Form No. INC-33

e-MOA (e-Memorandum of Association)
[Pursuant to Schedule I (see Sections 4 and 5) to the Companies Act, 2013)]

सत्यमेव जयते

Form language

(•) English ( ) Hindi

Refer instruction kit for filing the form

*All fields marked in * are mandatory*

*** Table applicable to company as notified under schedule I of the Companies Act, 2013**

(A - MEMORANDUM OF ASSOCIATION OF A COMPANY LIMITED BY SHARES
B - MEMORANDUM OF ASSOCIATION OF A COMPANY LIMITED BY GUARANTEE AND NOT HAVING A SHARE CAPITAL
C - MEMORANDUM OF ASSOCIATION OF A COMPANY LIMITED BY GUARANTEE AND HAVING A SHARE CAPITAL
D - MEMORANDUM OF ASSOCIATION OF AN UNLIMITED COMPANY AND NOT HAVING SHARE CAPITAL
E - MEMORANDUM OF ASSOCIATION OF AN UNLIMITED COMPANY AND HAVING SHARE CAPITAL)

A - MEMORANDUM OF ASSOCIATION OF A COMPANY LIMITED BY SHARES

Table A/B/C/D/E

1 The name of the company is

HEALTHCARE PARTNER NETWORK PRIVATE LIMITED

2 The registered office of the company will be situated in the State of

Telangana

3 (a) The objects to be pursued by the company on its incorporation are:

To carry on the business of establishing, operating, managing and running hospitals, clinics, nursing homes, healthcare centres, diagnostic centres, pathology laboratories, medical consultancy services, telemedicine services, healthcare management services, wellness centres, preventive healthcare services and other allied healthcare services.

(b) *Matters which are necessary for furtherance of the objects specified in clause 3(a) are

To purchase, acquire, establish, maintain, equip, manage and run medical stores, pharmacies, laboratories, ambulances, healthcare infrastructure, and to appoint doctors, nurses, medical professionals, consultants and staff necessary for carrying out the objects of the company.

4 The liability of the member(s) is limited, and this liability is limited to the amount unpaid if any, on the shares held by them.

5 Every member of the company undertakes to contribute:

healthcarepartner.in - for information only

Public copy for information. Home addresses and PAN of individuals are hidden for privacy. Verify at mca.gov.in.

(i) to the assets of the company in the event of its being wound up while he is a member, or within one year after he ceases to be a member, for payment of the debts and liabilities of the company or of such debts and liabilities as may have been contracted before he ceases to be a member; and

(ii) to the costs, charges and expenses of winding up (and for the adjustment of the rights of the contributories among themselves), such amount as may be required, not exceeding * _____ rupees.

(iii) The share capital of the company is 100000 rupees, divided into

10000	Equity Share	Shares of	10	Rupees each	

6

☐ We, the several persons, whose names and address are subscribed, are desirous of being formed into a company in pursuance of this memorandum of association, and we respectively agree to take the number of shares in the capital of the company set against our respective names:

☐ I, whose name and address is given below, am desirous of forming a company in pursuance of this memorandum of association and agree to take all the shares in the capital of the company:

☐ We, the several persons, whose names and addresses are subscribed, are desirous of being formed into a company in pursuance of this memorandum of association:

healthcarepartner.in · for information only

Subscriber Details					
S. No.	***Name, Address, Description and Occupation**	**DIN / PAN / Passport number**	**No. of shares taken**	**DSC**	**Dated**
1	MAHESH PALLA		5000 Equity,0 Preference		10/02/2026
2	RAJESH NAREDLA		5000 Equity,0 Preference		10/02/2026
Total shares taken			10000 Equity,0 Preference		

Signed before me					
Membership type of the witness ***(ACA/FCA/ACS/FCS/ACMA/FCMA)***	***Name of the witness**	***Address, Description and Occupation**	**DIN / PAN / Passport number / Membership number**	**DSC**	**Dated**
FCA	KUNTA VENKATESH	CHARTERED ACCOUNTANT 3-3-184/21, 2ND FLOOR, JENDA CHOWRASTA, PEDDAPALLI, 505172.	2*4*4*		10/02/2026

7 Shri / Smt [ ] [ ] Of [ ] resident of

[ ] aged [ ] years shall be the nominee in the event of death of the sole member.

healthcarepartner.in · for information only

For office use only:

eForm Service request number(SRN)	AC2238746
eForm filing date(DD/MM/YYYY)	12/02/2026
Name of the authorizing officer	Charan Singh
This e-Form is hereby approved	
This e-Form is hereby rejected	
Date of Signing (DD/MM/YYYY)	13/02/2026

healthcarepartner.in · for information only

Public copy for information. Home addresses and PAN of individuals are hidden for privacy. Verify at mca.gov.in.