

**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 Q2
(From 01/07/07 to 30/09/07 (dd/mm/yy)#)

1 (a) Tax Deduction Account No. MUM002862G
(b) Permanent Account No. AAAJP0288R
(c) Form No. 26Q

(d) Financial Year 2007-08
(e) Assessment year 2008-09
(f) Previous receipt number 070370200214731
(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.	AIR & DD, 3RD FLOOR,
Name of the premises/building	PRATISHTA BHAVAN
Road / street / lane	101 M K MARG
Area / location	
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.	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.	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