

# FORM NO. 10A [See rule 17A/11AA/2C/5CA]

Application for registration or provisional registration or intimation or approval or provisional approval

Acknowledgement Number -459985620180924



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Income Tax Department, Government of India

## Incorporation/constitution details

1 PAN .	AADTH1334D
2 Section Code .	02-Item (A) of sub-clause (vi) of clause (ac) of sub-section (1) of section 12A
Category	-
Do you have earlier issued registration/approval certificate?	-
3 Nature of activities .	Charitable
4 Type of constitution .	Trust
4 Whether the applicant is established under an instrument? a .	No
4 Date of Incorporation/Creation/Registration b .	21-Aug-2024
4 Registration or Incorporation Number c .	-
4 Authority Granting Registration/Incorporation d .	-
5 Objects of the applicant .	Medical Relief
6 Whether the trust deed contains clause that the trust is irrevocable .	Yes

## Other registrations

7 Whether the applicant is registered on DARPAN portal or under FCRA Act or any provision of Income-tax Act? .	No
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Sl. No.	Relevant Law/ Portal	Registration No.	Date of Registration	Authority granting registration	Date from which registration is effective
No Records Added					

8 a	Whether any application for registration made by the applicant in the past has been rejected?	No
8 b	Whether claiming exemption under clause 21 of section 10 Income-tax Act	No

## Details of key persons

- 9 Details of all the Author (s)/ Founder (s)/ Settlor (s)/ Trustee (s)/  
a Members of society/ Members of the Governing Council/ Director  
(s)/ shareholders holding 5% or more of shareholding/ Office Bearer  
(s) as on the date of application:

Sl. No.	Name	Relation	Percentage of sharehold ing in case of shareholde r(%)	ID Code	Name of the Unique Identifier	Unique Identificat ion Number	Mobile number	Email Address
1	DINESH KUMAR	Trustee	-	01- Permanent Account Number	-	AYWPK91 66H	92668984 30	Humanlife caretrust 24@gmail .com

- 9 In case if any of persons (as mentioned in row 9a) is not an  
b individual then provide the following details of the natural persons  
(s) who are beneficial owners (5% or more) of such person as on the  
date of application:

Sl. No.	Name	ID Code	Name of the Unique Identifier	Unique Identification Number	Percentage of beneficial ownership(%)
No Records Added					

## Assets and liabilities

1 0	Has return of income been filed for the last assessment year for which the due date has expired	No
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1 1 .	Corpus	₹ 0
1 2 .	Funds/reserves and surplus other than corpus	₹ 0
1 3 .	Long term liabilities	₹ 0
1 4 .	Other liabilities	₹ 0
	Total liabilities	₹ 0
1 5 .	Land and Building	₹ 0
1 6 .	Other fixed assets	₹ 0
1 7 .	Investments/deposits made into one or more of the forms or modes specified in sub-section (5) of section 11	₹ 0
1 8 .	Investments/deposits other than mentioned in row number 17 above	₹ 0
1 9 .	Other assets	₹ 0

## Income Details

2 Income received in three previous years immediately preceding the  
0 previous year in which application is made:

Sl. No.	Financial Year	Grants received from Central or State Government	Grants received from Companies under Corporate Social Responsibility	Other Specific Grants	Other Income	Total
1	2023	₹ 0	₹ 0	₹ 0	₹ 0	₹ 0

## Religious activities

21 Whether the fund or the institution has incurred any expenditure of -  
a. religious nature

21 If yes, please provide the following details for three previous years  
b. immediately preceding the previous year in which application is made:

Sl. No.	Financial Year	Total Income	Expenditure of Religious Nature	Percentage to Total Income(%)
		No Records Added		

## Verification

I **DINESH KUMAR**, Son / Daughter of **LATE SHRI POORAN CHAND**, hereby declare that the details given in the form are true and correct to the best of my knowledge and belief.

I undertake that I am applying for registration/approval under the section code 2 and the activities of the **HUMAN LIFE CARE TRUST** having Permanent Account Number (PAN) **AADTH1334D** have not commenced on or before the date of making this application.

I further undertake to communicate forth with any alteration in the terms of the **Trust**, or in the rules governing the Institution, made at any time hereafter. I also declare that I am filing this form in my capacity as **TRU** (designation) having PAN **AYWPK9166H** and that I am competent to file this form and verify it.

Name:	<b>DINESH KUMAR</b>
Designation	<b>TRU</b>
Address	<b>B-1 KILLA -6/2, GALI NO -1 PHASE -1 SHIV VIHAR, Karawal Nagar, Karawal Nagar, EAST DELHI, Delhi, INDIA - 110094</b>
Place	<b>delhi</b>
IP Address	<b>49.205.41.174</b>
Date	<b>18-Sep-2024</b>

Acknowledgement Number - **459985620180924**

This form has been digitally signed by **DINESH KUMAR** having PAN **AYWPK9166H** from IP Address **49.205.41.174** on **18-Sep-2024 03:01:33 PM**

Dsc SI No and issuer **1585842640CN=SignX sub-CA for Class 3 Individual 2022,C=IN,O=FuturiQ Systems Private Limited,OU=Sub-CA**