the above	mentione	d O Director O Managing director xviii is not associated with the company				
with effect from	(DD/N	/IM/YYYY) xix due to				
xx Interest in other entities						
xxi Number of such entities	C					
xxii * CIN/LLPIN/FCRN/Registration	number	Pre-fill				
xxiii*Name						
xxiv *Address						
xxv Nature of interest ^{xxvi} *Designation	1					
xxvii Percentage of Sha	areholding	xxviii Amount				
xxix Others (specify)						

1 Details of the Managing Dire	ector or Director of the company			
i Director Identification Numbe	r (DIN) 08398259 Pre-fill			
ii Name	SWARNALATH MANDALEEKA			
iii Father's name	SUBBARAO MANDALEEKA			
iv Present residential address	13-50-247, COMPOST COLONY BEHIND ZILLA PARISHAD SRIKAKULAM Andhra Pradesh India 532001			
v Nationality IN	vi Date of birth 22/08/1988 vii Gender Female			
viii 🔿 Appointment 💿 Ces	ssation Change in designation × Date of Appointment or			
ix Designation Additional d				
xi Category				
xii Whether Chairman, Executive	Director, Non-Executive Director			
Chairman Executi	ve director Non Executive Director			
xiii DIN of such director to whom	n appointee is alternate			
xiv Name of the director to whom appointee is alternate	such			
XV Name of the company or insti appointee is	tution whose nominee the			
xvi E-mail ID of director naraya	nisteelsvizag@gmail.com			
xvii In case of cessation				
Hereby confirmed that the above	e mentioned Director Managing director xviii is not associated with the company			
with effect from 16/03/2022	(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	n number Pre-fill			
xxiii*Name				
xxiv *Address				
xxv Nature of interes	t			
xxvii Percentage of Sh	areholding xxviii Amount			
xxix Others (specify)				

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

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

-	Income Tax permai	on Number (DIN), if any Pre-fill nent account number (PAN) Verify Details Cessation Verify Details
iv	Membership numbe	er of the secretary
	First Name 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	
хх	Phone	xxi Fax
xxii	Date of birth	(DD/MM/YYYY)
xxiii	Designation	
xxiv	Date of Appointme	nt or cessation (DD/MM/YYYY)
xxv	E-mail ID	

Attachments

List of attachments

(1) Declaration by first director Attach Consent Letter_Akansha Agarwal.pdf (2) Declaration of the appointee director Attach Resignation_Letter.pdf Evidance_of_Cessation.pdf Evidance_of_Cessation.pdf
in Form No. DIR-2;
(3) Notice of resignation;
(4) Evidence of cessation; Attach
(6) Optional attachment(s) - if any. Attach Remove attachment
Declaration
I * arun kumar meher
A person named in the articles as a of the company
(in case if a new company) or
X authorized by the Board of Directors of the Company vide 6
number dated 16/03/2022
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 Company Secretary
* Director identification number of the director; or DIN or PAN of the manager or CEO or CFO; or Membership number of the secretary
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 wro
certification, if any found at any stage.
* To be digitally signed by BHARAT Details upwards CHANDRA DATE DATE DATE DATE DATE DATE DATE DAT
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 25843
Certificate of Practice Number 9834
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.

