

# Form No. MR-1

[Pursuant to Section 196 read with Section 197 and Schedule V of the Companies Act and pursuant to Rule 3 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules 2014]



## Return of appointment of managerial personnel

Form language  English  Hindi

Refer instruction kit for filing the form.

1. (a) \*Corporate identity number (CIN) of company

(b) Global location number (GLN) of company

2. (a) Name of the company

(b) Address of the registered office of the company

3. (a) \*Director identification number (DIN) or income-tax permanent account number (PAN) or membership number

(b) \*Name

4. \*Designation  Manager  Managing Director  Whole Time Director

5. \* Date of the resolution by the board of directors  (DD/MM/YYYY)

6. \* Effective date of appointment  (DD/MM/YYYY)

7. Terms and conditions including remuneration-

(a) Remuneration  Per month  Per Annum

- i. Salary (In Rs.)
- ii. Perquisites (In Rs.)
- iii. Others (In Rs.)
- iv. Total of (i) to (iii) (In Rs.)

(b) \* Tenure of appointment From  (DD/MM/YYYY)  
To  (DD/MM/YYYY)

(c) Other terms, if any

8. \*(a) Whether the age of the appointee is more than 70 years  Yes  No

(b) If yes, date of passing of special resolution by the shareholders approving the appointment

(c) SRN of related Form No. MGT-14 (for filing of Special Resolution)

9. \*(a) Whether the appointee had been convicted or detained under any of the Acts mentioned in Part I of Schedule V  
 Yes  No

(b) If yes, Date of obtaining Central Government's approval

10. \*(a) Whether the approval for such appointment has been obtained from the members in general meeting  Yes  No

(b) If yes, date of passing the resolution

(c) SRN of Form No. MGT-14 (for filing of Special Resolution)

11. \* (a) Whether the appointee has been disqualified for appointment of director under section 164 of the Act  Yes  No

(b) If yes, give details

**Attachments**

1) \*Copy of Board resolution;

Attach

2) Copy of shareholders resolution;

Attach

3) Copy of the Central government approval, if any; 4)\* Copy of letter of consent to act as Managing Director/Whole time Director/Manager ;

Attach

Attach

5) Copy of certificate by the Nomination and Remuneration Committee of the company, if any, to the effect that the remuneration is as per remuneration policy of the company

Attach

6) Optional attachments, if any.

Attach

**Declaration**

I am authorized by the Board of Directors of the Company vide resolution no.\*  dated\*  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

DSC

\*Designation

\*DIN of the director; or DIN or PAN of the manager or CEO or CFO; or  
Membership number of the company 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 records maintained by the Company 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.

\*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)

DSC BOX

Whether associate or fellow  Associate  Fellow

Membership number

Certificate of Practise number

**Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.**

Modify

Check Form

Prescrutiny

Submit

For office use only:

Affix filing details

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Confirm submission

Date of signing

(DD/MM/YYYY)