

**MINISTRY OF CORPORATE AFFAIRS****RECEIPT****G.A.R.7****SRN :** N22968218**Service Request Date :** 03/12/2024**Payment made into :** Indian Bank**Received From :**

**Name :** ANANTHA RAMA SUBRAMANIAN  
**Address :** C-316, NIRMAL AVIOR-GALAXY  
NEAR DEEP MANDIR, L.B.S. MARG MULUND (WEST)  
MUMBAI, Maharashtra  
India - 400080

**Entity on whose behalf money is paid**

**CIN:** U74900MH2013PLC244717  
**Name :** AAKAAR MEDICAL TECHNOLOGIES LIMITED  
**Address :** 801, Heritage Plaza, Telli Galli Cross Road, Andheri (East  
) NA  
Mumbai, Maharashtra  
India - 400069

**Full Particulars of Remittance****Service Type:** eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee for Form AOC-4 for the financial year ending on 2024	Normal	600.00
	Additional	3500.00
	<b>Total</b>	<b>4100.00</b>

**Mode of Payment:** Internet Banking - Indian Bank**Received Payment Rupees:** Four Thousand One Hundred Only

Note –The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar , then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 10 of the Companies (Registration offices offices and Fees) Rules, 2014)