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 01/01/11 to 31/03/11 (dd/mm/yy)#)

1 (a) Tax Deduction Account No.	MUMO02862G		(d) Financial Year	2010-11
(b) Permanent Account No.	AAAJP0288R		(e) Assessment year	2011-12
(c) Form No.	24Q		(f) Previous receipt number	070370600245805
			(In case return/statement has been filed earlier)	

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.	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

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)	-	-	-	-
Total		-	-	-	-

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: 25/02/2019

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

SHOBHANA MENON, SR. ACCOUNTS OFFICER

* Mention type of deductor - Government or Others

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

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