

OFFICE OF THE _____
REGISTER OF INACTIVE
COMPANIES

S. No.	Name of Company		Kind of Company	Date of Incorporat ion	Date of allowing status of inactive company	Whether inactive status allowed u/s 424(1) or ordered u/s 424(4)	Date of allowing status of active company, if applicable	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

