

FORM NO. 61

Form for filing an application with Registrar of Companies

[Pursuant to section 166, 210, 394, 560, 621A of the Companies Act, 1956]

Form Language ☐ English ☐ हिन्दी

Note - All fields marked in * are to be mandatorily filled.

1. * Category of applicant

2. * Name of office of the Registrar of Companies (RoC) to which application is being made

3. (a) Corporate identity number (CIN) or foreign company registration number (FCRN) of the company or Form 1A reference number (Service request number (SRN) of Form 1A)

(b) Global location number (GLN) of company

4. (a) Name of the company

(b) Address of the registered office or of the principal place of business in India of the company

(c) e-mail ID of the company

5. Details of applicant (in case category is others)

(a) Name

(b) Address Line I
Line II

(c) City

(d) State

(e) ISO country code

(f) Country

(g) Pin code

(h) e-mail ID

6. * Application filed for

- ☐ Compounding of offences
☐ Extension of period of annual general meeting by three months under section 166(1)
☐ Extending the period of annual accounts upto eighteen months under section 210(4)
☐ Declaring a defunct company under section 560
☐ Scheme of arrangement, amalgamation
☐ Normalising a dormant company
☐ Others (including application u/s 25(8))

Note: Pay the necessary fee for application u/s 25(8) through Pay Miscellaneous fee option on the Ministry website (www.mca.gov.in).

7. If others, then specify

8. *Details of application

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9. In case of application for compounding of offences, provide the following details

(a) Whether application for compounding offence is filed in respect of

☐ Company ☐ Director ☐ Manager or secretary ☐ Other

(b) Number of person(s) for whom the application is being filed

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(c) Details of person(s) for whom the application is being filed

(i)	Category <table border="1"><tr><td></td></tr></table>		Director identification number (DIN) or income-tax permanent account number (income-tax PAN) or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			
(ii)	Category <table border="1"><tr><td></td></tr></table>		DIN or income-tax PAN or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			
(iii)	Category <table border="1"><tr><td></td></tr></table>		DIN or income-tax PAN or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			
(iv)	Category <table border="1"><tr><td></td></tr></table>		DIN or income-tax PAN or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			
(v)	Category <table border="1"><tr><td></td></tr></table>		DIN or income-tax PAN or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			
(vi)	Category <table border="1"><tr><td></td></tr></table>		DIN or income-tax PAN or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			
(vii)	Category <table border="1"><tr><td></td></tr></table>		DIN or income-tax PAN or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			
(viii)	Category <table border="1"><tr><td></td></tr></table>		DIN or income-tax PAN or passport number <table border="1"><tr><td></td></tr></table>	
	Name <table border="1"><tr><td></td></tr></table>			

(d) Whether application is being filed

☐ Suo-motu ☐ In pursuance to notice received from RoC or any other competent authority

(e) Notice number and date of notice

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(f) Section for which application is being filed

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(g) Brief particulars as to how the default has been made good

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10. In case of application under section 166(1) or 210(4), mention financial

 (DD/MM/YYYY)
year end date in respect of which the application is being filed

11.(a) Service request number of Form 23

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(b) Date of passing special or ordinary resolution

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(DD/MM/YYYY)

(c) Date of filing Form 23

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(DD/MM/YYYY)

12. Particulars of payment of stamp duty

Total number of stamp duty payment(s) for which details to be entered

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State or Union territory in respect of which stamp duty is paid	<table border="1"><tr><td></td></tr></table>	
Total amount of stamps or stamp paper (in Rs.)	<table border="1"><tr><td></td></tr></table>	
Particulars of instrument(s) on which stamp duty is paid		
Mode of payment of stamp duty	<table border="1"><tr><td></td></tr></table>	
Name of vendor authorised to collect stamp duty or to sell stamp papers on behalf of the Government		
Serial number of stamps or stamp paper		
Registration number of vendor		
Date of purchase of stamps or stamp paper	<table border="1" style="display: inline-table; width: 150px; height: 20px;"></table> (DD/MM/YYYY)	
Place of purchase of stamps or stamp paper		

Attachments

List of attachments

1. Board resolution
2. Scheme of arrangement, amalgamation
3. * Detailed application
4. Copy of notice received from RoC or any other competent authority
5. Optional attachment(s) - if any

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Verification

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

☐ I have been authorised by the Board of directors' resolution number dated (DD/MM/YYYY) to sign and submit this application.

☐ I am duly authorised to sign and submit this application.

To be digitally signed by

Managing Director or director or manager or secretary (in case of an Indian company or an authorised representative (in case of a foreign company) or other

Designation

DIN of the director or Managing Director; or income-tax PAN of the manager or authorised representative; or

Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

To be digitally signed by

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or ☐ Company secretary (in whole-time practice)

Whether associate or fellow ☐ Associate ☐ Fellow

Membership number or certificate of practice number

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)