



Towards Excellence

Skyline Financial Services Pvt. Ltd.

SEBI Registered Category-1 Registrars & Share Transfer Agent

Regd. & Corp. Office : D-153A, 1st Floor, Okhla Industrial Area, Phase-I, New Delhi - 110 020

Tel. : +91-11-64732681-88, 26812682-83 E-mail : info@skylinerta.com Website : www.skylinerta.com

CIN No. : U74899DL1995PTC071324

April 05, 2018

To
BOMBAY STOCK EXCHANGE LIMITED
DEPT. OF INVESTOR SERVICES
PHIROZE JEEJEBHOY TOWERS,
DALAL STREET,
MUMBAI -400 001
TEL: 22723677

Sub: Compliance Certificate under Regulation 7(3) of the SEBI (LODR), Regulations 2015
Ref: Sharika Enterprises Limited

Dear Sir/Madam,

This has with reference to above subject, we confirm that **M/s. Sharika Enterprises Limited** having **CIN: U51311DL1998PLC093690**, has authorized to **Skyline Financial Services Private Limited**, Share Transfer Agent, registered with SEBI vide registration number INR000003241 for all activities in relation to both Physical and Electronic Transfer facility during the period 01.10.2017 to 31.03.2018 under regulation 7(2) of the SEBI (Listing Obligations and Disclosure Requirements), Regulations, 2015.

The certificate has issued in compliance of regulation 7(3) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

Kindly take on record the same.

Thanking You,

Yours Faithfully,

For **Skyline Financial Services Pvt. Limited** For **Sharika Enterprises Limited**


Sarbesh Singh
Manager
Signature of Authorised Signatory
Of Registrar & Share Transfer Agent



Signature of Compliance Officer



THE UNIVERSITY OF CHICAGO

OFFICE OF THE DEAN OF STUDENTS
5400 S. UNIVERSITY AVENUE, CHICAGO, ILL. 60637
TEL: (773) 936-3333 FAX: (773) 936-3334



Dear Student:

We are pleased to inform you that you have been selected for the [Name of Program/Opportunity]. This is a highly competitive selection process, and we are confident that you will find this experience both challenging and rewarding.

The [Name of Program/Opportunity] is designed to provide students with a unique opportunity to [Describe the program's goals and objectives]. It will involve [Describe the activities and responsibilities associated with the program].

Participants in the program will receive [Describe the benefits and support provided, such as stipend, travel, housing, etc.]. We encourage you to accept this opportunity and to contact the [Name of Contact Person] at [Phone Number] or [Email Address] if you have any questions.

We look forward to your participation in the program and to the contributions you will make to the University of Chicago community.

Sincerely,
[Name of Dean]

Dean of Students

Office of the Dean of Students

This letter is being sent to you by [Name of Contact Person] at [Phone Number] or [Email Address].

Very truly yours,
[Name of Contact Person]

[Title of Contact Person]

For more information, please visit our website at [Website URL].

