

**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
(From 01/04/16 to 30/06/16 (dd/mm/yy)#)

1 (a) Tax Deduction Account No. JLDL00368E
(b) Permanent Account No. AAACL0582H
(c) Form No. 24Q

(d) Financial Year 2016-17
(e) Assessment year 2017-18
(f) Previous receipt number NA
(In case return/statement has been filed earlier)

2 Particulars of the deductor / collector

(a) Name	LIFE INSURANCE CORP. OF INDIA
(b) Type of deductor*	COMPANY
(c) Branch / division (if any)	P&GS
(d) Address	
Flat No.	JEEVAN PARKASH
Name of the premises/building	
Road / street / lane	MODEL TOWN
Area / location	
Town / City / District	JALANDHAR
State	PUNJAB
Pin code	144001
Telephone No.	0181-2458289
E-mail	BO_G105@LICINDIA.COM

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

(a) Name	SK MAHAJAN
(b) PAN	ABCPM5138Q
(c) Address	
Flat No.	JEEVAN PARKASH
Name of the premises/building	
Road / street / lane	MODEL TOWN
Area / location	
Town / City / District	JALANDHAR
State	PUNJAB
Pin code	144001
Telephone No.	0181-2458289
E-mail	BO_G105@LICINDIA.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	REGULAR	53	3779534.00	346067.00	346067.00
Total		53	3779534.00	346067.00	346067.00

5 Total Number of Annexures enclosed

6 Other Information

VERIFICATION

I, SK MAHAJAN, hereby certify that all the particulars furnished above are correct and complete.

Place: JALANDHAR

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

Date: 16/07/2016

Name and designation of person responsible for deducting / collecting tax at source SK MAHAJAN, SR BR. MANAGER

* Mention type of deductor - Government or Others

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