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COMMON APPLICATION FORM  To, The Board of Directors VILIN BIO MED LIMITED	VILIN BIO MED LIMITED - INITIAL PUBLIC ISSUE - NR Registered Office: Sy No.115/GF/J, Hanumanji Colony, Brig Sayeed Road, Bowempally, Secunderabad - 500003, Telangana, India; Tel: +91 40 7961 8843; Website: www.vilinbiomed.co.in; E-mail: cs@vilinbiomed.co.in; Contact Person: Mr. Saket Kansal, Company Secretary and Compliance Officer	NON-RESIDENTS AND ELIGIBLE NRI's, FIIs, FVCIs, ETC. APPLYING ON A REPATRIATION BASIS ISSUE OPENS ON: FRIDAY, JUNE 16, 2023 ISSUE CLOSES ON: WEDNESDAY, JUNE 21, 2023
	FIXED PRICE SME ISSUE ISIN: INE0L4V01013	Application Form No. _____

SYNDICATE MEMBER'S STAMP & CODE	REGISTERED BROKER/SCSB/CDP/RTA STAMP & CODE	1. NAME & CONTACT DETAILS OF SOLE / FIRST APPLICANT Mr. / Ms. _____ _____ Address _____ _____ Email _____ Tel. No. (with STD code) / Mobile _____
SCSB BRANCH STAMP & CODE	SUB-BROKER'S/SUB-SYNDICATE'S/ SUB-AGENT'S STAMP & CODE	
BANK BRANCH STAMP & CODE	REGISTRAR'S/SCSB SERIAL NO.	
2. PAN OF SOLE / FIRST APPLICANT _____		

3. INVESTOR'S DEPOSITORY ACCOUNT DETAILS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID	6. Investor Status Tick (✓) <input type="checkbox"/> Non-Resident Indians (Repatriation basis) - NRI <input type="checkbox"/> FII or Sub Account not a Corporate / Foreign Individual - FII <input type="checkbox"/> FII Sub Account Corporate/ Individual - FII SA <input type="checkbox"/> Foreign Venture Capital Investor - FVCI <input type="checkbox"/> Foreign Portfolio Investors - FPI <input type="checkbox"/> Others (please specify) - OTH				
4. APPLICATION DETAILS No. of Equity Shares of ₹ 10/- each applied at the Issue Price i.e. at ₹ 30 per share ^{1 & 2} <table border="1"> <tr> <td>(In figures)</td> <td>(In words)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(In figures)	(In words)			5. CATEGORY <input type="checkbox"/> Retail Individual Applicant <input type="checkbox"/> Non-Institutional Applicant <input type="checkbox"/> QIB
(In figures)	(In words)				


⁽¹⁾ Please note that applications must be made in minimum lot size of 4,000 shares and further multiples of 4,000 shares accordingly.
⁽²⁾ Please note that the trading of equity shares will be only in dematerialised mode on Emerge Platform of National Stock Exchange of India Limited (NSE)

7. PAYMENT DETAILS [IN CAPITAL LETTERS] Amount blocked (₹ in figures) _____ (₹ in words) _____ ASBA Bank A/c No. _____ Bank Name & Branch _____ OR UPI ID (Maximum 45 characters) _____	PAYMENT OPTION : FULL PAYMENT
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I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY), HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS APPLICATION FORM AND THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN THE PUBLIC ISSUE ("GID") AND HEREBY AGREE AND CONFIRM THE "APPLICANT UNDERTAKING" AS GIVEN OVERLEAF. I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THE APPLICATION FORM GIVEN OVERLEAF.

8A. SIGNATURE OF SOLE / FIRST APPLICANT _____ Date: _____, 2023	8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS) I/We authorize the SCSB to do all acts as are necessary to make the Application in the Issue 1) _____ 2) _____ 3) _____	REGISTERED BROKER / SCSB / CDP / RTA STAMP (Acknowledging upload of Application in Stock Exchange system) _____
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 VILIN BIO MED LIMITED INITIAL PUBLIC ISSUE - NR	Acknowledgement Slip for Registered Broker/SCSB/ CDP/RTA	Application Form No. _____
DPID / CLID _____ Amount Blocked (₹ in figures) _____ Bank Name & Branch _____ ASBA Bank A/c No. / UPI Id _____ Received from Mr./Ms. _____ Telephone / Mobile _____ Email _____	PAN of Sole / First Applicant _____ Stamp & Signature of SCSB Branch _____	

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VILIN BIO MED LIMITED - INITIAL PUBLIC ISSUE - NR	In Figures No. of Equity Shares _____ Amount Blocked (₹) _____	In Words _____	Stamp & Signature of Registered Broker / SCSB / CDP / RTA _____	Name of Sole / First Applicant _____
	Acknowledgement Slip for Applicant			
	ASBA Bank A/c No./UPI Id: _____ Bank Name & Branch _____			
	Application Form No. _____			

Important Note : Application made using third party UPI Or ASBA Bank A/c are liable to be rejected.