



The Institute of Chartered Accountants of India
(Setup by an Act of Parliament)

03/11/2022

ICAI FIRM CARD

PARTICULARS OF FIRM ON DATE FOR SEEKING CONFIRMATION
THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA - CHENNAI
FIRM CARD

Firm Regn. Number	021233S
Name of the Firm	M/s. Kalariya Kiran & ASSOCIATES
Init Constitution	Partner
Date Cleared	24/10/2019
Date Constituted	25/10/2019

Head Office and Branch Details:

No.	BRANCH CODE	ADDRESS	OPEN_DATE	CLOSE_DATE	TOTAL INCHARGE	TELEPHONE	FAX	EMAIL/WEBSITE
1	HO 831757	Site No 29 Stilt Floor , M S Enclave , Sirur Park Road Seshadripuran, Opp to Govt Hospital, BENGALURU, KARNATAKA, INDIA, 560020	25/10/2019		1	7259905858		SVSK000@GMAIL.COM

PROPRIETOR/PARTNERS:

MRN	NAME	COP_STATUS	JOIN_DATE	LEFT_DATE	INCHARGE	STATUS	OTHER FIRMS	YR OF DISA QUALF
246974	SAI KIRAN SATRASALA VEERA	ACA Full Time	25/10/2019		831757			
248342	YASH JAIN KATARIYA CHAGAN RAJ	ACA Full Time	25/10/2019					

PAID ASSISTANTS:

MRN	NAME	COP_STATUS	JOIN_DATE	LEFT_DATE	INCHARGE	STATUS	FULL/PART
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M/S. Katariya Kiran & ASSOCIATES

Site No 29 Stilt Floor M S Enclave

Sirur Park Road Seshadripuran Opp to Govt Hospital

BENGALURU, KARNATAKA

INDIA

PINCODE: 560020



(Handwritten Signature)

Signature

(Name in Block Letters and Membership Number)

Please return it immediately bearing correction for change in particulars of the firm.

THIS DOES NOT CONSTITUTE A CERTIFICATE

Note:

[1] The asterisk (*) in the Partner indicates that the member is partner/proprietor of more than one firm or sole proprietor of one firm and is also the partner in another firm.

[2] Any change in the constitution of the firm should be intimated within one month along with the form 18 duly by the proprietor/partners.

[3] In case of retirement, a letter to that effect from the retiring partner/s should be submitted along with the form 18 signed by the remaining partners.

[4] The information regarding exact date (i.e. date, month & year) of joining/leaving of Paid Assistant(s) must be informed for necessary updation in our records.