FORM OF PROXY

[Pursuant to section 105(6) of the Companies Act, 2013 and rule 19(3) of the Companies

(Management and Administration) Rules, 2014]

STEEL STRIPS INFRASTRUCTURES LIMITED

CIN: L27109PB1973PLC003232

Regd. Office: Village Somalheri/lehli P.O.Dappar, Tehsil Derrabassi, Distt. S.A.S Nagar Mohali (Punjab)-140506

TEL. NO. +91- 172-2793112., Fax: +91-172-2794834, Email: ssl\_ssg@glide.net.in, Website: www.ssilindia.net

| NAN                                                                            | . ,                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              |                 |                  |                                         |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------------|
|                                                                                | GISTERED ADDRESS                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |                 |                  |                                         |
| EMA                                                                            | AIL ID                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |                 |                  |                                         |
| FOL                                                                            | LIO NO./ CLIENT ID                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                 |                  |                                         |
| DP I                                                                           | ID                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |                 |                  |                                         |
| NO.                                                                            | OF SHARES HELD                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |                 |                  |                                         |
| I/ W                                                                           | e, being the member(s) of shares of the above name                                                                                                                                                                                                                                                                                                                    | ned Company, hereby                                                                                                                          | appoint:        |                  |                                         |
| 1.                                                                             | Name:                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                 |                  |                                         |
|                                                                                | Address:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              | Cianatura       |                  |                                         |
|                                                                                | E-mail Id:                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              | Signature       |                  |                                         |
| Or fa                                                                          | ailing him/her                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              | '               |                  |                                         |
| 2.                                                                             | Name:                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                 |                  |                                         |
|                                                                                | Address:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |                 |                  |                                         |
|                                                                                | E-mail Id:                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              | Signature       |                  |                                         |
| Or f:                                                                          | ailing him/her                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |                 | I                |                                         |
| 3.                                                                             | Name:                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |                 |                  |                                         |
| <u> </u>                                                                       | Address:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                              |                 |                  |                                         |
|                                                                                | E-mail ld:                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              | Signature       |                  |                                         |
| Distt<br><b>Sr. N</b><br><b>Ordi</b><br>1.<br>2.                               | I on Wednesday, the 30 <sup>th</sup> day of September 2015, at 3.00 p.m., at t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in No. Resolution linary Business  Adoption of audited financial statements for the year ended Mark Re-appointment of Sh. Humesh Kumar Singhal, as a Director To ratify Appointment of Auditors M/S S.C. Dewan & Co.        | respect of such resolu                                                                                                                       |                 |                  | , Tehsil Derrabass                      |
| Distt<br>Sr. N<br>Ordi<br>1.<br>2.<br>3.<br>Spec<br>4.<br>Sign<br>Sign         | t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in<br>No. Resolution<br>linary Business<br>Adoption of audited financial statements for the year ended Mara<br>Re-appointment of Sh. Humesh Kumar Singhal, as a Director                                                                                                                                 | ch 31, 2015 any. older(s)e duly completed ar                                                                                                 | tions as are in | ndicated below:  | Affix<br>Revenue<br>Stamp               |
| Distt<br>Sr. N<br>Ordi<br>1.<br>2.<br>3.<br>Spec<br>4.<br>Sign<br>Sign<br>Note | t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in No. Resolution linary Business Adoption of audited financial statements for the year ended Mark Re-appointment of Sh. Humesh Kumar Singhal, as a Director To ratify Appointment of Auditors M/S S.C. Dewan & Co. cial Business Appointment of Smt. Manju Lakhanpal as Director of the Companded this  | ch 31, 2015  any.  older(s)  de duly completed arthe Meeting.  ASTRUCTURES LIMIB1973PLC003232  iil Derrabassi, Distt. S.                     | tions as are in | d at the Registe | Affix Revenue Stamp  ered Office of the |
| Distt<br>Sr. N<br>Ordi<br>1.<br>2.<br>3.<br>Spec<br>4.<br>Sign<br>Note<br>Com  | t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in No. Resolution inary Business Adoption of audited financial statements for the year ended Marke-appointment of Sh. Humesh Kumar Singhal, as a Director To ratify Appointment of Auditors M/S S.C. Dewan & Co. scial Business Appointment of Smt. Manju Lakhanpal as Director of the Companded this    | any.  ch 31, 2015  any.  cle duly completed arthe Meeting.  ASTRUCTURES LIMI 31973PLC003232  sil Derrabassi, Distt. S. Email: ssl_ssg@glide. | tions as are in | d at the Registe | Affix Revenue Stamp  ered Office of the |
| Distt<br>Sr. N<br>Ordi<br>1.<br>2.<br>3.<br>Spec<br>4.<br>Sign<br>Note<br>Com  | t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in No. Resolution linary Business Adoption of audited financial statements for the year ended Mark Re-appointment of Sh. Humesh Kumar Singhal, as a Director To ratify Appointment of Auditors M/S S.C. Dewan & Co. cial Business Appointment of Smt. Manju Lakhanpal as Director of the Companded this  | any.  ch 31, 2015  any.  cle duly completed arthe Meeting.  ASTRUCTURES LIMI 31973PLC003232  sil Derrabassi, Distt. S. Email: ssl_ssg@glide. | tions as are in | d at the Registe | Affix Revenue Stamp  ered Office of the |
| Distt<br>Sr. N<br>Ordi<br>1.<br>2.<br>3.<br>Spec<br>4.<br>Sign<br>Note<br>Com  | t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in No. Resolution inary Business Adoption of audited financial statements for the year ended Marke-appointment of Sh. Humesh Kumar Singhal, as a Director To ratify Appointment of Auditors M/S S.C. Dewan & Co. scial Business Appointment of Smt. Manju Lakhanpal as Director of the Companded this    | any.  ch 31, 2015  any.  cle duly completed arthe Meeting.  ASTRUCTURES LIMI 31973PLC003232  sil Derrabassi, Distt. S. Email: ssl_ssg@glide. | tions as are in | d at the Registe | Affix Revenue Stamp  ered Office of the |
| Distt<br>Sr. N<br>Ordii<br>1.<br>2.<br>3.<br>Spec<br>4.<br>Sign<br>Note<br>Com | t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in No. Resolution inary Business Adoption of audited financial statements for the year ended Mark Re-appointment of Sh. Humesh Kumar Singhal, as a Director To ratify Appointment of Auditors M/S S.C. Dewan & Co. scial Business Appointment of Smt. Manju Lakhanpal as Director of the Companded this  | any.  ch 31, 2015  any.  cle duly completed arthe Meeting.  ASTRUCTURES LIMI 31973PLC003232  sil Derrabassi, Distt. S. Email: ssl_ssg@glide. | tions as are in | d at the Registe | Affix Revenue Stamp  ered Office of the |
| Distt Sr. N Ordii 1. 2. 3. Spec 4. Sign Sign Note Com                          | t. S.A.S Nagar Mohali (Punjab)and at any adjournment thereof in No. Resolution linary Business Adoption of audited financial statements for the year ended Mark Re-appointment of Sh. Humesh Kumar Singhal, as a Director To ratify Appointment of Auditors M/S S.C. Dewan & Co. Recal Business Appointment of Smt. Manju Lakhanpal as Director of the Companded this | any.  ch 31, 2015  any.  cle duly completed arthe Meeting.  ASTRUCTURES LIMI 31973PLC003232  sil Derrabassi, Distt. S. Email: ssl_ssg@glide. | tions as are in | d at the Registe | Affix Revenue Stamp  ered Office of the |

Member's/ Proxy's Signatures