

Form No. DIR-12

Form language

English

Hindi

Particulars of appointment of directors and the key managerial personnel and the changes among them

[Pursuant to sections 7(1) (c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Refer instruction kit for filing the form

All fields marked in * are mandatory

Company details

1 (a) *Corporate Identity Number (CIN) of company

U45202OR1990PLC002529

(b) *Name of the company

UTKAL BUILDERS LIMITED

(c) *Address of the registered office of the company

777, SAHID NAGAR,
BHUBANESWAR, Orissa,
751007, India

(d) *E-mail ID of the company

accounts@utkalbuilders
.com

Particulars of Director/KMP

2 *Number of Managing director or director(s) for which the form is being filed

1

3 Details of the Managing Director or Director of the company

(a) Purpose of filing the form

Appointment

Cessation

Change in designation

Appointment due to disqualification of all the existing directors

Appointment by liquidator / IRP / RP

(b) Director Identification Number (DIN)

00791585

(c) Name

AMIT KUMAR BAID

(d) Father's name

BHANWAR LAL BAID

(e) Present residential address

S/O BHANWAR LAL BAID,
FLAT NO- 82, BLOCK- D,
6TH FLOOR, UTKAL
ROYAL RESIDENCY,
GAUTAM NAGAR, BJB
NAGAR,
KH ,NA, BHUBANESWAR, 751
014, Orissa, India

(f) Nationality

India

(g) Date of birth (DD/MM/YYYY)

07/01/1981

(h) Gender

Male

(i) E-mail ID of director

amitbaid81@gmail.com

(j) Designation

Director

(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/
Nominee director/Whole-time director)

(k) Date of Appointment or change in designation (DD/MM/YYYY)

30/09/2023

(l) Category

Promoter

(Promoter/Professional/Independent/Small shareholder's director)

(m) Whether Chairman, Executive Director, Non-Executive Director

Chairman

Executive Director

Non-Executive Director

(n) DIN of such director to whom appointee is alternate

(o) Name of the director to whom such appointee is alternate

(p) Name of the company or institution whose authorized representative or nominee
the appointee is

(q) In case of cessation, hereby confirmed that the above-

Director Managing Director is not associated

with the company with effect from

(DD/MM/YYYY) due to

Interest in other entities

(r) Number of such entities

7

S. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)
	U17143WB1976PT C030777	GITA OIL INDUSTRI ES PRIVATE LIMITED	P O BELDA PASCHIM MIDHAPORE West Bengal	Director			

	U24139WB1998PT C087036	BAID AGRO PRODUCTS PRIVATE LIMITED	16 STRAND ROAD ROOM NO. 1215, 12th FLOOR KOLKATA West Bengal	Director			
	U45200WB1992PT C057133	UTKAL REALTORS PRIVATE LIMITED	207 MAHARSHI DEBENDRA ROAD4TH, F LOOR ROOM NO 78 KOLKATA West Bengal	Director			
	U70200OR1996PT C004509	SRI ADINATH REAL ESTATES PRIVATE LIMITED	777 SAHEED NAGARBHUB ANESWAR KHURDA Orissa	Director			
	U85300OR2020NP L034664	EO UTKAL FORUM	UTKAL BUILDERS, 777 SAHEED NAGAR BHUBANESW AR ODISHA Orissa	Director			
	U41001OD2023PT C042783	INNOVHOM ES PRIVATE LIMITED	5TH FLOOR ,PL OT NO.777, VIRAYATAN BUILIDING MAHARSHI COLLEGE ROAD, Saheed Nagar, Khorda, Bhubanesw ar, Orissa, India, 751007	Director			

	ACB-9227	Utkal Subhalab ha LLP	5TH FLOOR PLOT NO. 777, VIRAYATAN BUILIDING , Saheed Nagar, Khorda, Bhubanesw ar, Orissa, India, 751007	Designate d Partner			
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4 *Number of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer for which the form is being filed

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5 Details of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer of the company

(a) Purpose of filing the form

Appointment

Cessation

(b) Director Identification Number (DIN), if any

(c) Income Tax permanent account number (PAN)

(d) Membership number of the company secretary

(e) (i) First Name *(Either of applicant's First name or Surname shall be mandatory to enter)*

(ii) Middle Name

(iii) Last Name *(Either of applicant's First name or Surname shall be mandatory to enter)*

(f) Father's name

(i) First Name *(Either of applicant's father's first name or Surname shall be mandatory to enter)*

(ii) Middle Name

(iii) Last Name *(Either of applicant's father's first name or Surname shall be mandatory to enter)*

(g) Present residential address

Address Line

Address Line

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

(h) Date of birth (DD/MM/YYYY)

(i) Designation (Manager/Company Secretary/CEO/CFO)

(j) Date of appointment or cessation (DD/MM/YYYY)

(k) Mobile Number (with Country code)

(l) E-mail ID

6 SRN of form INC-28

Attachments

7 (a) Order from court/NCLT

(b) Notice of resignation

(c) Evidence of cessation

(d) Optional attachments – if any

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Director's Consent and Declaration

I, hereby give my consent to act as a director of

(name of the company), pursuant to sub-section (5) of section 152 of the companies Act, 2013 and Certify that I am not disqualified to become a director under the companies Act, 2013.

I declare that I have not been convicted of any offense in connection with the promotion, formation or management of any company or LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any company under this Act or any previous company law in the last five year.

I further declare that if appointed my total Directorship in all the companies shall not exceed the prescribed number of companies in which a person can be appointed as a Director.

I further declare that I have not incurred disqualification under the Companies Act, 2013 in any of the above companies and that I, at present, stand free from any disqualification from being a director.

I also declare that:

- I am not required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number; or
- I am required to obtain the security clearance from the Ministry of Home Affairs, Government of India under sub-rule (1) of rule 10 before applying for director identification number and the same has been obtained and is attached,

To be digitally signed by the Director/ Managing

Declaration

I* authorized by the Board of Directors of the Company/ by the court or NCLT

number dated* (DD/MM/YYYY) 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

*Designation

(Director/Manager/Company Secretary/Chief executive officer/Chief Financial Officer/Statutory Auditor/Liquidator)

*Director identification number of the director; or DIN or PAN of the manager or CEO or CFO or liquidator; or Membership number of the secretary or statutory auditor

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 wrong certification, if any
 found at any stage

To be digitally signed by

Category

Chartered Accountant (in whole time practice)

Company Secretary (in whole time practice)

Cost Accountant (in whole time practice)

Whether associate or fellow:

Associate

Fellow

Membership number

Certificate of practice number

3167

For Office use only:

eForm Service request number (SRN)

AA5888909

eForm filing date (DD/MM/YYYY)

14/10/2023

Digital signature of the authorizing officer

This eForm is hereby registered

Date of signing (DD/MM/YYYY)

OR

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 company