



Aprameya Engineering Limited[®]

Head Office : #908, 9th Floor, Venus Atlantis Corporate Park, Prahladnagar Road, Nr. Shell Petrol Pump, Ahmedabad - 380015, Gujarat. India

Branch Office : GF-23, Ground Floor, Jaipur Electronic Market, Near Riddhi Siddhi, Jaipur, Rajasthan, 302018 India. +91 99825 26696

|| www.aelhealth.com || aprameyaengg@aelhealth.com || +91 79 4006 8827 || **CIN Number : U51909GJ2021PLC128294**

Date : 28TH November, 2024

To,
National Stock Exchange of India – Emerge Platform
Mumbai

Scrip Code : APRAMEYA

ISIN : INE0LQG01010

Sub: Disclosure under Regulation 30 of SEBI (Listing Obligation and Disclosure Requirements) Regulations, 2015 – Receipt of Notice from ESIC

Pursuant to Regulation 30 of SEBI (Listing Obligation and Disclosure Requirements) Regulations, 2015 we would like to inform that the Company has received a notice from ESIC regarding compliance matter.
Notice is enclosed herewith which is self explanatory.

Kindly take the above information on record.

Thanking You
For, Aprameya Engineering Limited

Managing Director
Saurabh Kishorbhai Bhatt
DIN : 03071549

Regd.A.D.
D1



अभ्यारं ररुषु वरुमा ननरुम
(अरुम अरुने रुरुषुतरु मनुनरुवरु, अरुतरु सरुसु(रु)
करुनेवरुी रुरुषु वरुमा ननरुम
(अरुम अरुने रुरुषुतरु मनुनरुवरु, अरुतरु सरुसरु)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



परुडरुशरुकरुी / रुरुनेरुषु करुनेरुषु / Regional Office
परुषुडुीपरु लरुवरुन, अरुशरुम मरुगु, अरुमडरुवरुड, गुजुररुतरु - 380 008
परुषुडुीपरु डरुवरुन, अरुशरुम मरुगु, अरुमडरुवरुड, गुजुररुतरु - 380 009
Panchdeep Bhavan, Ashram Road, Ahmedabad, Gujarat - 380009
Phone : 079-27582400/450, E-mail : rd-bujrat@esic.gov.in
Website : www.esic.gov.in / www.esic.in

No.G/REVENUE/37001281720000999/2024

15-11-2024

SHRI CHETAN MOHAN JOSHI

A1-202, GREEN ACRES, OPP AUDA LAKE,
PRAHLADNAGAR ROAD, SETELLITE,
AHMEDABAD

APRAMEYA ENGINEERING LIMITED

908, 9th Floor, VENUS ATLANTIS CORPORATE PARK,
ANANDNAGAR, PRAHLADNAGAR, AHMEDABAD

Subject : Non- Compliance under the provision of E.S.I. Act 1948, (as amended).

It has been observed on perusal of the records available with this office that you have not made compliance for the period from **28.12.2021 to April 22** . In case payment is made, xerox copy of such challan may be send. You are advised to start compliance immediately

Further, it may be noted that non-compliance is an offense and punishable under Section 85 of the ESI Act. You are therefore, requested to comply and deposit the contribution within 15 days from the date of receipt of this letter, failing which legal action as deemed fit will be initiated against you without any further intimation. An Early action will be appreciated.

Yours faithfully,

Encl : Form01(A)

Signed by
Jitendra Baldevbhai Sengal
Date: 15-11-2024 19:20:28
ASSISTANT DIRECTOR

7. In case of factory whether Licence issued

under section 2(m)(i) or 2(m)(ii) of the Factories Act, 1948

Power connection	No.	Evolutioned Power load	Issuing Authority

8. a. Whether it is Public or Private Ltd. Company/ Partnership/ Proprietorship/ Co-operative Society/Ownership (attach copy of Memorandum & Articles of Association / Partnership Deed / Resolution).

	Name	Designation	Address
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
(vii)			

b. Give name, present and permanent residential address of present Proprietor/ Managing Director, Directors/Managing Partner, Partners/Secretary of the Co-operative Society

9. Address(es) of the Registered Office/Head Office/Branch Office/Sales Office/Administrative Office/other offices if any, with no. of employees attached with each such office and person responsible for the office

Address as on Date	No. of employees	Phone No./ Fax No.	Work	Person responsible for day to day functioning of the office

10. a. Whether any work/business carried out through contractor/immediate employer

b. If yes, give nature of such work/business

I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes, if any, promptly to the Regional Office/Sub-Regional Office, ESI Corporation as soon as such changes take place.

Date : _____

Name & Signature _____

Place : _____

Designation with seal _____