

## 19022513064224746539

## 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 Q4 (From 01/01/13 to 31/03/13 (dd/mm/yy)#)

1 (a) Tax Deduction Account No.	MUMO02862G
(b) Permanent Account No.	AAAJP0288R
(c) Form No.	24Q

## 2 Particulars of the deductor / collector

(a) Name	OFFICE OF THE CHIEF ENGINEER(WZ)
(b) Type of deductor*	AUTONOMOUS BODY (CENTRAL GOVT.)
(c) Branch / division (if any)	NA
(d) Address	
Flat No.	3RD FLOOR
Name of the premises/building	PRATISHTA BHAVAN
Road / street / lane	101 M.K. MARG
Area / location	CHURCHGATE
Town / City / District	MUMBAI
State	MAHARASHTRA
Pin code	400020
Telephone No.	022-22031415
E-mail	AIRCEWZ@VSNL.COM

(d) Financial Year	2012-13
(e) Assessment year	2013-14
(f) Previous receipt number	070370600532713

(f) Previous receipt number(In case return/statement has been filed earlier)

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

(a)Name	SHOBHANA MENON
(b)PAN	ABBPM5358D
(c)Address	
Flat No.	3RD FLOOR
Name of the premises/building	PRATISHTA BHAVAN
Road / street / lane	101 M.K. MARG
Area / location	CHURCHGATE
Town / City / District	MUMBAI
State	MAHARASHTRA
Pin code	400020
Telephone No.	022-22031415
E-mail	AIRCEWZ@VSNL.COM

## 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)	-	-	-	-
3	CORRECTION TYPE (C4)	-	-	-	-
Total		-	-	-	-

5	Total	Number	of Anr	nexures	enclosed

6 Other Information

V	FR	$\mathbf{F}$	[CA	T	M	N

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
	GHODHANA MENON GENTOR A GOODING

25/02/2019
Date:
SHOBHANA MENON, SENIOR ACCOUNTS
Date:
OFFI

Name and designation of person responsible for deducting / collecting tax at source
OFFI

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

<sup>\*</sup> Mention type of deductor - Government or Others