Form No. DIR-12

Particulars of appointment of directors and the key managerial personnel and the changes among them

[Pursuant to sections 7(1) (c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



Form language

English

Hindi

Refer instruction kit for filing the form All fields marked in * are mandatory

Company details		
1 (a) *Corporate IdentityNumber (CIN) of company		U55101DL1971GOI394499
(b) *Name of the company		HOTEL CORPORATION OF INDIA LIMITED
(c) *Address of the registered office of the company		HOTEL CENTAUR PREMISES INDIRA GANDHI INTERNATIONAL AIRPORT, NEW DELHI, South West Delhi, Delhi, India 110037
(d) *E-mail ID of the company		CS*****************LS.C
Particulars of Director/KMP		
2 *Number of Managing director or director(s) for which	the form is being filed	2
3 Details of the Managing Director or Director of the com (a) Purpose of filing the form	npany	
Appointment	○ Cessation	Change in designation
 Appointment due to disqualification of all the existing directors 	C Appointment by liquidator / IRP / I	RP
(b) Director Identification Number (DIN)		*****20
(c) Name		ASANGBA CHUBA AO
(d) Father's name		** ****TEMJEN ****

(e) Present residential address	**** DIPHUPAR A,
	,Diphupar,Artc,Dimapur
	,Nagaland,India,797115
(f) Night on although	
(f) Nationality	India
(g) Date of birth (DD/MM/YYYY)	17/07/1975
(h) Candar	
(h) Gender	Male
(i) E-mail ID of director	************il.com
(j) Designation	
(Director/Managing director/Alternate director/Additional director/Director appointed in casual vacancy/	Nominee Director
Nominee director/Whole-time director)	
(k) Date of Appointment or change in designation (DD/MM/YYYY)	01/01/2024
(I) Category	Professional
(Promoter/Professional/Independent/Small shareholder's director)	
(m) Whether Chairman, Executive Director, Non-Executive Director	☐ Chairman
(III) Whether chairman, Excedite Birector, Non Excedite Birector	
	☐ Executive Director
	✓ Non-Executive Director
	THOM Excedite Director
(n) DIN of such director to whom appointee is alternate	
()	
(o) Name of the director to whom such appointee is alternate	
	Minighton of Circil
(p) Name of the company or institution whose authorized representative or nominee	Ministry of Civil Aviation
the appointee is	1111401011
(q) In case of cessation, hereby confirmed that the above-mentioned	
(q) in case of cessation, hereby committee that the above-mentioned	Managing Director is not associated
with the company with effect from (DD/MM/YYYY) due	e to

	:		entities
interest	ın	OTHER	entities

(r) Number of such entities

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5		

S. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)
1	U51101DL1983GO I016518	ALLIANCE AIR AVIATION LIMITED	Alliance Bhawan Domestic Terminal- 1,IGI Airport New Delhi Delhi	Nominee Director			
2	U63090DL2003PL C120790	AI AIRPORT SERVICES LIMITED	2nd Floor, GSD Building, Air India Complex, Terminal- 2, IGI Airport, New Delhi Delhi	Nominee Director			
3	U62200UP1985GO I129953	PAWAN HANS LIMITED	C-14, SECTOR-1 NOIDA Uttar Pradesh	Nominee Director			
4	U62100DL2019GO I343879	ROHINI HELIPORT LIMITED	Rohini Heliport , Ground Floor Sector - 36, Rohini NEW DELHI Delhi	Nominee Director			
5	U74999DL2018GO I328865 of the Managing Directo	AI ASSETS HOLDING LIMITED	2nd Floor, AI Administra tion Building, Delhi Delhi	Nominee Director			

(a) Purpose of filing the form

Appointment	Cessation	Change in designation
 Appointment due to disqualification of all the existing directors 	C Appointment by liquidator / IRP / I	RP
(b) Director Identification Number (DIN)		*****90
(c) Name	[SATYENDRA KUMAR MISHRA

(d)	Fathe	er's name					****SH	****A
						ı		
(e)	Prese	nt residential address					Chanakya West Del Delhi,Sa	atya Marg, apuri ,South lhi,South West outh West elhi,India,1100
(f) I	Natio	nality					India	
(g)	Date	of birth (DD/MM/YYYY))				15/08/19	964
(h)	Gend	er					Male	
(i) E	-mail	ID of director					****	*****ov.in
(1	Directo	nation r/Managing director/Alterna e director/Whole-time directo		director/Director appo	inted in casual vacc	ancy/	Nominee	Director
(k)	Date	of Appointment or cha	nge in designation	(DD/MM/YYYY)				
	Catego Promot	ory er/Professional/Independent	:/Small shareholder's d	irector)				
(m)	Whe	ther Chairman, Executi	ve Director, Non-E	xecutive Director			Chairman	
							Executive	Director
							Non-Exec	utive Director
(n)	DIN o	of such director to whor	n appointee is alte	ernate				
(o)	Name	e of the director to who	om such appointee	is alternate				
		e of the company or ins	titution whose aut	thorized represen	tative or nomin	ee		
(q)	In cas	se of cessation, hereby	confirmed that the	e above-mentione	ed 💿	Director O	Managing [Director is not associated
,	with t	the company with effec	t from 31/12/2	2023	(DD/MM/	/YYY) due to		ation withdrawn cointing
In	teres	t in other entities						
	(r) Nu	umber of such entities					0	
S	5. No.	CIN/ LLPIN/ FCRN/ Registration number	Name	Address	Designation	Percentage of Shareholding	Amount	Others (specify)

4 *Number of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer for which the form is being filed	0
5 Details of manager(s), secretary(s), Chief financial Officer or Chief Executive Officer of the con	npany
(a) Purpose of filing the form	○ Appointment
	Cessation
(b) Director Identification Number (DIN), if any	
(c) Income Tax permanent account number (PAN)	
(d) Membership number of the company secretary	
(e) (i) First Name (Either of applicant's First name or Surname shall be mandatory to enter)	
(ii) Middle Name	
(iii) Last Name (Either of applicant's First name or Surname shall be mandatory to enter)	
(f) Father's name	
(i) First Name (Either of applicant's father's first name or Surname shall be mandatory to enter	
(ii) Middle Name	
(iii) Last Name (Either of applicant's father's first name or Surname shall be mandatory to ente	
(g) Present residential address	
Address Line 1	
Address Line 2	
Country	
Pin Code/Zip Code	
Area/Locality	
City	
District	
State/UT	

(h) Date of birth (DD/MM/YYYY)		
(i) Designation (Manager/Company Secreta	ry/CEO/CFO)	
(j) Date of appointment or cessation (DD/MM/YYYY)	
(k) Mobile Number (with Country cod	e)	
(I) E-mail ID		
5 SRN of form INC-28		
Attachments		
7 (a) Order from court/NCLT		
(b) Notice of resignation		
(c) Evidence of cessation		CTC_CR_05.03.2024.pdf
(d) Optional attachments – if any		
Director's Consent and Declaration		
Ι,	hereby give my consent to act as a director of	
o become a director under the compa I declare that I have not been convi	cted of any offense in connection with the promotion, found guilty of any fraud or misfeasance or of any bre	formation or management of any
I further declare that if appointed n	ny total Directorship in all the companies shall not exce I as a Director.	eed the prescribed number of companies
I further declare that I have not income at present, stand free from any disc	urred disqualification under the Companies Act, 2013 in qualification from being a director.	n any of the above companies and that I,
☐ I also declare that:		
	o obtain the security clearance from the Ministry of Ho 10 before applying for director identification number;	
	tain the security clearance from the Ministry of Home efore applying for director identification number and t	

number dated* 10/02/2023 (DD/MM/YYYY) to sign this form an eclare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, orrect, and complete including the attachments to this form and nothing material has been suppressed. To be digitally signed by Designation Designation Designation Director/Manager/Company Secretary/Chief executive officer/Chief Financial Officer/Statutory Auditor/Liquidator) Director identification number of the director; or DIN or PAN of the manager or CEO or FO or liquidator; or Membership number of the secretary or statutory auditor #**** Director that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental there and I have verified the above particulars [including attachment(s)] from the original/certified records maintained by the one particulars including attachment(s)] from the original/certified records maintained by the one particular is subject matter of this form and found them to be true, correct and complete and no information naterial to this form has been suppressed. For the said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order All the required attachments have been completely and legibly attached to this form; It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any			or	Managing Directo	y signed by the Director/	Го be
authorized by the Board of Directors of the Company/ by the court or NCLT vide* 107 number dated* 10/02/2023 (DD/MM/YYYY) to sign this form an number dated* 10/02/2023 (DD/MM/YYYY) to sign this form and number dated that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this own and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, or the digitally signed by Designation Design						
number dated* 10/02/2023 (DD/MM/YYYY) to sign this form an eclare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this rom and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, orrect, and complete including the attachments to this form and nothing material has been suppressed. To be digitally signed by Designation D				1		Decla
celare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with. I also declare that all the information given herein above is true, orrect, and complete including the attachments to this form and nothing material has been suppressed. To be digitally signed by Designation Designati	vide*	by the court or NCLT vide*	e Board of Directors of the Company,	authorized by the	Gosain	* [
Designation Designation Designation Designation Director identification number of the director; or DIN or PAN of the manager or CEO or FO or liquidator; or Membership number of the secretary or statutory auditor/Liquidator) Director identification number of the director; or DIN or PAN of the manager or CEO or FO or liquidator; or Membership number of the secretary or statutory auditor Pertificate by practicing professional declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental there and I have verified the above particulars [including attachment(s)] from the original/certified records animated by the ompany/applicant which is subject matter of this form and found them to be true, correct and complete and no information laterial to this form has been suppressed. Intuitive certify that: The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order All the required attachments have been completely and legibly attached to this form; It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any at any stage The designation of the Companies Act, 2013 and were found to be in order Chartered Accountant (in whole time practice)	n this form and	(DD/MM/YYYY) to sign this fo	10/02/2023	number dated*		0
Designation Company Secretary/Chief executive officer/Chief Financial Officer/Statutory Auditor/Liquidator)		mation given herein above is	with. I also declare that all the infor	ave been complied	tters incidental thereto ha	orm
Company Secretary Director identification number of the director; or DIN or PAN of the manager or CEO or FO or liquidator; or Membership number of the secretary or statutory auditor ertificate by practicing professional declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone throug he provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental there and I have verified the above particulars [including attachment(s)] from the original/certified records maintained by the ompany/applicant which is subject matter of this form and found them to be true, correct and complete and no information naterial to this form has been suppressed. Further certify that: The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order All the required attachments have been completely and legibly attached to this form; It is understood that I shall be liable for action under Section 448 of The Companies Act, 2013 for wrong certification, if any at any stage o be digitally signed by Chartered Accountant (in whole time practice)					lly signed by	To b
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at any stage To be digitally signed by Category Chartered Accountant (in whole time practice) Company Secretary (in whole time practice)			and legibly attached to this form;	e been completely	equired attachments have	✓ A
Chartered Accountant (in whole time practice) Company Secretary (in whole time practice)	cation, if any found	2013 for wrong certification, i	Section 448 of The Companies Act,	le for action under		
Chartered Accountant (in whole time practice) Company Secretary (in whole time practice)					ly signed by	To be
Chartered Accountant (in whole time practice) Company Secretary (in whole time practice)					.,	
© Company Secretary (in whole time practice)						Cate
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				practice)	ccountant (in whole time	С

Whether associate or fe	ellow:				
Associate	Fellow				
Membership number					
Certificate of practice n	umber			2100	
For Office use only:					
eForm Service reques	t number (SRN)			AA7067519	
eForm filing date (DD	/MM/YYYY)		[14/03/2024	
Digital signature of th	e authorizing officer				
This eForm is hereby	registered				
Date of signing (DD/N					
OR					