

MINISTRY OF CORPORATE AFFAIRS**RECEIPT****G.A.R.7**

SRN : H85176774

Service Request Date : 27/08/2019

Payment made into : State Bank of India

Received From :

Name : SURESH GUPTA

Address : 204, Silver Complex,

A-73, Opp. Metro Pillar No.60. Near Nirman Vihar Metro Station, Laxmi Nagar

DELHI, Delhi

India - 110092

Entity on whose behalf money is paid

CIN: L29110UP1995PLC041834

Name : TRIVENI TURBINE LIMITED

Address : A-44, HOSIERY COMPLEX

PHASE-II EXTENSION

NOIDA, Uttar Pradesh

India - 201305

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form CRA-4	Normal	600.00
	Total	600.00

Mode of Payment: Internet Banking - State Bank of India

Received Payment Rupees: Six Hundred Only

Note –The Registrar may examine this eForm any time after the same is processed by the system under Straight Through Process (STP). In case any defects or incompleteness in any respect is noticed by the Registrar , then this eForm shall be treated and labeled as defective and the eForm shall have to be filed afresh with the fee and additional fee, as applicable. (Please refer Rule 10 of the Companies (Registration offices offices and Fees) Rules, 2014)

FORM NO. CRA-4

[Pursuant to section 148(6) of Companies Act, 2013 and rule 6(6) of the Companies (cost records and audit) Rules, 2014]



Form for filing Cost Audit Report with the Central Government

Form Language English Hindi

Refer the instruction kit for filing the form.

1.(a) *Corporate identity number (CIN) or foreign company registration number (FCRN) of the company

(b) Global location number (GLN) of company

2.(a) Name of the company

(b) Address of the registered office or of the principal place of business in India of the company

(c) *e-mail ID of the company

(d) *SRN of 23C/ CRA-2 filed for appointment of Cost Auditor(s)

3. (a) *Financial year for which cost auditor was initially appointed
From (DD/MM/YYYY) To (DD/MM/YYYY)

(b) *Whether any change in Financial Year Yes No

(d) *Date of Board of Directors meeting in which Annexure to the cost audit report was approved (DD/MM/YYYY)

4. (a) *State number of Industries/ Sectors/ Product(s)/ Service(s) (CETA heading level, wherever applicable as per Rules) for which the Cost Audit Report is being submitted

(i) Regulated
(ii) Non-Regulated

(b) Details of such Industries/ Sectors/ product(s)/ service(s) of the company

(i) Details of such industries/sectors/products/services under regulated sectors

Industries/sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services

(ii) Details of such industries/sectors/products/services under non-regulated sectors

Industries/sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services
Other machinery and Mechanical Applian	8406	1

5 (a) *State number of Industries/ Sectors/ Product(s)/ Service(s) (CETA heading level, wherever applicable as per Rules) not covered in the Cost Audit Report

- (i) Regulated
- (ii) Non-Regulated

(b) (i) Details of such Industries/ Sectors/ product(s)/ service(s) of the company under regulated sector

Industries/sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services

(b) (ii) Details of such Industries/ Sectors/ product(s)/service(s) of the company under non-regulated sector

Industries/sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services

(6) Details of the cost auditor(s) appointed

* (i) Number of cost auditor(s) appointed

(a) *Category of the auditor Individual Partnership firm Limited liability partnership (LLP)

(b)(i) *Membership number of the Cost Auditor/ member representing the Cost Auditor's Firm/LLP

(ii) * Name of the Cost Auditor/ member representing the Cost Auditor's Firm/LLP

(iii) * Firm registration number(FRN) of the Cost Auditor/Cost Auditor's firm/LLP

(iv) * Name of the Cost Auditor's firm/LLP

(c) (i) Address * Line I

Line II

(ii) *City

(iii) *State

(iv) Country

(v) * Pin code

(vi) *e-mail ID of the firm or member

(d) *Date of the board meeting in which cost auditor was appointed (DD/MM/YYYY)

(e) *Type of appointment Original Appointment due to casual vacancy
 Appointment for new products/services/locations

(f) *Scope of audit of the cost auditor/firm/LLP

(g) *Date of receipt of copy of cost audit report by the company (DD/MM/YYYY)

7. (a) *Whether the cost auditor's report has been qualified Yes No

If yes, please state

(b) *Whether cost auditor's report has any reservations Yes No

If yes, please state

(c) *Whether the cost auditor's report has any adverse remarks Yes No

If yes, please state

(d) *Whether the cost auditor's report contain any observations or suggestions

If yes, cost auditor's observations/ suggestions Yes No

Material Requirement Planning and capacity planning fac

Attachments

(1) *XBRL document in respect of the cost audit report and company's information and explanations on every qualification and reservation contained therein

Attach

List of attachments

trivenicar201819.xml
Board Resolution03082019.pdf

(2). Optional attachment, if any.

Attach

Remove attachment

Declaration

*To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete
I am authorized by the Board of Directors of the Company vide *resolution number *dated
to sign and submit the application. (DD/MM/YYYY)

It is confirmed that the attached XBRL document(s) are the XBRL converted copy(s) of the duly signed cost audit report as required under Section 148(2) and company's information and explanations as required under Section 148(6) of the Companies Act, 2013 and the rules made thereunder. It is further confirmed that such document(s) have been prepared using XBRL taxonomy as notified by the Ministry of Corporate Affairs for this purpose.

*To be digitally signed by

Director or Manager or CEO or CFO or Secretary of the company
(in case of Indian company) or authorised representative
(in case of Foreign company)

RAJIV
SAWHNE
Y
Digitally signed
by RAJIV
SAWHNE
Date: 2019.08.27
14:56:05 +05'30'

*Designation

*Director identification number of the Director; or PAN of the
Manager or CEO or CFO or authorized representative;
or membership number of the Company Secretary

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

Modify

Check Form

Prescrutiny

Submit

This form has been taken on file by the Central Government through electronic mode and on the basis of statement of correctness given by the company