

Form No. ADT-1**Notice to the Registrar by company for appointment of auditor**

[Pursuant to section 139 of the Companies Act, 2013 and Rule 4(2) of the Companies (Audit and Auditors) Rules, 2014]



Form language

☒ English ☐ Hindi

Refer instruction kit for filing the form.

All fields marked in * are mandatory

Company Information

1 * Corporate Identity Number (CIN)

U85490CT2025NPL018718

2 (a) * Name of the company

MURLI MITRA WELFARE FOUNDATION

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

C/O SANDEEP SHRIVASTAVA, BADA ASHOK
NAGAR KOTAROAD, Gudhiyari, Raipur,
Raipur, Chattisgarh, India, 492009, 81.86,
21.27

(c) * Email ID of the company

*****mitrawelfarefoundation@gmail.com

Appointment and Auditor Details

3 (a) * Whether company is falling under any class of companies as per section 139(2)

☐ Yes☒ No

(b) * Nature of appointment

☒ First auditor by Board of directors/ members/ C&AG☐ Appointment of Auditors in AGM☐ Re-appointment of Auditors in AGM☐ Appointment/ Re-appointment by C&AG☐ Auditor appointed in case of casual vacancy☐ Auditor appointed in case of non-re-appointment/ removal of the previous auditor☐ Auditor appointed by Central Government☐ Auditor appointed by the Tribunal☐ Others

(b)(i) If Others, please specify

(c) * Whether auditor(s) has been appointed in the annual general meeting (AGM)

☐ Yes☒ No

(d) If yes, date of AGM (DD/MM/YYYY)

4 (a) * Date of appointment (DD/MM/YYYY)

26/09/2025

(b) * Whether joint auditors have been appointed

☐ Yes☒ No

(c) * Number of auditor(s) appointed

1

(d) *Category of Auditor

☐ Auditor's Firm

☒ Individual

(e) Firm Registration Number

(f) Name of the Auditor's Firm

(f) (i) Income Tax permanent account number of auditor's firm

(ii) Address of the auditor's firm

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/UT

Email ID

(g) *Membership Number of Auditor signing the balance sheet of the company

558574

(h) *Name of the Auditor

RAJESH

(h)(i) *Income Tax permanent account number of auditor

BCGPR9658Q

(ii) Address of the auditor

*Address Line 1

RZ 11/12, UGF, Front Side Left Side,

Address Line 2

Subhash Park Extn, Main Rajapuri Road,
Uttam Nagar

*Country

India

*Pin Code/Zip Code

110059

*Area/Locality

Uttam Nagar

*City

New Delhi

District

West Delhi

*State/UT

Delhi

*Email ID

ra*****il.com

(i) Period of account for which appointed

*From (DD/MM/YYYY)

04/09/2025

*To (DD/MM/YYYY)

30/09/2026

(j) *Number of financial year(s) to which appointment relates

1

(k) *Whether the appointment of auditor is within the limits of twenty companies as specified in sub section 3(g) of section 141

☒ Yes

☐ No

(l) Has the auditor or auditor's firm or its member previously conducted audit or was in the same company, excluding previous years having break of five or more years as specified in Rule 6

☐ Yes

☐ No

(m) Specify the tenure of previous appointment(s) of the auditor or auditor's firm or its member in the same company in which audit was conducted or is functioning (excluding previous years having break of five or more years as specified in Rule 6)

(n) *Number of financial year(s)

0

(o) *S. no.

(p) Firm Registration Number

(q) *Membership Number of Auditor

(r) *Financial Year Start Date (DD/MM/YYYY)

(s) *Financial Year End Date (DD/MM/YYYY)

5 *Whether the recommendation of the Audit Committee constituted u/s 177 of the Companies Act, 2013 has been considered by the Board of Directors before the appointment.

☐ Yes

☐ No

☒ Not Applicable

6 Specify the SRN of INC-28 filed with ROC for Notice of order of the Tribunal for appointment of Auditor

7 Appointment of Auditor due to casual vacancy

(a) Auditor is appointed due to casual vacancy in the office of auditor due to

☐ Resignation

☐ Others (death, disqualification)

(a)(i) If Others, please specify

(b) Specify the SRN of relevant form

(c) Mention the date of casual vacancy (DD/MM/YYYY)

(d) Registration number of auditor's firm who has vacated the office

(e) Membership number of the auditor

(f) Reasons of the casual vacancy

Attachments

(a) *Copy of the intimation sent by company

WhatsApp Image 2025-09-27 at 1.44.29 PM.jpeg.jpeg

(b) *Copy of written consent given by auditor

Certificate Consent of Auditor_RAJESH_murli.pdf

(c) Copy of resignation letter tendered by the auditor to the company at the time of resignation

(d) Copy of Central Government Order for appointment of Auditor

(e) Optional attachment(s) - if any

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WhatsApp Image 2025-09-27 at 1.44.29 PM (1).jpeg

Declaration

I am authorised by the Board of Directors of the Company vide resolution number*

08

dated

(DD/MM/YYYY)* 01/10/2025

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**

* Designation

Director

(Director/Manager/ Company Secretary/CEO/CFO/Liquidator/Interim Resolution Professional (IRP)/ Resolution Professional (RP)

* Director identification number of the director; or DIN or PAN of the Manager/ CEO / CFO; Interim Resolution Professional (IRP) or Resolution Professional (RP) or Liquidator or Membership number of the secretary

1*2*9*2*

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement/certificate and punishment for false evidence respectively.

This eForm has been taken on file maintained by the registrar of companies through electronic mode and based on statement of correctness given by the company.

For office use only:

eForm Service request number (SRN)

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eForm filing date (DD/MM/YYYY)

01/10/2025