

### Government of India Form GST REG-06

[See Rule 10(1)]

# **Registration Certificate**

#### **Registration Number :** 36AAACA4559R1Z4

1.	Legal Name		NEWTRONI	C LIFECARE I	EQUIPMEN	T PRIVATE LIMITED
2.	Trade Name, if any		NEWTRONI	C LIFECARE I	EQUIPMEN	T PRIVATE LIMITED
3.	Constitution of Business		Private Limite	ed Company		
4.	Address of Principal Place of Business			LY VILLAGE		YA NAGAR COLONY, BAD, Ranga Reddy,
5.	Date of Liability		01/08/2018			
6.	Period of Validity		From	01/08/2018	То	NA
7.	Type of Registration		Regular			
8.	Particulars of Approving Aut	thority				
Signature						
Name						
Designation						
Jurisdictional Office						
9. Date of issue of Certificate 18/08/20		18				
Note: The registration certificate is required to be prominently displayed at all places of business in the State.						

This is a system generated digitally signed Registration Certificate issued based on the deemed approval of application on 18/08/2018.





GSTIN36AAACA4559R1Z4Legal NameNEWTRONIC LIFECARE EQUIPMENT PRIVATE LIMITEDTrade Name, if anyNEWTRONIC LIFECARE EQUIPMENT PRIVATE LIMITED

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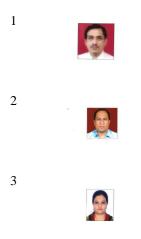
### **Details of Additional Places of Business**

Total Number of Additional Places of Business in the State



GSTIN	36AAACA4559R1Z4
Legal Name	NEWTRONIC LIFECARE EQUIPMENT PRIVATE LIMITED
Trade Name, if any	NEWTRONIC LIFECARE EQUIPMENT PRIVATE LIMITED

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



Name	NAVINBHAI MANILAL MEHTA		
Designation/Status	DIRECTOR		
Resident of State	Maharashtra		
Name	JIGNESH NAVINCHANDRA MEHTA		
Designation/Status	DIRECTOR		
Resident of State	Maharashtra		
Name	SHREYA JIGNESH MEHTA		
Designation/Status	DIRECTOR		
Resident of State	Maharashtra		