

FORM NO. 29

Certificate from the principal officer of the amalgamated company and duly verified by an accountant regarding achievement of the prescribed level of production and continuance of such level of production in subsequent years

Row No.	Particulars of the amalgamated company		
1.	Name	<i>(refer Note 1)</i>	
2.	Address	<i>(refer Note 2)</i>	
3.	Permanent Account Number		
4.	Nature of business		
5.	Email id		
6.	Contact number	Country Code	<i>Number</i>
Particulars of the amalgamating company(ies)			
7.	Name	<i>(refer Note 1)</i>	
8.	Address	<i>(refer Note 2)</i>	
9.	Permanent Account Number		
10.	Nature of business		
11.	Email id		
12.	Installed capacity of production as on the date of amalgamation		
13.	(repeat 7 to 12, if required)		
Particulars of amalgamation and production capacity			
14.	Date of amalgamation		
15.	Whether the amalgamated company achieved the level of production of atleast 50% of the capacity, in respect of each of the amalgamating company (where more than one amalgamating company)	<i>Yes/No</i>	
16.	If answer to Row No. 15 above is yes, date on which such production is achieved		
17.	Whether the prescribed level of production has been maintained by the amalgamated company in subsequent years: (till the end of five years from the date of amalgamation)	<i>Yes/No</i>	

DECLARATION

I (name of the authorized signatory) having Permanent Account Number in my capacity as (designation) of (name of the assessee), do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place:

Signature of the Principal officer of the
amalgamated company

Date:

Name:

Designation:

VERIFICATION

1. I (name) having Permanent Account Number have examined the books of account and other documents showing the particulars of production of the company/companies referred to in above Part for the relevant period.
2. I have obtained all the information and explanations which are to the best of my knowledge and belief necessary for the purposes of ascertaining the actual *attainment/continuance of prescribed level of production.
3. I declare that the above particulars are true and correct to the best of my knowledge and belief.

Place
Date

Signature

Name of the Accountant:
Member Registration Number:
Permanent Account Number:
Unique Document Identification Number (UDIN), if any:
Name of the proprietorship/ firm:
Firm Registration Number:

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, name shall be provided in full.
2. The address shall contain i. Country/Region, ii. Flat/Door/Building, iii. Road/Street/Block/Sector, iv. Pin/ZIP Code, vi. Area/locality, vii. District, viii. State.
3. "Accountant" shall have the meaning assigned to it in section 515(3)(b) of the Act.
4. *Delete whichever is not applicable.
5. Amounts to be filled in ₹ unless otherwise provided.