



उद्योग आधार



Udyog Aadhaar



D

Type of Enterprise	Micro	Small	Medium
Manufacturing	A	B	C
Services	D	E	F
UAN	TS09D0016101		

Udyog Aadhaar Memorandum

- Aadhaar Number: 519934718001
- Name of Entrepreneur: ZUBAIR MOHAMMED IFTEKHAR
- Social Category: OBC
- Name of Enterprise: RAZORFISH SWIM UNIVERSITY
- Type of Organization: PROPRIETARY
- Postal Address: 43/E, NASKAL VILLAGE, PARGI MANDAL, VIKARABAD
- District: RANGA REDDI State: TELANGANA PIN: 501501
- Mobile No: 7093181289 Email: zubair.iftekhara@gmail.com
- Date of commencement: 04/11/2016
- Previous Registration details-if any: ::
- Bank Details: IFS Code: ANDB0000854 Bank Account: 085410100110748
- Major Activity: SERVICES

SN	NIC 2 Digit	NIC 4 Digit	NIC 5 Digit Code	Activity Type
1	Sports activities and amusement and recreation activities	Operation of sports facilities (This class includes organization and operation of outdoor or indoor sports events for professionals or amateurs by organizations with own facilities)	Operation of sports facilities	Services
2	Sports activities and amusement and recreation activities	Activities of sports clubs (This class includes the activities of sports clubs, which, whether professional, semi-professional or amateur clubs, give their members the opportunity to engage in sporting activities.)	Activities of sports clubs	Services
3	Sports activities and amusement and recreation activities	Other sports activities (This class includes activities of producers or promoters of sports events, with or without facilities, activities of individual own-account sportsmen and athletes, referees, judges, timekeepers etc. activities of sports leagues and regulating bodies, activities related to promotion of sporting events, activities of racing stables, kennels and garages, operation of sport fishing, support activities for sport or recreational fishing)	Other sports activities	Services

- Persons employed: 2
- Investment (Plant & Machinery / Equipment's): 2(Rs. In Lakhs)
- District Industry Centre: RANGA REDDY

Declaration

I hereby declare that information given above is true to the best of my knowledge. Any information, that may be required to be verified, shall be provided immediately before the concerned authority.

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