## Form No. DIR-12

## 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]



English

Form language

nglish (

 $\bigcirc \ \mathsf{Hindi}$ 

Refer instruction kit for filing the form All fields marked in \* are mandatory

Company details			
1 (a) *Corporate Identity Number (CIN) of company		L21090GJ2010PLC063428	
(b) *Name of the company		ASTRON PAPER & BOARD MILL LIMITED	
(c) *Address of the registered office of the company		D-702, SEVENTH FLOOR GANESH MERIDEN, OPP:- HIGH COURT, S.G.HI, GHWAY, AHMEDABAD, Gujarat, India380060	
(d) *E-mail ID of the company		****tronpaper.com	
Particulars of Director/KMP			
2 *Number of Managing director or director(s) for whic	th the form is being filed	1	
3 Details of the Managing Director or Director of the co (a) Purpose of filing the form	mpany		
○ Appointment	Cessation	Change in designation	
<ul> <li>Appointment due to disqualification of all the existing directors</li> </ul>	Appointment by liquidator / IRP /	/ RP	
(b) Director Identification Number (DIN)		0*5*5*1*	
(c) Name		DHIREN NARENDRAKUMAR PARIKH	
(d) Father's name		****DRAKUMAR	

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Nationality				I	India,38	DABAD,Gujarat,
Nationality				L		
					India	
(g) Date of birth (DD/MM/YYYY)				[	10/10/19	67
Gender				[	Male	
(i) E-mail ID of director					******* in	********OO.CO.
(j) Designation (Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/ Nominee director/Whole-time director)				Director	,	
Date of Appointment or char	nge in designation	(DD/MM/YYYY)		[		
Category Promoter/Professional/Independent,	/Small shareholder's d	irector)		[		
) Whether Chairman, Executiv	ve Director, Non-E	executive Director			] Chairman	
					Executive	Director
					Non-Execu	utive Director
DIN of such director to whon	n appointee is alte	ernate		[		
Name of the director to who	m such appointee	is alternate		[		
Name of the company or inst the appointee is	titution whose au	thorized represen	tative or nomin	ee [		
In case of cessation, hereby of	confirmed that the	e above-mentione	d	Director $\bigcirc$	Managing D	irector is not associated
with the company with effect	t from 27/12/2	2024	(DD/MM/	YYYY) due to	Resign	ation u/s 168
terest in other entities						
(r) Number of such entities					0	
S. No. CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)
*Number of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer for				0		
which the form is being filed						
etails of manager(s), secretar	y(s), Chief financia	l Officer or Chief I	Executive Office	er of the comp	any	

(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 ente	
(g) Present residential address	
Address Line 1	
Address Line 2	
Country	
Pin Code/Zip Code	
Area/Locality	
City	
District	
State/UT	

(h) Date of birth (DD/MM/YYYY	<b>(</b> )	
(i) Designation (Manager/Company	y Secretary/CEO/CFO)	
(j) Date of appointment or cess	sation (DD/MM/YYYY)	
(k) Mobile Number (with Coun		
(I) E-mail ID		
5 SRN of form INC-28		
Attachments		
7 (a) Order from court/NCLT/I	Members resolution	
(b) Notice of resignation		resignation.pdf
(c) Evidence of cessation		CTC_BM_27.12.pdf
(d) Optional attachments – if a		
Director's Consent and Declarat	ion	
1,	hereby give my consent to act as a director of	
name of the company), pursuan o become a director under the	t to sub-section (5) of section 152 of the companies Act, 201 companies Act, 2013.	13 and Certify that I am not disqualified
	n convicted of any offense in connection with the promotion of been found guilty of any fraud or misfeasance or of any bry law in the last five year.	•
I further declare that if appo	inted my total Directorship in all the companies shall not expointed as a Director.	ceed the prescribed number of companies
	not incurred disqualification under the Companies Act, 2013 any disqualification from being a director.	in any of the above companies and that I,
☐ I also declare that:		
	uired to obtain the security clearance from the Ministry of For rule 10 before applying for director identification number	
	d to obtain the security clearance from the Ministry of Home le 10 before applying for director identification number and	

be digitally signed by the Director/	Managing Direct	or		
Declaration				
Kiritbhai Ghanshyambhai Patel	authorized by th	e Board of Director	s of the Compan	ny/ by the court or NCLT vide*
09	number dated*	27/12/2024		DD/MM/YYYY) to sign this form and
eclare that all the requirements of Co rm and matters incidental thereto ha prrect, and complete including the att	ave been complied	d with. I also declare	that all the info	_
o be digitally signed by				
Designation irector/Manager/Company Secretary/Chief ex quidator/IRP/RP)	ecutive officer/Chief Fi	inancial Officer/Promote	r Shareholder	Director
Director identification number of the FO or liquidator/IRP/RP or Promoter		_		0*3*3*8*
ertificate by practicing professional				
	013 and Rules the rs [including attac atter of this form	reunder for the sub hment(s)] from the	ject matter of the original/certifie	•
urther certify that:				
The said records have been proper relevant provisions of the Compan	rly prepared, signo nies Act, 2013 and	ed by the required o were found to be in	officers of the Co n order	ompany and maintained as per the
All the required attachments have	been completely	and legibly attache	d to this form;	
It is understood that I shall be liab at any stage	le for action unde	r Section 448 of The	e Companies Act	t, 2013 for wrong certification, if any found
o be digitally signed by				
ategory				
Chartered Accountant (in whole	time practice)			
<ul><li>Company Secretary (in whole tire</li></ul>	me practice)			
Cost Accountant (in whole time	practice)			

Whether associate or fellow:					
○ Associate					
Membership number					
Certificate of practice number	2*3*				
For Office use only:					
eForm Service request number (SRN)	AB2541639				
eForm filing date (DD/MM/YYYY)	27/01/2025				
Digital signature of the authorizing officer					
This eForm is hereby registered					
Date of signing (DD/MM/YYYY)					
OR					