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|----------|--|--------------------|---------------------|-------|--------|
| E | | Type of Enterprise | Micro | Small | Medium |
| | | Manufacturing | A | B | C |
| | | Services | D | E | F |
| | | UAN | MP43E0005862 | | |

Udyog Aadhaar Memorandum

- Aadhaar Number: 738366615782
- PAN Number: AVXPG2147A
- Name of Entrepreneur: DR. KAPIL GUPTA
- Social Category of Entrepreneur: GENERAL
- Gender: Male
- Physically Handicapped: No
- Name of Enterprise: PATHCURE LABS
- Type of Organization: Proprietary
- Location of Plant Details

| SN | Flat/Door/Block No. | Name of Premises/Building Village | Road/Street/ Lane | Area/Locality | City | Pin | State | District |
|----|---------------------|---|--------------------|---------------|---------|--------|----------------|----------|
| 1 | 10/185 | PATHCURE LABS (Dr. KAPIL GUPTA) DOCTOR COLONY | NEAR JAIL BUILDING | SHAHDOL | SHAHDOL | 484001 | MADHYA PRADESH | SHAHDOL |

Official Address of Enterprise: 10/185,PATHCURE LABS (DR. KAPIL GUPTA) DOCTOR COLONY, NEAR JAIL BUILDING,SHAHDOL 484001, SHAHDOL, MADHYA PRADESH

- | | | | | | |
|------------|------------|--------|-------------------------------|-----|--------|
| District | SHAHDOL | State | MADHYA PRADESH | PIN | 484001 |
| Mobile No: | 8319092980 | Email: | dr.kapilgupta.patho@gmail.com | | |
- Date of commencement: 27/08/2018
- Previous Registration details-if any: ::
- Bank Details

| | |
|---------------|------------------|
| IFS Code | PUNB0660000 |
| Bank Account: | 6600009300000398 |
- Major Activity: SERVICES

| SN | NIC 2 Digit | NIC 4 Digit | NIC 5 Digit Code | Activity Type |
|----|------------------------------|--------------------------------------|--|---------------|
| 1 | 86 - Human health activities | 8690 - Other human health activities | 86905 - Activities of independent diagnostic/pathological laboratories | Services |

- Persons employed: 5
- Investment (Plant & Machinery / Equipment's): 40(Rs. In Lakhs)
- District Industry Centre: SHAHDOL

Declaration
I hereby declare that information given above is true to the best of my knowledge. Any information, that may be required to be verified, shall be provided immediately before the concerned authority.

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