

<b>FORM ITR1 SAHAJ</b>	<b>INDIAN INCOME TAX RETURN</b> [For individuals being a resident (other than not ordinarily resident) having total income upto Rs.50 lakh, having Income from Salaries, one house property, other sources (Interest etc.), and agricultural income upto Rs.5 thousand] [Not for an individual who is either Director in a company or has invested in unlisted equity shares or in cases where TDS has been deducted u/s 194N or if income-tax is deferred on ESOP] (Refer instructions for eligibility)	<b>Assessment Year 2024-25</b>
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**PART A GENERAL INFORMATION**

(A1) PAN <b>JAUPS8959D</b>	(A2) First Name <b>ABDUL HAMEED</b>	(A2a) Middle Name <b>ABDUL GANI</b>	(A3) Last Name <b>SHAIKH</b>
(A4) Date of Birth <b>14/05/1991</b>	(A5) Aadhaar Number(12 digits)/Aadhaar Enrolment Id(28 digits) (if eligible for Aadhaar No.) <b>9xxx xxxx 0545</b>		(A6) Mobile No <b>+91 9970712821</b>
(A7) Email Address <b>ab_hameed27@rediffmail.com</b>	(A8) Flat/Door/Block No. <b>KHAWAZA BUILDING, BEHIND RAJGOND SOCIETY</b>	(A9) Name of Premises/Building/Village <b>KHADKA ROAD, BHUSAWAL</b>	(A10) Road/Street/Post Office, Area/Locality <b>Bhusawal JALGAON</b>
(A11) Town/City/District <b>Bhusawal H.O</b>	(A12) State <b>19-Maharashtra</b>	(A13) Country/Region <b>91-INDIA</b>	(A14) PIN Code/ZIP Code <b>425201</b>
(A17) Nature of employment		<b>Others</b>	
(A15)(a) Filed u/s (Tick)[Please see instruction]		<b>139(1)-On or before due date</b>	
(A16) Or Filed in response to notice u/s			
(A18) If revised/defective then enter Receipt No. and Date of filing of original return (DD/MM/YYYY)			
(A19) If filed in response to notice u/s 139(9)/142(1)/148/153C or order u/s 119(2)(b)- enter Unique Number/ Document Identification Number (DIN) & Date of such Notice or Order			
(A20) Do you wish to exercise the option u/s 115BAC(6) of Opting out of new tax regime ? (default is "No") <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(A21) Are you filing return of income under Seventh proviso to section 139(1) but otherwise not required to furnish return of income? - (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please furnish following information [Note: To be filled only if a person is not required to furnish a return of income under section 139(1) but filing return of income due to fulfilling one or more conditions mentioned in the seventh proviso to section 139(1)]			
(i) Have you incurred expenditure of an amount or aggregate of amount exceeding Rs. 2 lakhs for travel to a foreign country for yourself or for any other person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			0
(ii) Have you incurred expenditure of amount or aggregate of amount exceeding Rs. 1 lakh on consumption of electricity during the previous year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			0
(iv) Are you required to file a return as per other conditions prescribed under clause (iv) of seventh proviso to section 139(1) (If yes, please select the relevant condition from the drop down menu) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Sl No.</b>	<b>Nature</b>	<b>Amount</b>	
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	
1	the aggregate of tax deducted at source and tax collected at source during the previous year, in the case of the person, is twenty-five thousand rupees or more(fifty thousand for resident senior citizen)	8,25,863	

**PART B GROSS TOTAL INCOME**

B1	i	Gross Salary (ia + ib + ic + id + ie)	i	34,58,431
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	a	Salary as per section 17(1)	ia	34,53,586	
	b	Value of perquisites as per section 17(2)	ib	4,845	
	c	Profit in lieu of salary as per section 17(3)	ic	0	
	d	Income from retirement benefit account maintained in a notified country u/s 89A	id	0	
	e	Income from retirement benefit account maintained in a country other than notified country u/s 89A	ie	0	
	ii	Less allowances to the extent exempt u/s 10 [Ensure that it is included in salary income u/s 17(1)/17(2)/17(3)]	ii	5,62,664	
	<b>Sl. No.</b>	<b>Nature of Exempt Allowances</b>	<b>Description ( If Any Other selected)</b>	<b>Total Amount</b>	
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	
	1	Sec 10(13A)-Allowance to meet expenditure incurred on house rent		562664	
	iiia	Less : Income claimed for relief from taxation u/s 89A	iiia	0	
	iii	Net Salary (i - ii - iiia)	iii	28,95,767	
	iv	Deductions u/s 16 (iva + ivb + ivc)	iv	52,500	
	a	Standard deduction u/s 16(ia)	iva	50,000	
	b	Entertainment allowance u/s 16(ii)	ivb	0	
	c	Professional tax u/s 16(iii)	ivc	2,500	
	v	Income chargeable under the head 'Salaries' (iii - iv)	B1	28,43,267	
B2		Type Of House Property	B2		
	i	Gross rent received/ receivable/ lettable value during the year	i	0	
	ii	Tax paid to local authorities	ii	0	
	iii	Annual Value (i - ii)	iii	0	
	iv	30% of Annual Value	iv	0	
	v	Interest payable on borrowed capital	v	0	
	vi	Arrears/Unrealised rent received during the year less 30%	vi	0	
	vii	Income chargeable under the head 'House Property' (iii - iv - v) + vi (If loss, put the figure in negative)	B2	0	
B3		Income from Other Sources	B3	0	
	<b>Sl. No.</b>	<b>Nature of Income</b>	<b>Description ( If Any Other selected)</b>	<b>Total Amount</b>	
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	
		<b>Quarterly breakup of Dividend Income</b>	<b>Quarterly breakup of Income from retirement benefit account maintained in a notified country u/s 89A (taxable portion)</b>		

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		(i)	Up to 15-Jun-2023	0	(i)	Up to 15-Jun-2023	0
		(ii)	From 16-Jun-2023 to 15-Sep-2023	0	(ii)	From 16-Jun-2023 to 15-Sep-2023	0
		(iii)	From 16-Sep-2023 to 15-Dec-2023	0	(iii)	From 16-Sep-2023 to 15-Dec-2023	0
		(iv)	From 16-Dec-2023 to 15-Mar-2024	0	(iv)	From 16-Dec-2023 to 15-Mar-2024	0
		(v)	From 16-Mar-2024 to 31-Mar-2024	0	(v)	From 16-Mar-2024 to 31-Mar-2024	0
		Less: Income claimed for relief from taxation u/s 89A					0
		Less: Deduction u/s 57(iia) (in case of family pension only)					0
B4		Gross Total Income (B1+B2+B3) (If loss, put the figure in negative) Note: To avail the benefit of carry forward and set off of loss, please use ITR-2					B4 28,43,267

**PART C - DEDUCTIONS AND TAXABLE TOTAL INCOME**

Sl.No.	Section	Amount	System Calculated
C1	80C - Life insurance premia, deferred annuity, contributions to provident fund, subscription to certain equity shares or debentures, etc.	1,50,000	1,50,000
C2	80CCC - Payment in respect Pension Fund	0	0
C3	80CCD(1) - Contribution to pension scheme of Central Government	0	0
C4	80CCD(1B) -Contribution to pension scheme of Central Government	0	0
C5	80CCD(2) - Contribution to pension scheme of Central Government by employer	0	0
C6	80D - Deduction in respect of health insurance premia	0	0
C7	80DD - Maintenance including medical treatment of a dependent who is a person with disability	0	0
C8	80DDB - Medical treatment of specified disease -	0	0
C9	80E - Interest on loan taken for higher education	0	0
C10	80EE - Interest on loan taken for residential house property	0	0
C11	80EEA - Deduction in respect of interest on loan taken for certain house property	0	0
C12	80EEB - Deduction in respect of purchase of electric vehicle	0	0

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C13	80G - Donations to certain funds, charitable institutions, etc (Please fill 80G schedule.This field is auto-populated from schedule 80G.)	0	0
C14	80GG - Rent paid (Please submit form 10BA to claim deduction)	0	0
C15	80GGA - Certain donations for scientific research or rural development (Please fill 80GGA Schedule. This field is autopopulated from schedule.)	0	0
C16	80GGC - Donation to Political party	0	0
C17	80TTA - Interest on deposits in saving bank Accounts	0	0
C18	80TTB- Interest on deposits in case of senior citizens.	0	0
C19	80U - In case of a person with disability	0	0
C20	80CCH- Contribution to Agnipath Scheme	0	0
C21	Total deductions (Add items C1 to C18)	1,50,000	1,50,000

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Total Income			26,93,270	
<b>EXEMPT INCOME (FOR REPORTING PURPOSES)</b>				
Sl. No.	Nature of Income	Description ( If Any Other selected)	Total Amount	
(1)	(2)	(3)	(4)	
Total			0	
<b>PART D - COMPUTATION OF TAX PAYABLE</b>				
D1	Tax payable on total income		6,20,481	
D2	Rebate u/s 87A		0	
D3	Tax after rebate		6,20,481	
D4	Health and education Cess @4% on D3		24,819	
D5	Total Tax and Cess		6,45,300	
D6	Relief u/s 89 (Please ensure to submit Form 10E to claim this relief)		0	
D7	Interest u/s 234A		0	
D8	Interest u/s 234B		0	
D9	Interest u/s 234C		0	
D10	Fee u/s 234F		0	
D11	Total Tax, Fee and Interest (D5 + D7 + D8 + D9 + D10 - D6)		6,45,300	
D12	Total Taxes Paid		8,25,863	
D13	Amount payable (D11-D12) (if D11>D12)		0	
D14	Refund (D12 - D11) (if D12 > D11)		1,80,560	
<b>PART E - OTHER INFORMATION DETAILS OF ALL BANK ACCOUNTS HELD IN INDIA AT ANY TIME DURING THE PREVIOUS YEAR (EXCLUDING DORMANT ACCOUNTS)</b>				
Sl. No.	IFS Code of the Bank	Name of the Bank	Account Number	Type of account
(1)	(2)	(3)	(4)	(5)
1	UTIB0002766	AXIS BANK	916010083802822	Savings Account
2	ICIC0001695	ICICI BANK LIMITED	169501502531	Savings Account
<b>SCHEDULE 80D</b>				
1	Whether you or any of your family member (excluding parents) is a senior citizen?			No claiming for Self/Family
(a)	Self & Family			0
	(i)	Health Insurance		0

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	(ii)	Preventive Health Checkup		0
(b)	Self & Family including Senior Citizen			0
	(i)	Health Insurance		0
	(ii)	Preventive Health Checkup		0
	(iii)	Medical Expenditure (This deduction to be claimed on which health insurance is not claimed at (i) above)		0
2	Whether any one of your parents is a senior citizen			No claiming for Parents
(a)	Parents			0
	(i)	Health Insurance		0
	(ii)	Preventive Health Checkup		0
(b)	Parents including Senior Citizen			0
	(i)	Health Insurance		0
	(ii)	Preventive Health Checkup		0
	(iii)	Medical Expenditure (This deduction can be claimed on which health insurance is not claimed at (i) above)		0
3	Eligible Amount of Deduction			0

Schedule 80U		Details of deduction in case of a person with disability			
Sl. No.	Nature of Disability	Amount of Deduction	Date of filing of Form 10IA	Ack. No. of Form 10IA filed	UDID Number (If available)
(1)	(2)	(3)	(4)	(5)	(6)
1		0			

Schedule 80DD		Details of deduction in respect of maintenance including medical treatment of a dependent who is a person with disability.						
Sl. No.	Nature of Disability	Amount of Deduction	Type of dependent	PAN of the dependent	Aadhaar of the dependent	Date of filing of Form 10IA	Ack. No. of Form 10IA filed	UDID Number (If available)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1		0						

**SCHEDULE 80G DETAILS OF DONATIONS ENTITLED FOR DEDUCTION UNDER SECTION 80G**

**A. DONATIONS ENTITLED FOR 100% DEDUCTION WITHOUT QUALIFYING LIMIT, (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)**

Sl. No.	Name of the Donee	Address	City or Town or District	State code	Pin code	PAN of the Donee	Amount of donation			Eligible Amount of Donation
							Donation in cash	Donation in other mode	Total donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total A							0	0	0	0

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**B. DONATIONS ENTITLED FOR 50% DEDUCTION WITHOUT QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)**

Sl. No.	Name of the Donee	Address	City or Town or District	State code	Pin code	PAN of the Donee	Amount of donation			Eligible Amount of Donation
							Donation in cash	Donation in other mode	Total donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)

Total B							0	0	0	0
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**C. DONATIONS ENTITLED FOR 100% DEDUCTION SUBJECT TO QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)**

Sl. No.	Name of the Donee	Address	City or Town or District	State code	Pin code	PAN of the Donee	Amount of donation			Eligible Amount of Donation
							Donation in cash	Donation in other mode	Total donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)

Total C							0	0	0	0
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**D. DONATIONS ENTITLED FOR 50% DEDUCTION SUBJECT TO QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)**

Sl. No.	Name of the Donee	Address	City or Town or District	State code	Pin code	PAN of the Donee	ARN (Donation Reference Number)	Amount of donation			Eligible Amount of Donation
								Donation in cash	Donation in other mode	Total donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

Total D								0	0	0	0
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E. Total Amount of Donations (A + B + C + D)								0	0	0	0
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**SCHEDULE 80GGA DETAILS OF DONATIONS FOR SCIENTIFIC RESEARCH OR RURAL DEVELOPMENT**

Sl. No.	Relevant Clause under which deduction is claimed	Name of the Donee	Address	City or Town or District	State Code	Pin code	PAN of the Donee	Amount of Donation			Eligible Amount of Donation
								Donation in Cash	Donation in other mode	Total Donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total								0	0	0	0

**SCHEDULE 80GGC DETAILS OF CONTRIBUTION MADE TO POLITICAL PARTIES**

Sl. No.	Date	Amount of Contribution			Eligible Amount of Contribution	Transaction Reference number for UPI transfer / Cheque number / IMPS / NEFT / RTGS reference number	IFSC code of Bank
		Contribution in Cash	Contribution in other mode	Total Contribution			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Total		0	0	0	0		

**TAX PAYMENTS**

Sl. No.	BSR Code	Date of Deposit (DD/MM/YYYY)	Serial Number of Challan	Tax paid
(1)	(2)	(3)	(4)	(5)
Total				0

**SCHEDULE TDS1 - DETAILS OF TAX DEDUCTED AT SOURCE FROM SALARY [AS PER FORM 16 ISSUED BY EMPLOYER(S)]**

Sl. No.	TAN of the Deductor	Name of the Deductor	Income chargeable under salaries	Total Tax Deducted
(1)	(2)	(3)	(4)	(5)
1	MUMT20449C	TIAA GLOBAL CAPABILITIES PRIVATE LIMITED	34,58,431	8,25,863
Total				8,25,863

**SCHEDULE TDS2 - DETAILS OF TAX DEDUCTED AT SOURCE FROM INCOME OTHER THAN SALARY [AS PER FORM 16A ISSUED BY DEDUCTOR(S)]**

Sl. No.	TAN of the Deductor	Name of the Deductor	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (5) claimed this year
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total						0

**SCHEDULE TDS3 DETAILS OF TAX DEDUCTED AT SOURCE (AS PER FORM 16C FURNISHED BY THE PAYER(S))**

Sl. No.	PAN of the Tenant	Aadhaar Number of the Tenant	Name of the Tenant	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (6) claimed this year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Total							0

**SCHEDULE TCS**

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Sl. No.	Tax Collection Account Number of the Collector	Name of the Collector	Gross payment which is subject to tax collection	Year of tax collection	Tax Collected	TCS Credit out of (5) claimed this year						
(1)	(2)	(3)	(4)	(5)	(6)	(7)						
Total						0						
VERIFICATION												
<p>I, <b>ABDUL HAMEED ABDUL GANI SHAIKH</b> son/ daughter of <b>ABDUL GANI NIZAMODDIN SHAIKH</b> solemnly declare that to the best of my knowledge and belief, the information given in the return is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961. I further declare that I am making this return in my capacity as <b>Self</b> and I am also competent to make this return and verify it. I am holding permanent account number <b>JAUPS8959D</b></p> <p>Place: 106.221.244.50</p> <p>Date: 15-Jun-2024</p> <p><b>If the return has been prepared by a Tax Return Preparer (TRP) give further details below:</b></p> <table><tr><td>Identification No. of TRP</td><td>Name of TRP</td><td>Counter Signature of TRP</td></tr><tr><td colspan="2">If TRP is entitled for any reimbursement from the Government, amount thereof</td><td><b>0</b></td></tr></table>							Identification No. of TRP	Name of TRP	Counter Signature of TRP	If TRP is entitled for any reimbursement from the Government, amount thereof		<b>0</b>
Identification No. of TRP	Name of TRP	Counter Signature of TRP										
If TRP is entitled for any reimbursement from the Government, amount thereof		<b>0</b>										

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**"U" FORM FOR CHANGE OF NAME**

(Address of the premises shall remain same)

You can fill this form online also. Please visit [www.mahadiscom.in](http://www.mahadiscom.in)  
 (Processing fee will be waived if application and payment is made online)

Date of Application: \_\_\_\_

To,

The Office In Charge,  
 Sub-Division/ Circle Office

Dear Sir / Madam,

I hereby submit this application for Change of Name of connection as mentioned below.

**1) Details of Old Consumer**

1)	Applicants Name (IN BLOCK LETTERS)	First name	Name of Father/Husband	Surname
2)	Consumer No.:	(Mobile No)		

**2) Details of New Consumer**

1)	Applicants Name (IN BLOCK LETTERS)	First name	Name of Father/Husband	Surname
2)	Email Id:	(Phone No)	(Mobile No)	
3)	Aadhar Card No.(Optional):			

**3) Reason for Change of Name :** \_\_\_\_\_**4) Document enclosed** (Please specify) \_\_\_\_\_ (Please see Annexure "A")

**Note:** 1.For transfer of Security Deposit, old consumer should give consent, in absence of such consent incoming consumer will pay security deposit.

2. If old consumer wants refund of Security Deposit then fill up form "X".

3. In case of arrears, this application will not be processed and intimation will be sent to new consumer.

**Declaration:**

I hereby declare that

I will abide by the provisions of Electricity Act 2003 and Maharashtra Electricity Regulatory Commission (Electricity Supply Code and other conditions of Supply) Regulation 2005. I will further abide by rules & regulations issued by regulatory bodies & MSEDCL from time to time. I will pay the electricity bill as per prevailing MSEDCL Tariff. If the premises is declared unauthorized then at the time of vacation by competent authority, MSEDCL will have liberty to remove the electric connection immediately.

The above information is true and if any false information is observed, I / we will be responsible for the consequence thereof.

**Note:** You can upload signed copy of this form & relevant document for change of name, on MSEDCL website OR by using Mobile App.

Signature of Applicant

For Office Use:	Application No.:	Acknowledgement Receipt  Maharashtra State Electricity Distribution Co. Ltd.	Signature & Office Stamp (Representative MSEDCL)
	Applicant Name:		
	Application Received Date:		

## Annexure “A”

**Document required (please tick):**

**Any one of the relevant document:-**

- a. Occupancy Certificate issued by statutory body / Competent Authority.
- b. Ownership Document/form 8 / Form 7-12 / tax / lease issued by Local Authority
- c. Certified copy of Corresponding Legal Document (In case of inheritance / succession / will/ Gift Deed)
- d. Certificate of Incorporation issued as per provision of companies Act 1956.
- e. Affidavit / Gazette Notification for himself (In case applicant himself has changed his name)
- f. Legal document supporting letting and NOC of the owner. (In case of premises is let out to the applicant)

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## FORM “X”

### **a) Transfer of Security Deposit**

I, Shri / Smt. / M/s. \_\_\_\_\_, hereby give consent for transfer of Security Deposit held against my consumer no. \_\_\_\_\_ in the name of transferee Shri / Smt./ /M/s. \_\_\_\_\_.

**Signature of Old Consumer**

**OR**

### **b) Refund of Security Deposit**

I, Shri / Smt. / M/s. \_\_\_\_\_, hereby give consent to transfer the connection in the name of transferee Shri / Smt. /M/s. \_\_\_\_\_ . I request to refund the security deposit held against my consumer no. \_\_\_\_\_ to me. For refund of security deposit Original Receipt is enclosed. OR my Original Receipt of S.D. is lost, I am enclosing indemnity bond. The Account details for ECS are as below.

- Name of Account Holder:
- Name of Bank & Branch:
- Bank A/c no.:
- IFSC no.:
- Original Receipt no.:

**Signature of Old Consumer**