

File No. CEA-12011/454/2025
Government of India
Office of Cooperative Election Authority
9th Floor, Tower-E, World Trade Centre,
Nauroji Nagar, New Delhi-110029

Dated, 30th December, 2025

To

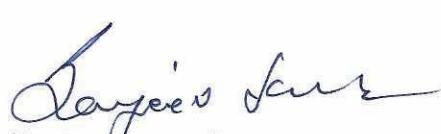
Chief Promotor,
Uttar Pradesh Project Cooperative Limited,
Omex Residency, R-1, Tulip D-101,
Arjun Ganj, Lucknow, Uttar Pradesh
Pin Code- 251001
Mail id – upproject6606@gmail.com

Sub:- Conduct of Election of Uttar Pradesh Project Cooperative Limited

Sir,

1. Please refer your request letter dated 12.12.2025 received through CRCS portal regarding conduct of election of your society.
2. On examining, following shortcomings have been observed in the proposal:
 - i) Approved Bye-Laws of the society by CRCS, not found attached with the proposal.
 - ii) First page of the Fact-sheet furnished not found attached with the proposal.
 - iii) State and District wise list of members with their membership details not found attached.
3. Society is therefore, advised to remove the deficiencies and submit above documents either through CRCS portal or e.mail id – cea-2023@gov.in to enable Cooperative Election Authority (CEA) to proceed further for election of the society.




(Sanjeev Kumar)
Director
Telephone No. 011-20909039



FACT SHEET

For conducting election of Board & Office Bearers in Multi State Cooperative Society (MSCS)

(All information should be filled. If not applicable, mention as NA)

(A) Information about MSCS

| | | |
|------|--|---|
| i | Name of Society | |
| ii | Registration Number Including Year | |
| iii | Complete address of registered office with district, State name & pin code | |
| iv | Registered Email ID & registered mobile number of society | |
| v | Whether Bye-Laws of society has been amended as per MSCS (amendment) Act and Rules 2023? | Yes <input type="checkbox"/> / No <input type="checkbox"/> if yes, mention date of amendment |
| vi | Whether society has its official website? | Yes <input type="checkbox"/> / No <input type="checkbox"/> if yes, mention website link |
| vii | Whether the MSCS is under Liquidation? | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| viii | Whether any Election related court matter is pending? | Yes <input type="checkbox"/> / No <input type="checkbox"/> if yes, mention case no. and year |
| ix | Area of Operation of Society | Mention Number & Name of States |
| x | Any other disclosure for conducting election | |

(B) Information about Members of the Society

| | | | | | | |
|------|---|---|---------|--------|-------|-----------|
| xi | Nature of members | Individual <input type="checkbox"/> / Society & Organisation <input type="checkbox"/> | | | | |
| xii | Total number of Member (Attach State and District wise number as a separate annexure) | Individual member | | | | |
| | | Society & Organisation (excluding MSCS) | | | | |
| | | MSCS | | | | |
| | | Total Number | | | | |
| xiii | Whether provision of constitution of Representative General Body (RGB) provided in bye-laws of society? | Yes <input type="checkbox"/> / No <input type="checkbox"/> if yes, mention constituency wise number of RGB member | | | | |
| xiv | Whether provision of delegate election provided in the bye-laws of society | Yes <input type="checkbox"/> / No <input type="checkbox"/> if yes, mention Total number of constituency- Total number of delegates- | | | | |
| xv | Category of members | Category | General | SC/ ST | Women | Total No. |
| | Number of Individual | | | | | |
| | Number of RGB member as per Bye Laws | | | | | |
| | Number of Delegate as per Bye Laws | | | | | |

(C) Information about Board of the Society



| | | |
|---|--|--|
| xvi | Number of elected seats in the board as per bye-laws | General - SC/ST- Women- Total- |
| xvii | Number of elected seats in the board to be filled up through election | General- SC/ST- Women - Total- |
| xviii | Date of board election | Last date of election- Due date of election- |
| xix | Reason of proposed election | Completion of term <input type="checkbox"/> / Casual Vacancy <input type="checkbox"/> If casual vacancy, mention number of vacancy and class of director in respect of which vacancy has arisen |
| (D) Disqualification for being a member of Board as per Section 43 of MSCS Act | | |
| xx | Number of members who has been adjudged by a competent court to be insolvent or of unsound mind | |
| xxi | Number of members who is concerned & participates in the profit of any contract with the society | |
| xxii | Number of members who holds any office or place of profit under the society | |
| xxiii | Number of members who admitted in society for less than 12 months immediately preceding the due date of election | |
| xxiv | Whether there are members, against whom any amount is due for recovery under a decree, decision or order, under MSCS Act? | Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, mention the name of the member |
| xxv | Number of members disqualified for being a member under section 29 of MSCS Act | |
| xxvi | Whether there is any board member whose relative is employee of the said society as per sub section 6 of Section 41 of MSCS Act? | Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, mention the name of Board of directors |
| xxvii | Whether Annual General Meeting of society has been called as per section 39 of MSCS Act? | Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period. |
| xxviii | Whether Annual Financial Statement has been prepared and presented during Annual General meeting | Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period. |



| | | |
|--------|---|---|
| xxix | Whether contribution toward Education Fund as per Section 63 (1) (b) of MSCS 2002 has been made? | Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period. |
| xxx | Whether MSCS has contributed Cooperative Rehabilitation, Reconstruction, and Development Fund as per Section 63 A | Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period. |
| xxxi | Whether Annual Return specified in Section 120, within the time specified therein, has been filed | Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period. |
| xxxii | Whether Audit of Society has been carried out within six months of the closer of the F.Y. | Yes <input type="checkbox"/> / No <input type="checkbox"/> If no, Mention the name of Board of directors with relevant period. |
| xxxiii | Any other disclosure related to disqualification for being a Board Member | |

(E) Disqualification for being an Office Bearer as per Section 44 of MSCS Act

| | | |
|-------|---|----------------------|
| xxxiv | Member of the board who is presently a Minister in the Central Government or a State Government | Name & Admission No. |
| xxxv | Member of the Board who completed two consecutive terms, whether full or part, as the Chairperson or President. | Name & Admission No. |
| (F) | Any other information relating to disqualification of a member, Board of Director, Chairman and Vice Chairman | |
| (G) | A short note may be given about logistics requirement for conduct of election (like Numbers of Booths, Places, Area, Use of postal ballot etc.) | |

Note: Details of all above information should also be provided to Returning Officer for conducting free, fair & transparent election.

**Signature &
Name of Chairman/President/Chief Promoter.**

**Signature &
Name of MD/CEO
Name of Society**

**Date:
Place:**