## **CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC)**

### APPLICATION FORM | FOR INDIVIDUALS ONLY



(Please fill the form in English and in BLOCK Letters) Fields marked with '\*' are mandatory fields. ARN-64917 E434563

	KYC Number**
KYC Type*	**Mandatory for KYC update only; KYC Number issued by Central KYC Registry
<ul> <li>PAN Exempt Investors (Refer instruction K)</li> </ul>	
1. IDENTITY DETAILS (Please refer instruction A at the end)	
PAN Please enclose a duly attested co	py of your PAN Card
Prefix First Name	Middle Name Last Name
Name* (Same as ID proof)	
Maiden Name (If any*)	
Father / Spouse Name*	
Mother Name	
Date of Birth*	
Gender* Male Female	Transgender
Marital Status* Married Unmarried	Others
Citizenship* IN-Indian Others - Country	Country Code
Residential Status* Resident Individual Non Resident Indian	
Foreign National Person of Indian Orig	in
	Sector Government Sector )
O-Others ( Professional Self Empl	oyed Retired Housewife Student )
B-Business X- Not Categorised	
2. PROOF OF IDENTITY (POI)* ((for PAN exempt Investor or if PAN card of	ony not provided) (Please refer instruction C & K at the end)
(Certified copy of <u>any one</u> of the following Proof of Identity [Pol] needs to be submitted)	opy not provided) (Flease felet instruction & & & at the end)
A-Passport Number	Passport Expiry Date D D M M Y Y Y Y
	Passport Expiry Date D D M M M T T T T
B-Voter ID Card	
D-Driving Licence	Driving Licence Expiry Date
E-Aadhaar Card	
F-NREGA Job Card	
Z - Others (any document notified by the central government)	Identification Number
	Identification Number
3. PROOF OF ADDRESS (POA)*	
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instru	
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instru Address	
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instru Address Line 1*	
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruaddress Line 1* Line 2	action D at the end)
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruction of the company of the c	ction D at the end)  City/Town/Village*
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruaddress Line 1* Line 2	action D at the end)
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruction of the company of the c	ction D at the end)  City/Town/Village*
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruction of the property of the	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruction of the following Proof of Address Details (Please see instruction of the following Proof of Address [PoA] needs to be submitted.	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instructed from the content of the	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified
3.1 Current / Permanent / Overseas Address Details (Please see instruction of Address)  Line 1*  Line 2  Line 3  District*  State/UT*  Address Type*  Residential / Business  Residential Resid (Certified copy of any one of the following Proof of Address [PoA] needs to be submit Proof of Address*  Passport Number	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instructed from the following Proof of Address Poassport Number  Voter ID Card  3.1 Current / Permanent / Overseas Address Details (Please see instructed from the following Proof of Address Please instructed from the following Proof of Address [PoA] needs to be submit Proof of Address*	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date
3.1 Current / Permanent / Overseas Address Details (Please see instruction of Address)  Line 1*  Line 2  Line 3  District*  State/UT*  Address Type*  Residential / Business  Residential Resid (Certified copy of any one of the following Proof of Address [PoA] needs to be submit Proof of Address*  Passport Number  Voter ID Card  Driving Licence	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified
3.1 Current / Permanent / Overseas Address Details (Please see instructed Address Line 1* Line 2 Line 3 District* State/UT* Address Type* Residential / Business Residential Resid (Certified copy of any one of the following Proof of Address [PoA] needs to be submit Proof of Address* Passport Number Voter ID Card Driving Licence Aadhaar Card	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date
3.1 Current / Permanent / Overseas Address Details (Please see instruction of Address)  Line 1*  Line 2  Line 3  District*  State/UT*  Address Type*  Residential / Business  Residential Resid (Certified copy of any one of the following Proof of Address [PoA] needs to be submit Proof of Address*  Passport Number  Voter ID Card  Driving Licence  Aadhaar Card  NREGA Job Card	City/Town/Village*  State/U.T Code*  Country Code  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date  Diving Licence Expiry Date
3.1 Current / Permanent / Overseas Address Details (Please see instructed Address Line 1* Line 2 Line 3 District* State/UT* Address Type* Residential / Business Residential Resid (Certified copy of any one of the following Proof of Address [PoA] needs to be submit Proof of Address* Passport Number Voter ID Card Driving Licence Aadhaar Card	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date
3.1 Current / Permanent / Overseas Address Details (Please see instruction Education See instruction Education Educa	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166 ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date  D M M Y Y Y Y  Identification Number  at the end)
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruction E Same as Current / Permanent / Overseas Address Details* (Please see instruction E Same as Current / Permanent/Overseas Address Details* (Please see instruction E Same as Current / Permanent/Overseas Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence)	City/Town/Village*  State/U.T Code*  Country Code  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166  ential Business Registered Office Unspecified  tted)  Passport Expiry Date  Diving Licence Expiry Date  Identification Number
3.1 Current / Permanent / Overseas Address Details (Please see instruction Education See instruction Education Educa	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166 ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date  D M M Y Y Y Y  Identification Number  at the end)
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruction E Same as Current / Permanent / Overseas Address Details* (Please see instruction E Same as Current / Permanent/Overseas Address Details* (Please see instruction E Same as Current / Permanent/Overseas Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence)	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166 ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date  D M M Y Y Y Y  Identification Number  at the end)
3. PROOF OF ADDRESS (POA)*  3.1 Current / Permanent / Overseas Address Details (Please see instruction E Same as Current / Permanent / Overseas Address Details (Please see instruction E Same as Current / Permanent / Overseas Address Details* (Please see instruction E Same as Current / Permanent/Overseas Address details (In case of multiple correspondence / Local Address details (In case of multiple correspondence 1	ction D at the end)  City/Town/Village*  State/U.T Code*  as per Indian Motor Vehicle Act, 1988  Country Code  as per ISO 3166 ential  Business  Registered Office  Unspecified  tted)  Passport Expiry Date  D M M Y Y Y Y  Identification Number  at the end)
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# CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | FOR INDIVIDUALS ONLY



4. CONTACT DETA	AILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Email ID	
Mobile	Tel. (Off)
	Tel. (Off)
Fax	
	PRMATION FOR TAX PURPOSE (Tick if Applicable)
<u> </u>	poses in Jurisdiction(s) Outside India (Please refer instruction B at the end)  Mandatory only if above option (5) is ticked)
Country of Jurisdiction of	
	r or equivalent (If issued by jurisdiction)*
Place / City of Birth*	Country of Birth* Country Code as per ISO 3166
	current / Permanent / Overseas Address Details; Same as Correspondence / Local Address Details
Line 1*	unicity / Crimaticity Overseas Address Betalis
Line 2	
Line 3	City/Town/Village*
District*	Pin/Post Code* State/U.T Code* as per Indian Motor Vehicle Act, 1988
State/UT*	
State/01"	Country* Country Code as per ISO 3166
6. DETAILS OF RELA	TED PERSON (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')
Addition of Related F	Person Deletion of Related Person
KYC Number of Related	Person (if available*)
Related Person Type*	Guardian of Minor Assignee Authorized Representative
	Prefix First Name Middle Name Last Name
Name*	(If KYC number and name are provided, below details of section 6 are optional)
Proof of Identity [Pol	of Related Person* (Please see instruction (H) at the end)
	e of the following Proof of Identity [Pol] needs to be submitted)
Passport Number	Expiry Date DDMMYYYYY
Voter ID Card	PAN
Driving Licence	Expiry Date D D M M Y Y Y Y
Aadhaar Card	
NREGA Job Card	
Z - Others (any docum	nent notified by the central government) Identification Number
T DEMARKS	
7. REMARKS (If any	
8. APPLICANT DECL	ARATION
I hereby declare that the declared the declared that the declared that the declared that the declared the declared that	etails furnished above are true and correct to the best of my knowledge and belief and I
	any changes therein, immediately. In case any of the above information is found to be ng or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I
am not making this applica	ation for the purpose of contravention of any Act, Rules, Regulations or any statute of
	ons/directions issued by any governmental or statutory authority from time to time.  [Signature/Thumb Impression]  ing information from Central KYC Registry through SMS/Email on the above registered
number/email address.	ge contact file focus f anough one for the above registered
Date: DDMMY	Y Y Y Place: Signature/Thumb Impression of Authorised Person(s)

# CENTRAL KYC REGISTRY | KNOW YOUR CUSTOMER (KYC) APPLICATION FORM | FOR INDIVIDUALS ONLY





9. ATTESTATION / FOR OFFICE USE ONLY	
Documents Received Certified Copies	
KYC Verification Carried Out by (Refer Instruction I)	Institution details
Date:  Emp. Name  Emp. Code  Emp. Designation	Name Code Emp. Branch
[Employee Signature]	[Institution Stamp]
In-Person Verification (IPV) Carried Out by (Refer Instruction J)	Institution details
Date:  Emp. Name  Emp. Code  Emp. Designation	Name Code Emp. Branch
[Employee Signature]	[Institution Stamp]

### **ANNEXURE A1** ARN-64917 E434563

#### ADDITION/MODIFICATION/CHANGE OF ADDRESS-CORRESPONDENCE/LOCAL ADDRESS



(Please fill the form in English and in BLOCK Letters) Fields marked with '\*' are mandatory fields.

FOR OFFICE USE ONLY	Application Type*	☐ New ☐ Update		
(To be filled by financial institution)	KYC Number			(Mandatory for KYC update request)
1. CORRESPONDENCE / L	OCAL ADDRESS DI	ETAILS (Please see instruction	E at the end) Enclose re	elevant documentary proof
Same as Current / Permanent /	Overseas Address det	ails		
Line 1*				
Line 2				
Line 3			City/Town/Village*	
District*	Pin/Po	ost Code*	State/U.T Code*	as per Indian Motor Vehicle Act, 1988
State/UT*		Country*		Country Code as per ISO 3166
2. CONTACT DETAILS (All co	ommunications will be sen	t on provided Mobile no. / Email-	D) (Please refer instruct	ion F at the end)
Email				
Mobile	Tel. (Off)		Tel. (Res)	
Fax				
	_			
8. APPLICANT DECLARATION	·			
I hereby declare that the details furnish		, ,		
undertake to inform you of any change false or untrue or misleading or misrep	,	,		
am not making this application for the				
<ul><li>legislation or any notifications/direction</li><li>I hereby consent to receiving informati</li></ul>				[Signature/Thumb Impression]
number/email address.	on none contra in o riogio	and an end and an end and		
Date: DDMMYYYYY	Place:		Się	gnature / Thumb Impression of Applicant

### **ANNEXURE B1** ARN-64917 E434563

#### **ADDITION/DELETION OF RELATED PERSONS**



(Please fill the form in English and in BLOCK Letters) Fields marked with '\*' are mandatory fields.

FOR OFFICE USE ONLY  (To be filled by financial institution)  Application Type*  KYC Number	Update (Mandatory for KYC update request)						
1. DETAILS OF RELATED PERSON (please refer instruction G at the	end)						
Addition of Related Person Deletion of Related Person							
KYC Number of Related Person (if available*)							
Related Person Type* Guardian of Minor Assignee Author	orized Representative						
Name*    Prefix   First Name   Middle Name   Last Name							
Proof of Identity [Pol] of Related Person* (Please see instruction (H) a							
Certified copy of any one of the following Proof of Identity [Pol] needs to be sub-	Expiry Date D M M Y Y Y Y						
Voter ID Card	PAN						
Driving Licence	Expiry Date D D M M Y Y Y Y						
Aadhaar Card							
NREGA Job Card							
Z - Others (any document notified by the central government)	Identification Number						
2. APPLICANT DECLARATION							
I hereby declare that the details furnished above are true and correct to the best of n undertake to inform you of any changes therein, immediately. In case any of the aboralse or untrue or misleading or misrepresenting, I am aware that I may be held liable am not making this application for the purpose of contravention of any Act, Rules, legislation or any notifications/directions issued by any governmental or statutory at I hereby consent to receiving information from Central KYC Registry through SMS/Enumber/email address.  Date:    Date:   Date	ve information is found to be e for it. I hereby declare that I Regulations or any statute of  ithority from time to time.  [Signature/Thumb Impression]						
3. ATTESTATION / FOR OFFICE USE ONLY							
Documents Received Certified Copies							
KYC Verification Carried Out by	Institution details						
Date:	Name						
Emp. Name	Code						
Emp. Code  Emp. Designation	Emp. Branch						
Ling. Sooignation							
[Employee Signature]	[Institution Stamp]						



# **FATCA-CRS Declaration - Individuals**

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

ARN-64917 E434563

SOLE/FIRST HOLDER DETAILS																								
PAN*																								
Name																								$\mathbf{L}$
Type of address given at KYC KRA	R	esider	ntial		]	Resi	dentia	l or l	Busir	ness			[	Bu	sine	ss			Re	giste	red	Offic	е	
State																								
Phone No (with ISD Code)																								
Place of Birth																								
Country of Birth																								
Nationality																								
Are you a tax resident of any country oth	er th	an Iı	ndia	?	Г	Yes	٦		No		٦													
# If yes, Please indicate all Countries, other than I Identification type eg. TIN, GIIN, CIN, EIN, others,		in wh	ich y	ou a	are a	a reside	ent fo	r tax	pur	pose	e, as	ssoc	ciate	d Ta	хра	yer I	den	itific	ation	Nu	mbe	er ar	ıd it'	s
Country <sup>#</sup>		T	ax l	der	ntifi	ication	า Nเ	ımk	er					(					tion oleas			ify)		
	-											-												
	•																							
SECOND HOLDER DETAILS																								
SECOND HOLDER DETAILS PAN*																								
																						I		
PAN*	R	esider	ntial			Resi	dentia	al or E	Busir	ness				Bu	sine	ss			Re	giste	red	Offic	e	
PAN* Name	R	esider	ntial			Resid	dentia	al or E	Busir	ness	I			Bu	sine	ss			Re	giste	red	Offic	e	
PAN* Name Type of address given at KYC KRA	R	esider	ntial			Resid	dentia	al or E	Busir	ness				Bu	sine	ss			Re	giste	red	Offic	e	
PAN* Name State	R	esider	ntial			Resi	dentia	all or E	Busir	ness				Bu	sine	SSS			Re	giste	red	Offic	e	
PAN*	R	esider	ntial			Resid	dentia	al or E	Busir	ness				Bu	sine	SSS			Re	giste	red	Offic	e	
PAN*		esider	ntial			Resid	dentizi	all or f	Busir	ness				Bu	sine	sss			Re	giste	red	Office	e	
PAN*				?		Resi	dentia	al or f	Busir					Bu	sines	ss			Re	giste	red	Offic	e	
PAN*	er th	l l	ndia			Yes			No		] 	sssoo	[				den	l						
PAN*  Name  Type of address given at KYC KRA  State  Phone No (with ISD Code)  Place of Birth  Country of Birth  Nationality  Are you a tax resident of any country oth  # If yes, Please indicate all Countries, other than I	er th	an II	I I I I I I I I I I I I I I I I I I I	ou a	are a	Yes	l l l l l l l l l l l l l l l l l l l	r tax	N <sub>d</sub>		l, as	sssoo	[	d Ta	xpa	yyer I den	tifi	ca		Nui Ty	mbe	l l		
PAN*  Name  Type of address given at KYC KRA  State  Phone No (with ISD Code)  Place of Birth  Country of Birth  Nationality  Are you a tax resident of any country oth  # If yes, Please indicate all Countries, other than I Identification type eg. TIN, GIIN, CIN, EIN, others,	er th	an II	I I I I I I I I I I I I I I I I I I I	ou a	are a	Yes a reside	l l l l l l l l l l l l l l l l l l l	r tax	N <sub>d</sub>		, as	sssoo	[	d Ta	xpa	yyer I den	tifi	ca	ation	Nui Ty	mbe	l l		
PAN*  Name  Type of address given at KYC KRA  State  Phone No (with ISD Code)  Place of Birth  Country of Birth  Nationality  Are you a tax resident of any country oth  # If yes, Please indicate all Countries, other than I Identification type eg. TIN, GIIN, CIN, EIN, others,	er th	an II	I I I I I I I I I I I I I I I I I I I	ou a	are a	Yes a reside	l l l l l l l l l l l l l l l l l l l	r tax	N <sub>d</sub>		, as	sssoo	[	d Ta	xpa	yyer I den	tifi	ca	ation	Nui Ty	mbe	l l		
PAN*  Name  Type of address given at KYC KRA  State  Phone No (with ISD Code)  Place of Birth  Country of Birth  Nationality  Are you a tax resident of any country oth  # If yes, Please indicate all Countries, other than I Identification type eg. TIN, GIIN, CIN, EIN, others,	er th	an II	I I I I I I I I I I I I I I I I I I I	ou a	are a	Yes a reside	l l l l l l l l l l l l l l l l l l l	r tax	N <sub>d</sub>		e, as	sssoo	[	d Ta	xpa	yyer I den	tifi	ca	ation	Nui Ty	mbe	l l		

THIRD HOLDER DETAILS										
PAN*										
Name										
Type of address given at KYC KRA	Residential Residential or Business	Business Registered Office								
State										
Phone No (with ISD Code)										
Place of Birth										
Country of Birth										
Nationality										
Are you a tax resident of any country other # If yes, Please indicate all Countries, other than Indentification type eg. TIN, GIIN, CIN, EIN, others,	ndia, in which you are a resident for tax purpose, ass	sociated Taxpayer Identification Number and it's								
Country#	Tax Identification Number	Identification Type (TIN or Other, please specify)								
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
DECLADATION & SIGNATURES										
I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I/We have read and understood the information provided by me/us in this Form is true, correct and complete. I/We hereby authorize you [NJ AMC/NJ Fund/NJ India/Other group entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to the Mutual Fund, its Sponsor, Asset Management Company, trustees, their group companies, any service provider including RTA or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same.										
of the same.  X  X  Sole/First Holder  Second Holder  Third Holder										
Place:		Date: D D M M Y Y Y Y								
FATCA & CRS Terms & Conditions										
D										

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of Income tax Rules, 1962 which Rules require Indian financial institutions such as the Investment Entity/Custodial Institution to seek additional personal ,tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any Information provided by you, please ensure you advise us promptly, i.e within 30 days Please note that you may receive more than one request for information if you have multiple relationships with NJ India Invest Private Limited or its group entities. Threfore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.



Head Office: NJ group, NJ center, Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat. Phone: 91 261 4025500.