

FORM NO. 10G

[See rule 11AA]

Application for grant of approval to fund or institution under clause (vi) of sub-section (5) of section 80G of the Income-tax Act, 1961

A. Details of Registered Office														
PAN		AAFCH2936J												
Name of the Fund/Institution		HASTAPRADA FOUNDATION												
Flat/ Door/ Block No.		865B, TOWER B-1												
Name of Premises/Building/Village														
Road/ Street		SPAZE IT PARK, SOHNA ROAD												
Pincode		122001												
Post Office		Gurgaon H.O												
Area/ Locality		Gurgaon												
Town/City/District		GURGAON												
State		HARYANA												
Country		INDIA												
Office Phone No. with STD Code														
Mobile No. 1		9015515639												
Fax No. with STD Code														
Mobile No. 2														
Email Address 1		hastapradafoundation@gmail.com												
Email Address 2														
B. Legal Status														
Please specify whether the Fund/ Institution is -		Registered under section 8 of the Companies Act, 2013 (18 of 2013) or under section 25 of the Companies Act, 1956 (1 of 1956)												
C. Purpose														
Sl.No.		Purpose												
1		Relief of the poor												
1a. In case of advancement of any other object of general public utility, please provide following:														
(i) Whether it involves the carrying on of any activity in the nature of trade, commerce or business, or any activity of rendering any service in relation to any trade, commerce or business, for a cess or fee or any other consideration?		-												
(ii) Whether the activity is undertaken in the course of actual carrying out of such advancement of any other object of general public utility; and		-												
(ii) Details of receipts from such activity:														
Sl.No.		Total Receipts (₹)		Aggregate Receipts from the Activity (₹)			Percentage to Total Receipts			Remarks, if any				
D In case of a Trust														
Details of Author (s)/ Founder (s)/ Settlor (s):														
S. No.	Name	PAN	Aadhaar No. (if allotted)	Address		Country	Flat/ Door/ Block No.	Road/ Street/ Block/ Sector	Zipcode	Area/ Locality	Post Office	District/ City	State	
1													STATE OUT SIDE INDIA	
E In case of a Trust/ Society/Company/ Other Institutions														
Details of Trustee (s)/ Members of the Governing Council/ Director (s)/ Office Bearer (s):														
S. No.	Name	Designation	PAN	Aadhaar No. (if allotted)	Address		Country	Flat/ Door/ Block No.	Road/ Street/ Block/ Sector	PIN Code	Area/ Locality	Post Office	District/ City	State
1	BARU N KUMAR	DIRECTOR	BDH PK61 48Q	5165536366 99	INDIA		639, FIR ST FLOOR	SURYA NAGAR, PHASE	1210 13	Farid abad	Sec-9 1 S.O	FARIDA BAD	HARYANA	

							2, GATE NO.3, SECTOR-91						
2	KRITI K KUMAR	DIRECTOR	BWX PK24 02G	2200685922 20	INDIA	515, 1ST FLOOR	PHASE 2, GATE NO.2, SURYANAGAR, SECTOR-91	1210 13	Farid abad	Sec-9 1 S.O	FARIDA BAD	HARYANA	
3	M JANARDHAN	DIRECTOR	AISP J103 3C	2328419064 85	INDIA	49 B, 1ST FLOOR FLR	BLOCK D, EDENBURG CITY, PHASE 1, SECTOR 91	1210 13	Farid abad	Sec-9 1 S.O	FARIDA BAD	HARYANA	
F Exemption/ Approval/ Registration Details													
S. No.	Please provide the relevant provision under which the income of the applicant would not be liable to inclusion in its total income						Status of approval or registration of the fund or institution:						
1	10(23C)(iv)						Applied for registration under section 12A/ 12AA						
2b													
S. No.	Section			Registration/ Application Number				Date of Registration/ Approval/ Application					
1	10(23C)(iv)			544486331120920				12/09/2020					
G Details of Business													
1	Whether the applicant derives any income being profits and gains of business?						NO						
1a	If yes, please provide the nature of business												
2	Whether the applicant maintains separate books of account in respect of such business?						-						
3	Whether the donations received are used, directly or indirectly, for the purposes of such business?						-						
4	Whether the instrument under which the institution or fund is constituted, or the rules governing the institution or fund, contains any provision for the transfer or application at any time of the whole or any part of the income or assets of the institution or fund for any purpose other than a charitable purpose?						NO						
5	Whether institution or fund is expressed to be for the benefit of any particular religious community or caste?						NO						
6	Whether the institution or fund maintains regular accounts of its receipts and expenditure?						YES						
H Details of Demand													
1	Whether any demand is outstanding for any assessment year (s)?						NO						
1a If yes, please provide the following details:													
S. No.	Assessment Year			Demand (₹)			Nature of Demand			Penalty imposed, if any (₹)			
I Details of Religious Expenses													
1	Whether the fund or the institution has incurred any expenditure of religious nature?						NO						
1a If yes, please provide the following details:													
S. No.	Assessment Year			Total Income (₹)			Expenditure of Religious Nature (₹)			Percentage to Total Income			
J Miscellaneous													
1	Whether the trust deed contains clause that the trust is irrevocable?												
2	Details of, approval under sub-clause (iv), sub-clause (v), sub-clause (vi) or sub-clause (via) of clause (23C) of section 10, registration under section 12A or 12AA, rejection of application for approval/ cancellation of approval under section 80G:												
S. No.	Section/Clause/Subclause etc			Approval/Registration/ Rejection of application for			Order No.		Order date		Authority issuing the order		

	approval/Cancellation of approval etc			
1				

I **BARUN KUMAR** , Son of **SHYAM NARAYAN SINGH** hereby declare that the details given in the application are true and correct to the best of my knowledge and belief. I undertake to communicate forthwith any alteration in the terms of the trust/ society/non-profit company, or in the rules governing the Institution, made at any time hereafter. I further declare that I am making this application in my capacity as **DIRECTOR** (designation) and that I am competent to make this application and verify it.

Place **HARYANA**
Date **16/09/2020**
Designation **DIRECTOR**

Address	
Country	INDIA
Flat/ Door/ Block No.	639, FIRST FLOOR
Road/Street/Block/Sector	SURYA NAGAR, PHASE 2, GATE NO.3, SECTOR-91
Pincode/Zipcode	121013
Area/ Locality	Faridabad
Post Office	Sec-91 S.O
District/ City	FARIDABAD
State	HARYANA

This form has been digitally signed by **BARUN KUMAR** having PAN **BDHPK6148Q** from IP Address **47.30.154.88** on **16/09/2020** .

Dsc SI No and issuer **47117839734116CN=Verasys CA**

2014.2.5.4.51=#13294f6666696365204e6f2e2032312c20326e6420466c6f6f722c20426861766e61204275696c64696e67,STREET=V.S.

Marg,ST=Maharashtra,2.5.4.17=#13063430303235,OU=Certifying Authority,O=Verasys Technologies Pvt Ltd.,C=IN

