

## भारत सरकार Govt of India सुक्ष्म, लच्चु और मध्यम उद्यम मंत्रालय MINISTRY OF MICRO, SMALL & MEDIUM ENTERPRISES





उद्योग आधार



## Udyog Aadhaar





Type of Enterprise	Micro	Small	Medium		
Manufacturing	A	В	С		
Services	D	E	F.		
UAN	KR03A0013633				

			Udyog Aadhaar Memorai	ndum				
Aadhaar Number	838	838747207024						
Name of Entrepreneur	SIVA	NAGARAJ	YAM BADDIGAM					
Social Category	GEN	GENERAL						
Name of Enterprise	CEL	CELLTRICKS BIOTECH PRIVATE LIMITED						
Type of Organization	PRI	PRIVATE LIMITED COMPANY						
Postal Address		#253, C/O RAMACHANDRA REXINS PVT LTD, BOMMASANDRA INDUSTRIAL AREA, BOMMASANDRA, ANEKAL TALUK						
	Dis:	trict bile No:	BENGALURU (URBAN) 9740237265	State Email:	KARNATAKA PIN rajidirisinala@gmail.com	560099		
Date of commencement	31/1	2/2012						
Previous Registration details-if any	11							
The transfer of the control of the c		Code		HDFC0000353				
Bank Details		k Account:		50200000229861				
0 Major Activity	MAM	NUFACTURI	NG					
SN NIC 2 Digit		NIC 4 Digit		NIC 5 Digit Code		Activity Typ		
Manufacture of pharmaceuticals, medicinal chemical and botanical products		Manufacture of pharmaceuticals, medicinal chemical and botanical products		Manufacture of other pharmaceutical and botanical products n.e.c. like hina powder etc.		Manufacturin		
2 Other manufacturing		Other manufacturing n.e.c.		Manufacture of other articles n.e.c.		Manufacturin		
Wholesale trade, except of motor vehicles and motorcycles		Wholesale of other household goods		Wholesale of pharmaceutical and medical goods		Services		
4 Scientific research and development		Research and experimental development on natural sciences and engineering		Research and experimental development on natural sciences and engineering		Services		
5 Other professional, scientific and technical activities		Other professional, scientific and technical activities n.e.c.		Other professional, scientific and technical activities n.e.c.		Services		

20(Rs. In Lakhs) 13 Equipment's) 14 District Industry Centre BANGALORE (URBAN)

Declaration
I hereby declare that information given above is true to the best of my knowledge. Any information, that may be required to be verified, shall be provided immediately before the concerned authority.

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