



**Standard Shoe Sole
And Mould (India) Ltd.**

95, PARK STREET, KOLKATA - 700 016
PHONE OFF. : 2226-1175 / 5652
2226-1393 / 0769
FAX NO. : 91 33 2249 2218
E-mail : kolkataoffice@cef.co.in

02nd March, 2016

To
The Department of Corporate Service
Bombay Stock Exchange Limited
Ground Floor, P.J. Tower
Dalal Street
Mumbai- 400001

Ref: Scrip Code 523351

Dear Sir/ Madam,

Sub: Compliance with provisions of Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

In pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and Listing Agreement executed with the Exchange and as per information provided to you vide letter dated 12.02.2016 through online filing at your designated portal, please note that Ms. Tanvi Panday was appointed as Company Secretary of the Company with effect from 01.02.2016 in place of Mr. Kaushik Kundu who resigned from the said post with effect from 01.02.2016.

Necessary forms have now been filed in this regard by the company and the same along with attachments and challan are appended herewith for your perusal.

Kindly acknowledge the receipt of the same and take the same on record and update the same on the portal.

Thanking you,

Yours faithfully,
For **Standard Shoe Sole and Mould (India) Limited**

Mrs. Ananya Dey
Director
DIN: 01297763
Marikpara, 17 Nowapara, North 24 Paraganas, Barrackpore-743144

MINISTRY OF CORPORATE AFFAIRS**RECEIPT****G.A.R.7**

SRN : C80301039

Service Request Date : 01/03/2016

Payment made into : HDFC Bank

Received From :

Name : RAI AND ASSOCIATES
Address : B-182
SECTOR-50
NOIDA,UTTAR PRADESH
INDIA - 201301

Entity on whose behalf money is paid

CIN : L24119WB1973PLC028902
Name : STANDARD SHOE SOLE AND MOULD (INDIA) LIMITED
Address : 95, PARK STREET
2ND FLOOR
KOLKATA, WEST BENGAL
INDIA - 700016

Full Particulars of Remittance

Service Type: eFiling

Service Description	Type of Fee	Amount(Rs.)
Fee For Form DIR-12	Normal	600.00
	Total	600.00

Mode of Payment: Internet Banking - HDFC Bank

Received Payment Rupees: Six Hundred only

FORM DIR-12

[Pursuant to sections 7(1)(c), 168 & 170 (2) of The Companies Act, 2013 and rule 17 of the Companies (Incorporation) Rules 2014 and 8, 15 & 18 of the Companies (Appointment and Qualification of Directors) Rules, 2014]



सत्यमेव जयते

Particulars of appointment of Directors and the key managerial personnel and the changes among them

Form Language English HINDI

Refer the instruction kit for filing the form.

1. *This form is for New company Existing company

2. (a) *Form INC-1 reference number (Service request number (SRN) of Form INC-1) or Corporate identity number (CIN) of company L24119WB1973PLC028902

(b) Global location number (GLN) of company

Pre-fill

3. (a) Name of the company STANDARD SHOE SOLE AND MOULD (INDIA) LIMITED

(b) Address of the registered office of the company

95, PARK STREET
2ND FLOOR
KOLKATA
West Bengal
INDIA
700016

(c) e-mail ID of the company kolkataoffice@cel.co.in

4. Number of Managing director or director(s) for which the form is being filed

5. Details of the Managing Director, directors of the company

| Details of the Managing Director or director of the company

Director identification number (DIN)

Name

Father's name

Present residential address

Nationality Date of birth Gender

Appointment Cessation Change in designation

Designation Date of appointment or change in designation
(DD/MM/YYYY)

Category

Whether Chairman, Executive director, Non-executive director

Chairman Executive director Non-executive director

DIN of the director to whom the appointee is alternate

Name of the director to whom the appointee is alternate

Name of the company or institution whose nominee the appointee is

e-mail ID of director

In case of cessation

Hereby confirmed that the above mentioned Director Managing Director is not associated with the company with effect from (DD/MM/YYYY) due to

Interest in other entities

Number of such entities

CIN/LLPIN/FCRN/Registration number

Name

Address

Nature of interest

* Designation

Percentage of Shareholding Amount

Others (specify)

6. Number of manager(s), secretary(s), Chief Financial Officer, Chief Executive Officer for which the form is being filed

7. Details of manager(s), secretary(s), Chief Financial Officer, Chief Executive Officer of the company

I Details of manager(s), secretary(s), Chief Financial Officer, Chief Executive Officer of the company		
Director identification Number (DIN), if any	<input type="text"/>	<input type="radio"/> Appointment <input checked="" type="radio"/> Cessation
Income-Tax permanent account number (PAN)	<input type="text" value="AKTPK2480M"/>	<input type="button" value="Pre-fill"/>
Membership number of the secretary	<input type="text" value="26091"/>	<input type="button" value="Verify Details"/>
First Name	<input type="text" value="KAUSHIK"/>	
Middle Name	<input type="text"/>	
Last Name	<input type="text" value="KUNDU"/>	
Father's name		
First Name	<input type="text" value="GOBINDA"/>	
Middle Name	<input type="text" value="LAL"/>	
Last Name	<input type="text" value="KUNDU"/>	
Present residential address	Line I	<input type="text" value="P-166/1, C.I.T. SCHEME-VIIM"/>
	Line II	<input type="text"/>
City	<input type="text" value="KOLKATA"/>	
State	<input type="text" value="West Bengal-WB"/>	Pin Code <input type="text" value="700054"/>
ISO Country Code	<input type="text" value="IN"/>	
Country	<input type="text" value="INDIA"/>	
Phone	<input type="text" value="09830453272"/>	Fax <input type="text"/>
Date of birth	<input type="text" value="22/10/1982"/>	(DD/MM/YYYY)
Designation	<input type="text" value="Secretary"/>	
Date of Appointment or cessation	<input type="text" value="01/02/2016"/>	(DD/MM/YYYY)
e-mail ID	<input type="text" value="cskaushik82@yahoo.com"/>	

II Details of manager(s), secretary(s), Chief Financial Officer, Chief Executive Officer of the company

Director identification Number (DIN), if any Appointment Cessation

Income-Tax permanent account number (PAN) ASHPP4640C

Pre-fill

Membership number of the secretary 31176

Verify Details

First Name TANVI

Middle Name

Last Name PANDAY

Father's name

First Name SURESH

Middle Name NARAIN

Last Name PANDAY

Present residential address Line I 26/B, RIPON STREET

Line II

City KOLKATA

State West Bengal-WB

Pin Code 700016

ISO Country Code IN

Country INDIA

Phone 08420234400

Fax

Date of birth 19/01/1987 (DD/MM/YYYY)

Designation Secretary

Date of Appointment or cessation 01/02/2016 (DD/MM/YYYY)

e-mail ID companysecretary@cel.co.in

Attachments

- (1) Letter of Appointment;
- (2) Declaration by the first director
- (3) Declaration of the appointee Director, in Form DIR-2;
- (4) Notice of resignation;
- (5) Evidence of Cessation;
- (6) Interest in other entities;
- (7) Optional attachment(s), if any

Attach

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Consent as CS.pdf

Resignation as CS.pdf

Remove attachment

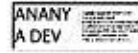
Declaration

I * ANANYA DEY

A person named in the articles as a _____ of the company.

authorized by the Board of Directors of the Company vide resolution number 14
dated 12/02/2016 (DD/MM/YYYY)

* Designation Director



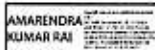
* DIN of the director; or DIN or PAN of the manager
or CEO or CFO; or Membership number of the secretary 01297763

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original/certified records maintained by the Company/applicant which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that:

i. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order ;

ii. All the required attachments have been completely and legibly attached to this form;

* To be digitally signed by 

- Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or
 Company secretary (in whole-time practice)

* Whether associate or fellow Associate Fellow

* Membership number 21745

* Certificate of Practice Number 9373

Modify	Check Form	Prescrutiny	Submit
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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 filing company.

MINISTRY OF CORPORATE AFFAIRS**RECEIPT****G.A.R.7****SRN : C80303217****Service Request Date : 01/03/2016****Payment made into : HDFC Bank****Received From :****Name : RAI AND ASSOCIATES**
Address : B-182
SECTOR-50
NOIDA,UTTAR PRADESH
201301**Entity on whose behalf money is paid****CIN : L24119WB1973PLC028902**
Name : STANDARD SHOE SOLE AND MOULD (INDIA) LIMITED
Address : 95, PARK STREET
2ND FLOOR
KOLKATA, WEST BENGAL
INDIA - 700016**Full Particulars of Remittance****Service Type: eFiling**

Service Description	Type of Fee	Amount(Rs.)
Fee For Form MR-1	Normal	600.00
	Total	600.00

Mode of Payment: Internet Banking - HDFC Bank**Received Payment Rupees: Six Hundred only**

Form No. MR-1

[Pursuant to Section 196 read with Section 197 and Schedule V of the Companies Act, 2013 and pursuant to Rule 3 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules 2014]



Return of appointment of key managerial personnel

Form Language English Hindi

Refer instruction kit for filing the form.

1.(a) *Corporate identity number (CIN) of company

(b) Global location number (GLN) of company

2.(a) Name of the company

(b) Address of the registered office of the company

3.(a) *Director Identification Number (DIN) or Income-tax Permanent Account Number (PAN) or Membership Number

(b) *Name

4. *Designation Manager Managing Director Whole-time Director CEO CFO Company Secretary

5. * Date of the resolution by the board of directors (DD/MM/YYYY)

6. * Effective date of appointment (DD/MM/YYYY)

Attachments

List of attachments

- 1. *Copy of board resolution
- 2. Copy of letter of consent to act as
Managing Director/ Whole time Director/Manager /
CEO/CFO/Secretary;
- 3. Copy of certificate by the Nomination and
Remuneration Committee of the company, if any, to the effect that
the remuneration is as per remuneration policy of the company
- 4. Optional attachment(s) - if any

Extract - Appointment & Resignation.pdf
Consent CS - Tanvi.pdf

Declaration

I am authorized by the Board of Directors of the Company vide resolution no. dated to sign this form and declare that all the requirements of Companies Act, 2013 and the rules made thereunder in respect of the subject matter of this form and matters incidental thereto have been complied with.
I also declare that all the information given herein above is true, correct and complete including the attachments to this form and nothing material has been suppressed.

*To be digitally signed by



*Designation

*DIN of the director; or DIN or PAN of the manager or CEO or CFO; or
Membership number of the company secretary

Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars(including attachment(s)) from the original records maintained by the Company which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed. I further certify that;

- a. The said records have been properly prepared, signed by the required officers of the Company and maintained as per the relevant provisions of the Companies Act, 2013 and were found to be in order;
- b. All the required attachments have been completely and legibly attached to this form.

*To be digitally signed by



- Chartered accountant (in whole-time practice) or
- Cost accountant (in whole-time practice) or
- Company secretary (in whole-time practice)

Whether associate or fellow Associate Fellow

Membership number Certificate of Practise number

Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorising officer

Date of signing (DD/MM/YYYY)