LLP Form No. 11

Form language

(•) English ( ) Hindi

Annual Return of Limited Liability Partnership (LLP)

[Pursuant to rule 25(1) of Limited Liability Partnership Rules, 2009]

Refer instruction kit for filing the form

*All fields marked in * are mandatory.*

LLP details

1 (a) *Financial year (From date) (DD/MM/YYYY)	01/04/2023
(b) *Financial year (To date) (DD/MM/YYYY)	31/03/2024
2 *Limited Liability Partnership identification number (LLPIN)	AAM-9234
3 (a) *Name of the Limited Liability Partnership (LLP)	GOVINDAH VENTURES LLP
(b) *Address of the registered office of the LLP	EB258, Scheme No. 94 Near Bombay Hospital,,Indore,Indore,Madhya Pradesh,452001,India
(c) *Jurisdiction of Police Station for the registered office	VIJAY NAGAR POLICE STATION
(d) Other address if declared under section 13(2) for service of documents	

(e) Jurisdiction of Police Station for the other address	
(f) *e-mail ID	*****ljaiswal1973@gmail.com
4 *Business Classification *(Business/ Profession/Service/Occupation/Others)*	Business
5 *Principal business activities of the LLP	01
6 *Details as on 31st March of the period for which annual return is being filed	
(a) *Total number of designated partners	2
(b) *Total number of partners	0
(c) * Total obligation of contribution of partners of the LLP (in Rs.)	20000000
(d) *Total contribution received from all the partners of the LLP (in Rs.)	100000

Individual Partner details

7. ***Detail of individual(s) as partners**

(a) *Designation	Designated Partner
(b) *Designated Partner Identification number (DPIN)/ Income tax permanent account Number (Income-tax PAN)/ Passport number	03544058
(c) *Name	VISHAL JAISWAL .
(d) *Date of Appointment (DD/MM/YYYY)	05/07/2018 00:00:00
(e) Date of Cessation (DD/MM/YYYY)	
(f) Date of change in designation(DD/MM/YYYY)	
(g) Previous Designation	
(h) Previous Name, if any	
(i) *Obligation of contribution	18000000
(j) Contribution received and accounted for	50000
(k) Whether resident in India	(•) YES ( ) NO
(l) Number of limited liability partnership(s) in which he/she is a partner	1
(m) Number of company(s) in which he/she is a director	1

(n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner

(o)	(p)	(q)
S. no.	**CIN/LLPIN**	**Name of Company/ LLP**
1	U15110MP2017PTC044463	GOVINDAH NUTRITION PRIVATE LIMITED
2	AAM-9234	GOVINDAH VENTURES LLP

(a) *Designation	Designated Partner
(b) *Designated Partner Identification number (DPIN)/ Income tax permanent account Number (Income-tax PAN)/ Passport number	08518002
(c) *Name	SANTOSH LAL JAISWAL
(d) *Date of Appointment (DD/MM/YYYY)	25/02/2020 00:00:00
(e) Date of Cessation (DD/MM/YYYY)	
(f) Date of change in designation(DD/MM/YYYY)	

(g) Previous Designation	
(h) Previous Name, if any	
(i) *Obligation of contribution	2000000
(j) Contribution received and accounted for	50000
(k) Whether resident in India	(•) YES ( ) NO
(l) Number of limited liability partnership(s) in which he/she is a partner	1
(m) Number of company(s) in which he/she is a director	1

(n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner

(o)	**(p)**	**(q)**
S. no.	**CIN/LLPIN**	**Name of Company/ LLP**
1	U15110MP2017PTC044463	GOVINDAH NUTRITION PRIVATE LIMITED
2	AAM-9234	GOVINDAH VENTURES LLP

Body Corporate details

(a) *Type of body corporate

(b) *Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign Limited liability partnership identification number (FLLPIN) or any other identification number

(c) *Name of the body corporate

(d) *Full address of the registered office or principal place of business in India

(e) *Country where registered

(f) *Obligation of contribution

(g) Contribution received and accounted for

(h) Name and particulars of person signing on behalf of body corporate as nominee

(i) *Name

(j) *DPIN/ Income-tax PAN/ Passport number

(k) *Designation

(l) *Date of Appointment(DD/MM/YYYY)

(m) Date of Cessation (DD/MM/YYYY)

(n) Date of change in designation (DD/MM/YYYY)

(o) Previous Designation

(p) Previous Name, if any

(q) Whether resident in India ◯ YES ◯ NO

(r) Number of limited liability partnership(s) in which he/she is a partner

(s) Number of company(s) in which he/she is a director

(t) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner

8. Details of bodies corporate as partners

(u)	(v)	(w)
S. no.	**CIN/LLPIN**	**Name of Company/ LLP**

Summary of Partner/ Designated Partner

9 ***Summary of designated partner/partner(s) as on 31st March of the period for which annual return is being filed**

			Number of Designated Partners		
S. No.	**Category**	**Number of partners**	**Resident in India**	**Others**	**Total**
a	Individuals	0	2	0	2
b	LLPs	0	0	0	0
c	Companies	0	0	0	0
d	Foreign LLPs	0	0	0	0
e	Foreign companies	0	0	0	0
f	LLPs incorporated outside India	0	0	0	0
g	Companies incorporated outside India/ Companies registered in Sikkim	0	0	0	0
	Total	0	2	0	2

Penalty details

10 ***Particulars of penalties imposed on the:**

(i) *Limited liability partnership

(a) Number of rows required

(b)	**(c)**	**(d)**
Section Number	**Offence**	**Penalty Imposed**

(ii) *Partners / Designated partners

(a) Number of rows required

(f)	(g)	(h)	(i)	(j)	(k)
DPIN/ Income tax PAN/ passport number	**Name of Partner /Designated Partner**	**Name of Nominee in case of body corporate**	**Section Number**	**Offence**	**Penalty Imposed**

Compounding Offence details

11 ***Particulars of compounding offences**

(a) Number of rows required

(b)	(c)	(d)
Section Number	**Offence**	**Date of compounding of offence (DD/MM/YYYY)**

12 *Whether turnover of the LLP exceeds 5 crores ◉ Yes ○ No

Attachments

13 Optional attachment(s) - if any

Verification

* ☑ To the best of my knowledge and belief, the information given in this form and its attachment is correct and complete.

*** To be digitally signed by**

VISHAL JAISWAL Digitally signed by VISHAL JAISWAL Date: 2024.05.22 13:28:08 +05'30'

Particulars of the person signing and submitting the form

*Name: VISHAL JAISWAL

*Designation (Designated Partner/Liquidator/ Interim Resolution Professional (IRP)/ Resolution Professional (RP)/LLP Administrator): Designated Partner

* DPIN of the designated partner/ Income-tax PAN in case of Interim Resolution Professional (IRP)/Resolution Professional (RP)/Liquidator/LLP Administrator: 0*5*4*5*

Certificate

☐ I certify that Annual Return contains true and correct information.

To be digitally signed by Designated Partner

DPIN of the designated partner

OR

☑ It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

GOVINDAH VENTURES LLP and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

Company Secretary in practice

Tanay Kumar Kasera Digitally signed by Tanay Kumar Kasera Date: 2024.05.22 13:33:10 +05'30'

Certificate of Practice number: 2*5*2

*Whether associate or fellow: ○ Associate ◉ Fellow

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.

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the company

For office use only:

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