



MT EDUCARE LIMITED

CIN: L80903MH2006PLC163888

Registered Office: 220, 2nd Floor, "FLYING COLORS", Pandit Din DayalUpadhyayMarg,
L.B.S. Cross Road, Mulund (West), Mumbai 400080Email: info@mteducare.com
Website: www.mteducare.com | Tel: 2593 7700 / 800 | Fax: 2593 7799

**FORM MGT-11
PROXY FORM**

Pursuant to Section 105(6) of the Companies Act, 2013 and Rule 19(3) of the Companies (Management and Administration)Rules, 2014

Name of the Member(s) : _____
Registered Address: _____
E-mail ID: _____
Folio No. / Client ID No. _____ DP ID _____

I/We, being the member(s) of _____ shares of MT Educare Limited, hereby appoint

1. Name: _____
Address: _____
Email ID: _____

Signature: _____
or failing him/her

2. Name: _____
Address: _____
Email ID: _____

Signature: _____
or failing him/her

3. Name: _____
Address: _____
Email ID: _____

Signature: _____

As my/our proxy to attend and vote (on a poll) for me/us and on my/our behalf at the Extra Ordinary General Meeting of the Company to be held on Monday the 12th March, 2018 at Anthurium Banquet, 5th Floor, Hotel Shilpa Residency, L.B.S. Marg, Mulund (W), Mumbai – 400080 at 11.00 a.m. and at any adjournment thereof in respect of such resolution as are indicated below:

I/We wish my above proxy(ies) to vote in the manner as indicated in the box below:

Sr. No	Particulars of Resolution
1	Increase in Authorised Share Capital and consequent amendment to Memorandum of Association
2	Preferential Allotment of Equity Shares
3	Approval for MT Educare Limited Employee stock Option Scheme 2018 of the company

4	Approval for extending benefits of MT Educare Limited Employee Stock Option Scheme, 2018 to the employees of subsidiary company / ies
5	Approval for extending benefits of MT Educare Limited Employee Stock Option Scheme, 2018 to the employees of Holding company / ies
6	Approval of the grant of options to the identified employees during any one year, equal to or exceeding one percent of the issued capital of the Company at the time of grant of option.

Signed this ___ day of _____, 2018 Signature of Proxy holder _____

Note:

- a. This form in order to be effective should be duly completed and deposited at the Registered office not less than 48 hours before the commencement of the Meeting.
- b. A proxy need not be a member of the Company.

Affix Re.1/- Revenue Stamp

Signature of the Shareholder