

**Form No. 27A**

Form for furnishing information with the statement of deduction / collection of tax at source (tick whichever is applicable) filed on computer media for the period Q3
(From 01/10/10 to 31/12/10 (dd/mm/yy)#)

| | | | |
|---------------------------------|------------|---|-----------------|
| 1 (a) Tax Deduction Account No. | MUM002862G | (d) Financial Year | 2010-11 |
| (b) Permanent Account No. | AAAJP0288R | (e) Assessment year | 2011-12 |
| (c) Form No. | 26Q | (f) Previous receipt number (In case return/statement has been filed earlier) | 021260300424871 |

2 Particulars of the deductor / collector

| | |
|--------------------------------|-----------------------------------|
| (a) Name | OFFICE OF THE CHIEF ENGINEER (WZ) |
| (b) Type of deductor* | ARTIFICIAL JURIDICAL PERSON |
| (c) Branch / division (if any) | NA |
| (d) Address | |
| Flat No. | AIR & DD, |
| Name of the premises/building | 3RD FLOOR, |
| Road / street / lane | PRATISHTA BHAVAN |
| Area / location | 101 M K MARG |
| Town / City / District | MUMBAI |
| State | MAHARASHTRA |
| Pin code | 400020 |
| Telephone No. | 22-22031415 |
| E-mail | |

3 Name of the person responsible for deduction / collection of tax

| | |
|-------------------------------|----------------------|
| (a) Name | SHOBHANA MENON |
| (b) PAN | ABBPM5358D |
| (c) Address | |
| Flat No. | AIR & DOORDARSHAN |
| Name of the premises/building | 3RD FLOOR, |
| Road / street / lane | PRATISHTA BHAVAN |
| Area / location | 101 M K MARG |
| Town / City / District | MUMBAI |
| State | MAHARASHTRA |
| Pin code | 400020 |
| Telephone No. | 22-22031415 |
| E-mail | AEADMIN.CEWZ@AIR.ORG |

4 Control totals

| Sr. No. | Return Type (Regular / Correction type) | No. of deductee / party records | Amount paid (₹) | Tax deducted / collected (₹) | Tax deposited (Total challan amount) (₹) |
|---------|--|------------------------------------|----------------------|-----------------------------------|--|
| 1 | CORRECTION TYPE (C1) | - | - | - | - |
| 2 | CORRECTION TYPE (C5) | 8 | - | - | - |
| Total | | 8 | - | - | - |

5 Total Number of Annexures enclosed

6 Other Information

VERIFICATION

I, SHOBHANA MENON, hereby certify that all the particulars furnished above are correct and complete.

Place: MUMBAI

Signature of person responsible for deducting / collecting tax at source _____

Date: 02/03/2019

Name and designation of person responsible for deducting / collecting tax at source SHOBHANA MENON, SENIOR ACCOUNTS
OFFI

* Mention type of deductor - Government or Others

dd/mm/yy :- date/month/year