



EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

(CONTINUATION SHEET)

1. Business Number

35220390001

6. Statement of member-wise Dues

2. Full Name of the Establishment

M/S - MENTHA MODI HOMEI

3. For the Month

01-2008
M M Y Y Y Y

4. Type of return (Tick mark any one)

Regular Supplementary Revised

5. Contribution paid under protest

(Amount in Rs.)

Sl. No.	Social Security Number (SSN) of members	PF Account No.	Direct Contract	Wages	DOL 2-digit	DOL 2-digit	RFL Code	NCP Days	VPF Rates	K		L	M	N		O		P	
										Voluntary	PF Contributions			Employee	Employer	Employee	Employer		Employee
		38	<input checked="" type="checkbox"/>	2000						240	73	167	53						
		36	<input checked="" type="checkbox"/>	1471						177	54	123	54						
		49	<input checked="" type="checkbox"/>	2081						250	76	173	76						
		32	<input checked="" type="checkbox"/>	2300						276	84	192	84						

Handwritten notes: 2340-5608 BK (file copy)

Name of Employer/Authorized Representative

SHANKER REDDY

Designation of Employer/Authorized Representative

ADMIN-MANAGER

Signature of Employer/Authorized Representative

Handwritten signature

Signature of Employer/Authorized Representative

TRIPPLICATE

EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No. 1, 2, 10, 21 & 22)



Business No

3520390001

For the Month of

12

2007

VDR No

12007

Sl.No	Particulars	A/c No. 1		A/c No. 2	A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees Share	Employer's Share					
1	Contribution, Administrative / Inspection Charges	7612	2328	9940	5284	317	44	16283
2(a)	Interest Under Section 70	-	-	-	-	-	-	-
2(b)	Damages Under Section 14B	-	-	-	-	-	-	-
3	Miscellaneous payments	-	-	-	-	-	-	-
	Total	7612	2328	9940	5284	317	44	16283

Mode of payment (Tick)

Cheque Cash DD Transfer

M/s. MEHTA AND MODI HOMES

Name of the Establishment

5-4-187.3 & 4, II FLOOR,

SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 043

Address

Name of the Depositor

A. K. HE M E N D R A

Signature of Depositor

Instructions to the employer

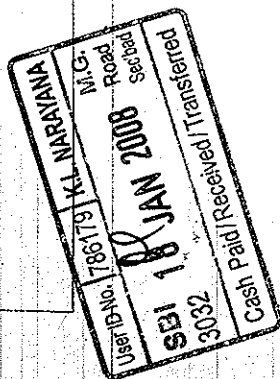
- Use separate challan for each month.
- Write legibly without any overwriting / correction / erasures
- Include Interest U/S 70 for all belated remittances
- Pay the dues through local cheque only

Date of Deposit: 12 Dec 2008
 Cheque/DD No: 110226
 Cheque/DD Date: 01 2008
 Amount Recd (Rs): 16283
 Deposit Bank Code: SBI 3032
 Deposit Branch name: SBI MG ROAD
 Bank Name (on which Cheque/DD drawn): SBI MG ROAD

(To be filled in by the Bank)

Date of Presentation: [][] [][] [][] [][]
 Date of Realisation: [][] [][] [][] [][]
 Date of Credit: [][] [][] [][] [][]

Challan Reference No:



QUADRAPLICATE

EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No-1, 2, 10, 21 & 22)



Business No. 3520390001

For the month of 12 2007

VDR No.

Sl.No.	Particulars	A/c No. 1		Total	A/c No. 2	A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees' Share	Employer's Share						
1	Contribution, Administrative / Inspection Charges	7612	2328	9940	698	5284	317	44	16283
2(a)	Interest Under Section 70	-	-	-	-	-	-	-	-
2(b)	Damages Under Section 14B	-	-	-	-	-	-	-	-
3	Miscellaneous payments	-	-	-	-	-	-	-	-
	Total	7612	2328	9940	698	5284	317	44	16283

Mode of payment (Tick)

Cheque Cash DD Transfer

M/s. MEHTA AND MODI HOMES

6-4-187, 3 & 4, II FLOOR,

SOHAM MANSION, M. G. ROAD,

SECUNDERABAD - 500 093

Name of the Depositor

A. K. HE M E N D R A

Signature of Depositor

[Signature]

Instructions to the employer

- Use separate challan for each month
- Write legibly without any overwriting / correction / erasures
- Include interest UIS 70 for all belated remittances
- Pay the ones through local cheque only

Date of Deposit 18 01 2008

Cheque/DD No. 1110226

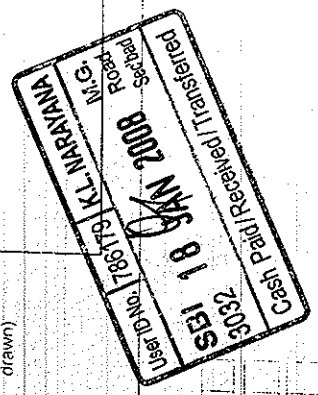
Cheque/DD Date 11 01 2008

Amount Received (Rs.) 16283

Deposit Bank Code SBI 3032

Deposit Branch name SBI MG ROAD

Bank Name (on which Cheque/DD drawn) SBI MG ROAD



(To be filled in by the Bank)

Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
D	D	D	D	D	D	D	D	D	D
M	M	M	M	M	M	M	M	M	M

Date of Presentation

Date of Realisation

Date of Credit

Challan Reference No.

EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

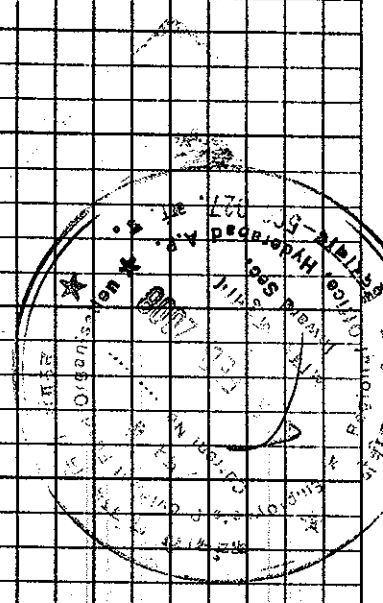
THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO. FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY. Please use additional sheets of the same form if rows provided are not sufficient to accommodate all the members in your establishment. Fill only item 1 and 6 in such additional forms.

1. Business Number: **AP-344-56008** 3. For the Month: **12-2017** 4. Type of return (Tick mark any one): Regular Supplementary Revised

2. Full Name of the Establishment: **M/S. MEHTA M.S.OI HOMES** 5. Contribution paid under protest

6. Statement of member-wise Dues: **12-2017**

Sl. No.	Social Security Number (SSN) of members	PF Account No.	Direct Contract	Wages	PF Contributions		NCP Days	VPP Rates	EPS Contributions		Recovery of Overpayment		Penal Interest on Refund of advance/over payment
					Voluntary	Employer			Employee	Employer	Employee	Employer	
01				6500	780	239			541				
02				6347	762	238			529				
03				5368	644	197			447				
04				2320	278	85			193				
05				1500	180	55			125				
06				1500	180	55			125				
07				2300	276	84			192				
08				2000	240	73			167				
09				2200	266	81			183				
10				5400	648	198			450				
11				1600	192	59			133				
12				1600	192	59			133				
13				2619	314	96			218				
14				1600	192	59			133				
15				2000	240	73			167				
16				1968	236	72			164				
17				3000	360	110			250				
18				2300	276	84			192				
19				2921	351	107			243				
20				1456	175	53			121				



Instructions

- Column D: Please mention 'D' if member is a direct employee, and 'C' if contract employee.
- Column F: DOJ means 'Date of Joining'. Give date in 'DD' format only in respect of employees who have joined in the month.
- Column G: DCL means 'Date of Leaving'. Give date of 'DD' format only in respect of employees who left during the month.
- Column H: RFL means 'Reason for Leaving Service'. Select Proper code from box below.
- In case exempted under EPF scheme, leave columns 'K' & 'N' & item 'R' & 'S' blank and fill item 'W'.
- In case exempted under EPS scheme, leave column 'L' and item 'T' blank.
- In case exempted under EDLI, Leave item 'U' & 'V' blank and fill item 'X'.

Code for RFL (Reason for Leaving)

- A: Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years.
- B: Retired on Account of Permanent and Total Incapacity for work due to Bodily / Mental Infirmity.
- C: Retired under Voluntary Retirement Scheme.
- D: Migrating from India for permanent settlement abroad/travelling up employment abroad.
- E: Retrenched from Services.
- F: Discharged from service on receiving compensation under the Industrial Dispute Act, 1947.
- G: Resigned not employed in any factory to which the EPF Scheme applies.
- H: Resignation / Exit of Employment before attaining 55 years of age.
- I: Resignation for getting married female employee.
- J: Closure of establishment.

9. Details of payment made (tick the applicable option): * Note: In case payment is made using multiple cheques/DDs, details of each Cheque/DD should be furnished as per column 6.

Cheque DD Date of deposit of Cheque/DD: **12-01-2017** Base Branch Code: **3032**

Challan Ref. No.: **05020803032-0001** Cheque/DD Date: **11-01-2017**

Amount Paid (in Rs.): **110226**

Bank Name (On which Cheque drawn): **SBI MG Road**

Branch Name: **MG Road**

Branch Address: **MG Road, Sec Bad**

AA Interest on Securities:

AB Legal Charges:

Penalty:

Payment Under Protest:

7. Total Dues towards EPFO (Amount in Rs.) (including the member's in additional sheets, if any)

O	Wage (Sum of E)	63134
R	EPF Contributions (K+N)	9940
S	EPF Administrative Charges	698
T	EPS Contributions (Sum of L)	5284
V	EDLI Contributions	317
W	EDLI Administrative Charges	44
X	EDLI Inspection Charges	
Y	Recovery of Overpayment (Sum of O)	
Z	Penal Interest on Refund of Advance/Overpayment (Sum of P)	

Other Misc. Payments

AD	EPF	Amount	
AE	EPS	Amount	
AF	EDLI	Amount	
AG	EDF Admn.	Amount	
AH	EDLI Admn.	Amount	

MM YYY Y:

*AI: Penal Damages

*AJ: Interest u/s 7Q

(In case, Penal Damages & Interest u/s 7Q is paid for more than 1 month, attach annexure giving monthwise details as per Column 'AI' - 'AJ')

Name of Employer/Authorized Representative: **SHANKER REDDY**

Designation of Employer/Authorized Representative: **MANAGER-ADMIN**

Signature of Employer/Authorized Representative: *[Signature]*



EMPLOYEES' PROVIDENT FUND ORGANISATION
Form R1 - Monthly Return for Employers
(CONTINUATION SHEET)

Pages

Business Number **AP-344-56008**
Statement of member-wise Dues

2. Full Name of the Establishment
M/S - Mediatech Medi Home

3. For the Month **12-2017**
M M Y Y Y Y

4. Type of return (Tick mark any one)
 Regular
 Supplementary
 Revised

5. Contribution paid under protest

A	B	C	D	E	F	G	H	I	J	K		L	M		N		O		P	
										Voluntary	PF Contributions		Employer	Employee	Wages (Y/M)	Refund of Advances	Recovery of Overpayment	Penal Interest on Refund of Advance/Over Payment		
	Social Security Number (SSN) of members	PF Account No.	Direct Contract	Wages	DOL No.	DOL No.	NFL Code	NCP Days	VPF Rates			EPS Contributions	Employer	Employee	Employer	Employee	Employer	Employee	Employer	
21		470		1905								20	159							
22		480		5030								185	419							
				63436																

Signature of Employer/Authorized Representative

Signature of Employer/Authorized Representative

EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No. 1, 2, 10, 21 & 22)



Business No. 3520390001 For the Month of 11 2017 **DUPLICATE** VDR No. (To be filled in by EPFO)

Sl.No.	Particulars	A/c No. 1		A/c No. 2		A/c No. 10		A/c No. 21		A/c No. 22		Total
		Employees' Share	Employer's Share	Total	Employees' Share	Employer's Share	Total	Employees' Share	Employer's Share	Total	Employees' Share	
1	Contribution, Administrative / Inspection Charges	8251	2524	10775	756	5728	-	345	-	50	-	17654
2(a)	Interest Under Section 7Q	-	-	-	-	-	-	-	-	-	-	-
2(b)	Damages Under Section 14B	-	-	-	-	-	-	-	-	-	-	-
3	Miscellaneous payments	-	-	-	-	-	-	-	-	-	-	-
	Total	8251	2524	10775	756	5728	345	50	-	-	-	17654

Mode of Payment (Tick)

Cheque Cash DD Transfer

Name of the Establishment: **MEHTA & MODI HOMES**

Address: **5-4-18/3&4, 11th Floor, Soham Mansion, M.G. Road Secunderabad**

Name of the Depositor: **K. Meghuddin** PIN **500003**

Signature of Depositor: _____

- Instructions to the employer
- Use separate challan for each month
 - Write legibly without any overwriting / correction / erasures
 - Include Interest U/S 7Q for all related remittances
 - Pay the dues through local cheque only

Date of Deposit: 13 12 2017
 Cheque/DD No: 110202113
 Cheque/DD date: 05 12 2017
 Amount Recvd (Rs): 17654-
 Deposit Bank Code: SBI 3032
 Deposit Branch name: SBI, M.G. Road

Bank Name (on which Cheque/DD drawn): SBI, M.G. Road

(To be filled in by the Bank)

Challan Reference No. 3520390001 Date of Presentation: 13 12 2017
 Date Of Realisation: Date of Credit:

13 DEC 2017



EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No.1, 2, 10, 21 & 22)

QUADRUPPLICATE

Business No. **3 5 2 0 3 9 0 0 0 1**

For the Month of: **1 1** M M **2 0 0 7** Y Y Y Y

VDR No. (To be filled in by EPFO)

Sl.No	Particulars	A/c No. 1		Total	(Amount in Rs.)			Total
		Employees' Share	Employer's Share		A/c No.2	A/c No.10	A/c No.21	
1	Contribution- Administrative / Inspection Charges	8251	2524	10775	756	5728	345	17654
2(a)	Interest Under Section 7Q	-	-	-	-	-	-	-
2(b)	Damages Under Section 14B	-	-	-	-	-	-	-
3	Miscellaneous payments	-	-	-	-	-	-	-
	Total	8251	2524	10775	756	5728	345	17654

Mode of payment: (Tick)

Cheque Cash DD Transfer

MEHTA & MODI HOMES

5-4-187/3&4, II nd Floor, Soham Mansion, M G Road Secunderabad PIN **5 0 0 0 3**

Name of the Depositor: **K.Majiduddin**

Signature of Depositor:

- Instructions to the employer
- ▶ Use separate challan for each month.
 - ▶ Write legibly without any overwriting / correction / erasures.
 - ▶ Include Interest U/S 7Q for all belated remittances.
 - ▶ Pay the dues through local cheque only.

Date of Deposit: **1 3** / **1 2** / **2 0 0 7**

Cheque/DD No: **1 1 0 2 0 2**

Cheque/DD date: **0 5** / **1 2** / **2 0 0 7**

Amount Recvd. (Rs.): **17654/-**

Deposit Bank Code: **S B I 3032**

Deposit Branch name: **S B I, M.G Road**

Bank Name (on which Cheque/DD drawn): **S B I, M. G Road.**

(To be filled in by the Bank)

Challan Reference No. **1502020303200015**

Date of Presentation: **1 5** / **1 2** / **2 0 0 7**

Date of Realisation: **1 5** / **1 2** / **2 0 0 7**

Date of Credit: **1 5** / **1 2** / **2 0 0 7**



EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO. FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY. Please use additional sheets of the same form if rows provided are not sufficient to accommodate all the members in your establishment. Fill only item 1 and 6 in such additional forms.

1. Business Number: 35210390601111

2. Full Name of the Establishment: M/S. MEHTA & MADI HOMES

3. For the Month: 11-2017 M M Y Y Y Y

4. Type of return (Tick mark any one)
 Regular Supplementary Revised

5. Contribution paid under protest

Sl. No.	A	B	C	D	E	F	G	H	I	J	K		L	M		N		O		P
											Voluntary	Employer		Employee	Employer	Employee	Employer	Employee	Employer	
01			68164		6500							780	511							
02			10333		6347							762	529							
03			756		6410							768	533							
04			5229		2165							79	180							
05			345		1500							55	185							
06			345		1500							55	185							
07			345		2300							84	192							
08			345		2500							73	167							
09			345		1980							73	167							
10			345		5220							192	435							
11			345		1413							52	118							
12			345		1600							59	133							
13			345		2800							103	233							
14			345		1600							59	133							
15			345		3000							110	250							
16			345		2000							73	167							
17			345		1968							72	164							
18			345		2300							84	192							
19			345		2300							84	192							
20			345		3354							123	279							

7. Total Dues towards EPFO (Amount in Rs.) (Including the member's in additional sheets, if any)

Q Wage (Sum of E)	
R EPF Contributions (K+N)	
S EPF Administration Charges	
T EPS Contributions (Sum of L)	
U EDLI Contributions	
V EDLI Administrative Charges	
W EPF Inspection Charges	
X EDLI Inspection Charges	
Y Recovery of Overpayment (Sum of O)	
Z Penal Interest on Refund of Advances/Overpayment (Sum of P)	

8. Details of payment made (tick the applicable option) * Note : in case payment is made using multiple cheques/DDs, details of each Cheque/DD should be furnished as per column 8.

Cheque DD Date of deposit of Cheque/DD: 13-12-2017 Base Branch Code: 1207

Base Branch Name: _____ Cheque/DD No.: _____ Challen-Ref. No.: _____ Cheque/DD Date: _____

Amount Paid (in Rs.): 17654 Bank Name (On which Cheque drawn): _____ Branch Name: SBI MS Road Branch Address: Sec 24

Other Misc. Payments

AD EPF	Amount
AE EPS	Amount
AF EDLI	Amount
AG EDF Admn.	Amount
AH EDLI Admn.	Amount

Filer License No. _____ Details furnished on (By Employer) _____

Name of Employer/Authorized Representative: ANANAR REDDY Designation of Employer/Authorized Representative: MANAGER - ADMIN

Signature of Employer/Authorized Representative: [Signature]

Instructions

- Column D : Please mention 'D' if member is a direct employee, and 'C' if contract employee.
- Column F : DOJ means 'Date of Joining'. Give date in 'DD' format only in respect of employee's who have joined in the month.
- Column G : DOL means 'Date of Leaving'. Give date of 'DD' format only in respect of employee's who left during the month.
- Column H : RFL means 'Reason for Leaving Service'. Select Proper code from box below.
- In case exempted under EPF scheme, leave columns 'K' & 'N' & item 'R' & 'S' blank and fill item 'W'.
- In case exempted under EPS scheme, leave column 'L' and item 'T' blank.
- In case exempted under EDLI, Leave item 'U' & 'V' blank and fill item 'X'.

Code for RFL* (Reason for Leaving)

- Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years.
- Retired on Account of Permanent and Total Incapacity for work due to Bodily / Mental Infirmary.
- Retired under Voluntary Retirement Scheme.
- Migrating from India for permanent settlement abroad/taking up employment abroad.
- Retrenched from Services.
- Discharged from service on receiving compensation under the Industrial Dispute Act, 1947.
- Resigned not employed in any factory to which the EPF Scheme applies.
- Resignation / Exit of Employment before attaining 55 years of age.
- Resignation for getting married female employee.
- Closure of establishment

Column 'L' to be filled only for members less than 58 years of age



EMPLOYEES' PROVIDENT FUND ORGANISATION
Form RI - Monthly Return for Employers
(CONTINUATION SHEET)

AP 219/5608

1. Business Number: 3157207190011111
 2. Full Name of the Establishment: M/s. Mehta & Modi Stores
 3. For the Month: 111-20107
 4. Type of return (Tick mark any one): Regular Supplementary Revised
 5. Contribution paid under protest (Amou. P)

A Sl. No.	B Social Security Number (SSN) of members	C PF Account No.	D Direct Contract	E Wages	F 2 dig	G 2 dig	H RFL Code	I NCP Days	J VPE Rates	K PF Contributions		L EPS Contributions	M Wages (VM) Higher or Lower	N Refund of Advances		O Recovery of Overpayment		P Penal Interest on Relinquishment of Advance/Over Payment
										Voluntary	Employee			Employer	Employee	Employer	Employee	
21		43	<input checked="" type="checkbox"/>	3061							367	112						
22		44	<input checked="" type="checkbox"/>	1279							177	54						
23		45	<input checked="" type="checkbox"/>	2041							245	75						
24		46	<input checked="" type="checkbox"/>	196801							276	72						
25		47	<input checked="" type="checkbox"/>	196801							276	72						
		TOTAL		68764							8251	252						

Name of Employer/Authorized Representative

Designation of Employer/Authorized Representative

Signature of Employer/Authorized Representative



फॉर्म - 10 / FORM 10

सभी प्रश्न निःशुल्क पूर्ति किए जाते हैं।
This form supplied free of cost

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और (ख) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20(2))
THE EMPLOYEES PROVIDENT FUNDS SCHEME, 1952 (Paragraph 36(2)(a) and (b)) AND THE EMPLOYEES' PENSION SCHEME 1995 (Para 20(2))

M/s. MEHTA AND MODI HOMES

5-4-1873 & 4, II FLOOR,

SOHAM MANSION, M. G. ROAD,

SECUNDERABAD-500 003

मह के दौरान नौकरी छोड़ने वाले सदस्यों के विवरणी माह,
Return of the members leaving service during the month of

Nov-07

Name & Address of the Factory / Est. कोड संख्या/Code No./AP/... **56008**

क्र. सं. Sl.No.	लेखा सं. Account No.	सदस्य का नाम (स्पष्ट अक्षरों में) Name of the Member (in block capitals)	पिता का नाम (या विवाहित की स्थिति में पति का नाम) Name of the parent (or name of the spouse if married)	नौकरी छोड़ने की तिथि Date of leaving Service	नौकरी छोड़ने का कारण Reasons for leaving Service*	अभ्युक्ति Remarks
1	2	3	4	5	6	7

* कृपया बताएं कि क्या सदस्य (क) स्कीम के पैरा 69(1)(क) या (ख) के अनुसार सेवा निवृत्त हो रहा है। (ख) विदेश में स्थाई रूप से रहने के लिए भारत छोड़ना (ग) छुट्टी (घ) नौकरी में चोट के कारण स्थाई तथा पूर्ण अशक्ताता (ङ) बरखास्त (च) सेवा से त्यागपत्र (छ) अन्य स्थान पर नौकरी पाना (नियोजता का नाम तथा पता का उल्लेख करें) (ज) मृत्यु (झ) 58 वर्ष की आयु होने पर
Please state whether the member is (a) retiring according to a para (69) (1)(a) or (b) of the Scheme (b) leaving India for permanent settlement abroad (c) retirement (d) Pt. & total disability due to employment injury (e) discharged (f) resigning from a leaving service (g) taking up employment elsewhere (The name & address of the Employers should be stated) (h) death (i) attained the age of 58 years
प्रमाणित किया जाता है कि श्री जिसका उल्लेख क्र. संख्या पर लिया गया है को औद्योगिक विवाह अधिनियम 1947 के अंतर्गत रूप से को छुट्टी मुआवजा अदा किया गया / नहीं किया गया।
Certified that the member mentioned at Serial No. was paid / not paid retrenchment compensation of Rs. under the Industrial Dispute Act, 1947

दिनांक / Date :
M/s. MEHTA AND MODI HOMES
5-4-1873 & 4, II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD 500 003
नियोजता के हस्ताक्षर
For MEHTA & MODI HOMES Signature of the Employer
or Authorised Officer
Authorized Signatory



फॉर्म - 5 / FORM 5

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (क) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20(4))
THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 36(2)(a)) AND THE EMPLOYEES' PENSION SCHEME 1995 (PARA 20(4))
के दौरान पहली बार कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि की सदस्यता को प्राप्त करने वाले कर्मचारियों की विवरणों
Return of Employees qualifying for membership of the Employees' Provident Fund, Employees' Pension Fund & Employees' Deposit Linked Insurance Fund for the first time

आवेदन करने की तिथि: 11/11/07

फैक्टरी/स्थापना का नाम एवं पता: SOHAM MANSION, M. G. ROAD, SECUNDERABAD - 500 003

कोड संख्या/Code No.: AP/...../5808

क्र. सं. / SI.No.	लेखा सं. / Account No.	कर्मचारी का नाम (ब्लॉक संपत्तियों में) / Name of the Employee (in block capitals)	माता या पिता का नाम (या विवाहित की स्थिति में पति/पत्नी का नाम) / Name of the parent (or name of the spouse if married)	जन्म तिथि / Date of Birth	लिंग / Sex	निधि का सदस्य बनने की तिथि / Date of joining the Fund	निधि के सदस्य बनने की तिथि पर पिछली सेवा की कुल अवधि (स्कीम प्रमाण पत्र संलग्न करें यदि लागू हो) / Total period of previous service as on the date of joining the Fund (Enclose Scheme Certificate if applicable)	अन्य टिप्पणियाँ / Remarks
				5	6	7	8	9
1	2	3	4					
1	AP/HRD/608/46	S. RUPESH KUMAR			M	1-11-07		
2	9-47	M. SARATHA			F	1-11-07		

M/s. MEHTA AND MODI HOMES
 5-4-187, 3 & 4, II FLOOR,
 SOHAM MANSION, M. G. ROAD,
 SECUNDERABAD - 500 003

नियोजक या अन्य प्राधिकृत अधिकारी के हस्ताक्षर (फैक्टरी/स्थापना की मोहर)
 Signature of the Employer or other Authorised Officer (Stamp of the Factory/ Establishment)



MANAGER'S REQUE

VALID FOR SIX MONTHS FROM THE DATE OF ISSUE

Ref No. 04312004365

DATE

14/05/2007

REGIONAL COMMISSIONER PF BANK AT HYDRABAD

FOR THE PAY

OR ORDER

FOURTEEN THOUSAND EIGHTY ONE ONLY

RUPEES

Rs. 14,081.00

For HDFC BANK LTD.

HDFC BANK LTD.

HYDERABAD - SECUNDERABAD

SECUNDERABAD - 500 003

[Signature]
AUTHORISED SIGNATORIES

[Signature]
14/05/2007

11 131829 5002600031 999991 12



EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No.1, 2, 10, 21 & 22)

QUADRUPPLICATE

Business No. **3520290001**

For the Month of: **10** **2007**

VDR No.: (To be filled in by EPFO)

Sl.No.	Particulars	A/c No. 1		A/c No. 2	A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees' Share	Employer's Share					
1	Contribution- Administrative / Inspection Charges	7705	2357	706	5349	321	46	16484
2(a)	Interest Under Section 7Q	-	-	-	-	-	-	-
2(b)	Damages Under Section 14B	-	-	-	-	-	-	-
3	Miscellaneous payments	-	-	-	-	-	-	-
	Total	7705	2357	706	5349	321	46	16484

Mode of payment (Tick)

Cheque Cash DD Transfer

Name of the Establishment: **MEHTA & MODI HOMES**

Address: **5-4-187/384, 11th Floor, Soham Mansion, M.G Road Secunderabad PIN 500003**

Name of the Depositor: **K. Majiduddin**

Signature of Depositor: _____

Date of Deposit: **13/11/2007**

Cheque/DD No: **093386**

Cheque/DD date: **05/11/2007**

Amount Recvd.(Rs.): **16484/-**

Deposit Bank Code: **SBI 3032**

Deposit Branch name: **SBI, M.G Road.**

Bank Name: **SBI, M. G Road.**
(on which Cheque/DD drawn)

Instructions to the employer

- ▶ Use separate challan for each month.
- ▶ Write legibly without any overwriting / correction / erasures
- ▶ Include Interest U/S 7Q for all related remittances
- ▶ Pay the dues through local cheque only.

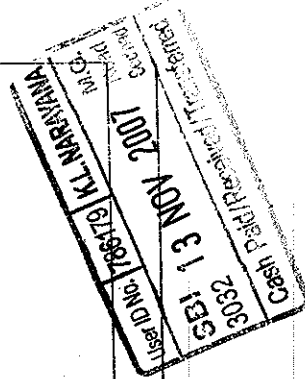
Challan Reference No. _____

Date of Presentation: _____

Date of Realisation: _____

(To be filled in by the Bank)

D D M M Y Y Y Y





EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO. FORM SHOULD BE FILLED IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY. Please use additional sheets of the same form if rows provided are not sufficient to accommodate all the members in your establishment. Fill only item 1 and 6 in such additional forms.

1. Business Number
APJY103608

6. Statement of member-wise Dues
31220390601111

2. Full Name of the Establishment
M. S. MEHTA + MODI HOMES

3. For the Month
10-2020
M M Y Y Y Y

4. Type of return (Tick mark any one)
 Regular Supplementary Revised

5. Contribution paid under protest

Sl. No.	Social Security Number (SSN) of members	Contract Direct	Wages	RFL Code	NCP Days	VPF Rates	PF Contributions		EPS Contributions	Wages (V/M)	Refund of Advances		Recovery of Overpayment		Penal Interest on Refund of advance/over payment
							Voluntary	Employer			Employee	Employer	Employee	Employer	
01			6500				780	239	541						
02			6500				780	239	541						
03			5987				718	220	499						
04			2320				278	85	193						
05			1452				114	53	121						
06			1500				180	55	125						
07			2300				276	84	192						
08			2000				240	73	167						
09			1490				179	53	124						
10			5400				648	198	450						
11			1574				189	58	131						
12			1600				192	59	133						
13			2800				336	103	233						
14			1497				180	55	125						
15			2419				290	89	201						
16			2000				240	73	167						
17			1976				232	71	161						
18			2710				325	99	226						
19			2300				276	84	192						
20			3245				389	119	270						

7. Total Dues towards EPFO (Amount in Rs.) (including the member's in additional sheets, if any)

Q Wage (Sum of E)	64208
R EPF Contributions (K+N)	110069
S EPF Administration Charges	7706
T EPS Contributions (Sum of L)	5349
U EDLI Contributions	321
V EDLI Administrative Charges	46
W EPF Inspection Charges	
X EDLI Inspection Charges	
Y Recovery of Overpayment (Sum of O)	
Z Penal Interest on Refund of Advance/Overpayment (Sum of P)	

8. Details of payment made (tick the applicable option) * Note: in case payment is made using multiple cheques/DDs, details of each Cheque/DD should be furnished as per column 8.

Cheque DD Date of deposit of Cheque/DD 113 - 111 - 2020

Base Branch Name _____ Base Branch Code _____
Challan Ref. No. _____
Cheque/DD No. _____ Cheque/DD Date _____
Amount Paid (in Rs.) 116148

Bank Name (On which Cheque drawn) SBI Mahabod
Branch Name SBI Mahabod
Branch Address _____

AA Interest on Securities _____
AB Legal Charges _____
Penalty _____
Payment Under Protest _____

Code for RFL (Reason for Leaving)

A Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years.
B Retired on Account of Permanent and Total Incapacity for work due to Bodily / Mental Infirmity.
C Retired under Voluntary Retirement Scheme.
D Migrating from India for permanent settlement abroad/taking up employment abroad.
E Retrenched from Services.
F Discharged from service on receiving compensation under the Industrial Dispute Act, 1947.
G Resigned not employed in any factory to which the EPF Scheme applies.
H Resignation / Exit of Employment before attaining 55 years of age.
I Resignation for getting married female-employee.
J Closure of establishment.

Column 'L' to be filled only for members less than 58 years of age

Other Misc. Payments

AD EPF	Amount
AE EPS	Amount
AF EDLI	Amount
AG EDF Admn.	Amount
AH EDLI Admn.	Amount

Other License No. _____
Details furnished on (By Employer) _____

Name of Employer/Authorized Representative
A-SHANKER REDDY

Signature of Employer/Authorized Representative
MANAGER - ADMIN



EMPLOYEES' PROVIDENT FUND ORGANISATION
Form R1 - Monthly Return for Employers
(CONTINUATION SHEET)

AP/HYD/56008

Pa. 5. Contribution paid under protest

4. Type of return (Tick mark any one)
 Regular Supplementary Revised

3. For the Month

10-2007
 M M Y Y Y Y

2. Full Name of the Establishment

M/S - MEHTA & MODI JDMFC

1. Business Number

352039101011

6. Statement of member-wise Dues

A Sl. No.	B Social Security Number (SSN) of members	C PF Account No. AP 519/56008	D Contract Direct	E Wages	F DOL	G DOL	H RFL Code	I NCP Days	J VPF Rates	K PF Contributions		L EPS Contributions	M Wages (VA Higher)	N Refund of Advances		O Recovery of Overpayment		P Penal Interest on Return of Advance/Over Payment		
										Voluntary	Employer			Employee	Employer	Employee	Employer	Employee	Employer	
21				2962							355	109	247							
22				1530							184	56	127							
23				2186							262	80	182							
				TOTAL	64208						7703	2356	5348							

Name of Employer/Authorized Representative

Designation of Employer/Authorized Representative

Signature of Employer/Authorized Representative



फॉर्म - 10 / FORM 10

सभी प्रपत्र निःशुल्क पूर्ति किए जाते हैं।
This form supplied free of cost.

कर्मचारी भविष्य निधि, 1952 (परा 36) (2) (क) और कर्मचारी पेंशन स्कीम 1995 (परा 20(2))
THE EMPLOYEES PROVIDENT FUNDS AND PENSION SCHEME 1995 (Para 20(2))
M/s. MEHTA & MODI 1852, Rajmangal Park, MEHTA & MODI
मह के दौरान नौकरी छोड़ने वाले सदस्यों के विवरणों का माह,
Return of the members leaving service during the month of **9.5-07**
6-4-187, 3 & 4, II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003
फैक्टरी/स्थापना का नाम तथा पता / कोड संख्या / Code No. AP/..... **17A/56008**
Name & Address of the Factory / Estt.....

क्र. सं. Sl. No.	लेखा सं. Account No.	सदस्य का नाम (स्पष्ट अक्षरों में) Name of the Member (in block capitals)	पिता का नाम (या विवाहित की स्थिति में पति का नाम) Name of the parent (or name of the spouse if married)	नौकरी छोड़ने की तिथि Date of leaving Service	नौकरी छोड़ने का कारण Reasons for leaving Service*	अध्यक्षियां Remarks
1	2	3	4	5	6	7

* कृपया बताएं कि क्या सदस्य (क) स्कीम के पैरा 69(1)(क) या (ख) के अनुसार सेवा निवृत्त हो रहा है। (ख) विदेश में स्थाई रूप से रहने के लिए भारत छोड़ना (ग) छैटनी (घ) नौकरी में चोट के कारण स्थाई तथा पूर्ण अपाकर्ता (ङ) बाह्य (च) सेवा से त्यागपत्र (छ) अन्य स्थान पर नौकरी पाना (नियोजता का नाम तथा पता का उल्लेख करें) (ज) मृत्यु (झ) 58 वर्ष की आयु होने पर
* Please state whether the member is (a) retiring according to a para (69) (1)(a) or (b) of the Scheme (b) leaving India for permanent settlement abroad (c) retirement (d) Pt. & total disablement due to employment injury (e) discharged (f) resigning from a leaving service (g) taking up employment elsewhere (The name & address of the Employers should be stated) (h) death (i) attained the age of 58 years. **For MEHTA & MODI HOMES**
प्रमाणित किया जाता है कि श्री..... जिसका उल्लेख क्र. संख्या..... पर किया गया है को औद्योगिक विवाह अधिनियम 1947 के अन्तर्गत..... पर लिया गया है।
रुपये को छैटनी मुआवजा अदा किया गया / नहीं किया गया।
Certified that the member mentioned at Serial No..... Shri..... was paid / not paid retrenchment compensation of Rs..... under the Industrial Dispute Act, 1947
दिनांक / Date :
Signature of the Employer
or Authorised Officer
Authorized Signatory

फॉर्म -5 / FORM 5

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20(4))
 THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 [Paragraph 36(2)(c)] AND THE EMPLOYEES' PENSION SCHEME 1995 [PARA 20(4)]
 के दौरान पहली बार कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि की सदस्यता को प्राप्त करने वाले कर्मचारियों की विवरणी
 Return of Employees qualifying for membership of the Employees' Provident Fund, Employees Pension Fund & Employees' Deposit Linked Insurance Fund for the first time
 during the month of 03.11.2011
 M/S. MEHTA AND MODI HOMES निधि के साथ आयुक्त को भेजा जाए। (To be sent to the Commissioner with Form 2 (EPF & EPS)
 फेक्टरी/स्थापना का नाम एवं पता
 SOHAM MANSION, M. G. ROAD,
 SECUNDERABAD - 500 003

Name & Address of the Factory / Esti..... कोड संख्या/Code No. AP/H.Y.D./56.008

क्र. सं. Sl.No.	लेखा नं. Account No.	कर्मचारी का नाम (स्पष्ट अक्षरों में) Name of the Employee (in block capitals)	माता या पिता का नाम (यदि विवाहित की स्थिति में पति/ पत्नी का नाम) Name of the parent (or name of the spouse if married)	जन्म तिथि Date of Birth	लिंग Sex	निधि का सदस्य बनने की तिथि Date of joining the Fund	निधि के सदस्य बनने की तिथि पर पिछली सेवा की कुल अवधि (स्कीम प्रमाण पत्र संलग्न करें यदि लागू हो) / Total period of previous service as on the date of joining the Fund (Enclose Scheme Certificate if applicable)	अभ्युक्तियाँ Remarks
1	2	3	4	5	6	7	8	9

दिनांक: _____
 M/S. MEHTA AND MODI HOMES
 P-4-187, 3 & 4, II FLOOR,
 SOHAM MANSION, M. G. ROAD,
 SECUNDERABAD - 500 003
 नियांता या अन्य प्राधिकृत अधिकारी के हस्ताक्षर (फेक्टरी / स्थापना का मोहर)
 Signature of the Employer or other Authorised Officer (Stamp of the Factory / Establishment)

DUPLICATE

EMPLOYEES' PROVIDENT FUND ORGANISATION

(Combined Challan for A/c No. 1, 2, 10, 21 & 22)



35 20 39 0001
35 20 29 0001

For the Month of 09 20 09
M M Y Y Y Y

Business No.

VDR No. (To be filled in by EPFO)

Sl.No.	Particulars	A/c No. 1		A/c No. 2	A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees' Share	Employer's Share					
1	Contribution, Administrative / Inspection Charges	4599	2317	695 5259		316	46	16209
2(a)	Interest Under Section 7Q	-	-	-	-	-	-	-
2(b)	Damages Under Section 14B	-	-	-	-	-	-	-
3	Miscellaneous payments	-	-	-	-	-	-	-
	Total	7577	2317	695 5259		316	46	16209 -

Mode of payment (Tick)

Cheque Cash DD Transfer

MEHTA & MODI HOMES

Name of the Establishment:

5-4-167/3 & 4, Hind Floor,

Soham Mansion, M.G. Road,

SECUNDERABAD-500 003. A.P. PIN

Address:

Name of the Depositor:

Majid

Signature of Depositor:

Majid

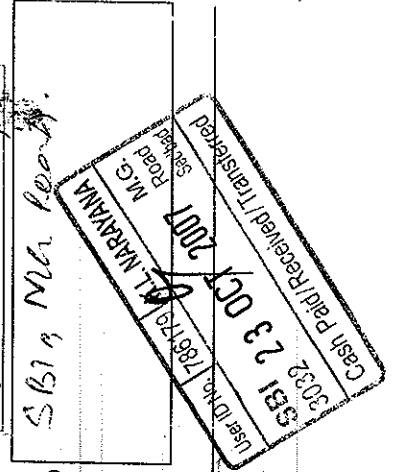
Instructions to the employer

- Use separate challan for each month.
- Write legibly without any overwriting / correction / erasures.
- Include Interest U/S 7Q for all belated remittances.
- Pay the dues through local cheque only.

Date of Deposit: 09/13/3184
Cheque/DD No. 08/10/2007
Cheque/DD date 16209 -
Amount Recvd. (Rs.)

Deposit Bank Code: SBI 3032
Deposit Branch name: SBI, MA ROAD.

Bank Name (on which Cheque/DD drawn): SBI, MA ROAD.



(To be filled in by the Bank)

Challan Reference No.	D	D	M	M	Date of Presentation	Y	Y	Y	Y

Challan Reference No.

Date of Presentation:

Date of Realisation

Date of Credit:

EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO. FORM SHOULD BE FILLED IN ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY. Please use additional sheets of the same form if rows provided are not sufficient to accommodate all the members in your establishment. Fill only item 1 and 6 in such additional forms.

5. Contribution paid under protest

4. Type of return (Tick mark any one)
 Regular Supplementary Revised

3. For the Month
 09-2007
 M M Y Y Y Y

Full Name of the Establishment
SHRI S MODI HOMES

Sl No.	C	D	E	F	G	H	I	J	K		L	M		N		O		P		
									Voluntary	Employer		Wages (Rs)	Wages (Rs)	Employee	Employer	Employee	Employer		Employee	Employer
08																				
09																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				

Instructions

- Column D : Please mention 'D' if member is a direct employee, and 'C' if contract employee.
- Column F : DOJ means 'Date of Joining'. Give date in 'DD' format only in respect of employee's who have joined in the month.
- Column G : DOL means 'Date of Leaving'. Give date of 'DD' format only in respect of employee's who left during the month.
- Column H : RFL means 'Reason for Leaving Service'. Select Proper code from box below.
- In case exempted under EPF scheme, leave columns 'K' & 'N' & item 'R' & 'S' blank and fill item 'W'.
- In case exempted under EPS scheme, leave column 'L' and item 'T' blank.
- In case exempted under EDLI, Leave item 'U' & 'V' blank and fill item 'X'.

Code for RFL (Reason for Leaving)

- Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years.
- Retired on Account of Permanent and Total Incapacity for work due to Bodily / Mental Infirmary.
- Retired under Voluntary Retirement Scheme.
- Migrating from India for permanent settlement abroad/taking up employment abroad.
- Retrenched from Services.
- Discharged from service on receiving compensation under the Industrial Dispute Act, 1947.
- Resigned not employed in any factory to which the EPF Scheme applies.
- Resignation/Exit of Employment before attaining 55 years of age.
- Resignation for getting married female employee.
- Closure of establishment

AA Interest on Securities	
AB Legal Charges	
Penalty	
Payment Under Protest	

8 Details of payment made (tick the applicable option) * Note - In case payment is made using multiple cheques/DDs, details of each Cheque/DD should be furnished as per column 8.

Cheque DD Date of deposit of Cheque/DD: 213 - 110 - 2007 Base Branch Code 032

Base Branch Name: SRI MS Road Cheque/DD Date: 16209

Chaitan Ref. No. 581 MS Road Cheque/DD No. 581 MS Road

Amount Paid (in Rs.) 16209 Branch Name (On which Cheque drawn) SRI MS Road

Branch Name SRI MS Road Branch Address SRI Sec Road

(Amount in Rs.) (Including the member's in additional sheets, if any)

63066
9880
695
5253
316
46

- Total Dues towards EPFO
- Wage (Sum of E)
- EPF Contributions (K+N)
- EPF Administration Charges
- EPS Contributions (Sum of L)
- EDLI Contributions
- EDLI Administrative Charges
- EPF Inspection Charges
- EDLI Inspection Charges
- Recovery of Overpayment (Sum of O)
- Penal Interest on Refund of Advance/Overpayment (Sum of P)

AD	EPF	Amount	
AE	EPS	Amount	
AF	EDLI	Amount	
AG	EDF Admn.	Amount	
AH	EDLI Admn.	Amount	

MM	YYYY	EPF	EDLI	EDF Admn.	EDLI Admn.

*AI Penal Damages *AJ Interest u/s 7Q (In case Penal Damages & Interest u/s 7Q is paid for more than 1 month, attach annexure giving monthwise details as per Column 'AI', 'AJ')

Filer License No. Details furnished on (By Employer)

Name of Employer/Authorized Representative
A. SANKAR REDDY

Signature
A. SANKAR REDDY

श्री श्री श्री...
 This form supplied free of cost

SEPT-07

EMPLOYEES' PROVIDENT FUND ORGANISATION Form R1 - Monthly Return for Employers (CONTINUATION SHEET)

AP/47/56008

1. Business Number 352039000111111111 2. Full Name of the Establishment META & MODI HOMES 3. For the Month 09 09 07
 4. Type of return (Tick mark any one) Regular Supplementary Revised
 5. Contribution paid under protest
 6. Statement of member-wise Dues (Amount in Rs.)

A Sl. No.	B Social Security Number (SSN) of members	C PF Account No.	D Direct contract	E Wages	F DOL 2-digit	G DOL 2-digit	H RFL Code	I NCP Days	J VPF Rates	K PF Contributions		L EPS Contributions	M Wages Higher (V/N)	N Refund of Advances		O Recovery of Overpayment		P Penal Interest on Refund of Advance/Over Payment	
										Voluntary	Employer			Employee	Employer	Employee	Employer	Employee	Employer
21		43		2759							355	109	246						
22		44		1530							184	56	127						
23		45		2186							862	80	182						
											7567	23135253							

Name of Employer/Authorized Representative _____
 Designation of Employer/Authorized Representative _____
 Signature of Employer/Authorized Representative _____



फॉर्म - 5 / FORM 5

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20(4))
THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 36(2)(a)) AND THE EMPLOYEES' PENSION SCHEME 1995 (PARA 20(4))
 के दौरान पहली बार कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि की सदस्यता को प्राप्त करने वाले कर्मचारियों को विवरण
Return of Employees qualifying for membership of the Employees' Provident Fund, Employees' Pension Fund & Employees' Deposit Linked Insurance Fund for the first time
 केन्द्र/स्थापना का नाम एवं पता **M/S. MODI HOMES** साथ आयुक्त को भेजा जाए। / To be sent to the Commissioner with Form 2 (EPF & EPS)
Name & Address of the Factory / Est. **S. 4-187 3 & 4, II FLOOR,**
.....SOHAM M-N-ION, M. G. ROAD, कोड संख्या/Code No. **AP/ H.Y.A. 56. 00. 8**
SECUNDERABAD - 500 003

क्र.सं. Sl.No.	लेखा नं. Account No.	कर्मचारी का नाम (स्पष्ट अक्षरों में) Name of the Employee (in block capitals)	माता या पिता का नाम (या विवाहित की स्थिति में पति/ पत्नी का नाम) Name of the parent (or name of the spouse if married)	जन्म तिथि Date of Birth	लिंग Sex	निधि का सदस्य बनने की तिथि Date of joining the Fund	निधि के सदस्य बनने की तिथि पर पिछली सेवा की कुल अवधि (स्कीम प्रमाण पत्र सत्याप करें यदि लागू हो) / Total period of previous service as on the date of joining the Fund (Enclose Scheme Certificate if applicable)	अभ्युक्तियाँ Remarks
D1	2	3	4	5	6	7	8	9

(A 01)

M/s. MENTA AND MODI HOMES
6-4-187 3 & 4, II FLOOR,
SOHAM M-N-ION, M. G. ROAD,

निर्वाहक या अन्य प्राधिकृत अधिकारी का हस्ताक्षर/स्थान
 Signature of the Employer or other Authorised Officer (Stamp of the Factory / Establishment)
SECUNDERABAD - 500 003

सभी प्रयत्न नि:शुल्क पूर्ति किए जाते हैं।
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फॉर्म - 10 / FORM 10

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और (ख) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20(2))
THE EMPLOYEES PROVIDENT FUNDS SCHEME, 1952 [Paragraph 36(2)(a)and(b)] AND THE EMPLOYEES' PENSION SCHEME 1995 [Para 20(2)]

M/s. MEHTA AND MODI HOMES

5, 4, 187, 3 & 4, II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD-500 003

SEPT-07

फैक्टरी/स्थापना का नाम तथा पता / Name & Address of the Factory / Est. कोड़ संख्या / Code No. AP/

क्र. सं. Sl.No.	लेखा सं. Account No.	सदस्य का नाम (स्पष्ट अक्षरों में) Name of the Member (in block capitals)	पिता का नाम (या विवाहित की स्थिति में पति का नाम) Name of the parent (or name of the spouse if married)	नौकरी छोड़ने की तिथि Date of leaving Service	नौकरी छोड़ने का कारण Reasons for leaving Service*	अभ्युक्तिवां Remarks
			4	5	6	7
1	2	3				

* कृपया बताएं कि क्या सदस्य (क) स्कीम के पैरा 69(1)(क) या (ख) के अनुसार सेवा निवृत्त हो रहा है। (ख) विदेश में स्थाई रूप से रहने के लिए भारत छोड़ना (ग) उदनी (घ) नौकरी में चोट के कारण स्थाई तथा पूर्ण अशक्तता (ङ) दरखास्त (च) सेवा से त्यागपत्र (छ) अन्य स्थान पर नौकरी पाना (नियोजता का नाम तथा पता का उल्लेख करें) (ज) मृत्यु (झ) 58 वर्ष की आयु होने पर।
* Please state whether the member is (a) retiring according to a para (69) (1)(a) or (b) of the Scheme (b) leaving India for permanent settlement abroad (c) retirement (d) Pt. & total disablement due to employment injury (e) discharged (f) resigning from a leaving service (g) taking up employment elsewhere (The name & address of the Employers should be stated) (h) death (i) attained the age of 58 years.

प्रमाणित किया जाता है कि श्री..... जिसका उल्लेख क्र. संख्या..... पर लिया गया है को औद्योगिक विवाह अधिनियम 1947 के अन्तर्गत..... रुपये को उदनी मुआवजा अदा किया गया / नहीं किया गया।
..... was paid / not paid under the Industrial Dispute Act, 1947

For MEHTA & MODI HOMES
नियोजता के हस्ताक्षर
Authorized Signatory
Signature of the Employer
or Authorised Officer

दिनांक / Date :



EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No. 1, 2, 10, 21 & 22)

3520390001

3520290001

For the Month of 08 2007

VDR No (To be filled in by EPFO)

Sl.No.	Particulars	A/c No. 1		A/c No. 2	A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees' Share	Employer's Share					
1	Contribution, Administrative / Inspection Charges	7725	2362	10087			48	16,527
2(a)	Interest Under Section 7Q				5362	322		
2(b)	Damages Under Section 14B							
3	Miscellaneous payments							
	Total	7725	2362	10087	5362	322	48	16,527

Mode of payment (Tick)

Cheque Cash DD Transfer

MEHTA & MODI HOMIES

5-4-187H354, 1st floor, Sevaan Mangion
Mh Road, Seebad PIN 510003

Majid

17 09 2007

135483

12 09 2007

16527

32/MR, MR. Remy

P.F. Office, SBI, MR. Remy

H.P.F.C. Bank Ltd.
Seebad, S.D. Remy.

- * Use separate challan for each month.
- > Write legibly without any overwriting / correction / erasures
- > Include Interest U/S 7Q for all belated remittances
- > Pay the dues through local cheque only

(To be filled in by the Bank)

Challan Reference No. 200907030320209

Date of Presentation: DD MM YY
Date of Realisation: DD MM YY
Date of Credit: DD MM YY

20 SEP 2007



EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

1. Business Number 352039010111

2. Full Name of the Establishment MEHTA & MDDI HOMES

3. For the Month 08-2007

4. Type of return (Tick mark any one)

5. Contribution paid under protest

6. Statement of member-wise Dues

Main table with columns A-P: SI. No., Social Security Number (SSN) of members, PF Account No., Wages, PF Contributions, Voluntary, EPS Contributions, Wages (M), Refund of Advances, Recovery of Overpayment, Penal Interest on Refund of advance/over payment.

7. Total Dues towards EPFO (Amount in Rs.) including member's in additional sheets, if any. Columns: Q Wage, R EPF Contributions, S EPF Administration Charges, T EPF Inspection Charges, U EDLI Contributions, V EDLI Administrative Charges, W EPF Inspection Charges, X EDLI Inspection Charges, Y Recovery of Overpayment, Z Penal Interest on Refund of Advance/Overpayment.

8. Details of payment made (tick the applicable option). Includes fields for Cheque/DD, Base Branch Name, Chaitan Ref. No., Cheque/DD No., Amount Paid, Bank Name, Branch Name, Branch Address.

Instructions: 1. Column D: Please mention 'D' if member is a direct employee... 2. Column F: DOJ means 'Date of Joining'... 3. Column G: DOL means 'Date of Leaving'... 4. Column H: REL means 'Reason for Leaving Service'...

Code for RFL (Reason for Leaving): A Retired from Service after Attaining the Age of 55 years... B Retired on Account of Permanent and Total Incapacity for work due to Bodily / Mental Infirmity... C Retired under Voluntary Retirement Scheme...

MM YYY YYY YYY YYY: *AI. Penal Damages, *AJ. Interest u/s 7Q. Includes fields for EPF, EDLI, EDF Admn., EDLI Admn.

Name of Employer/Authorized Representative: K. MAJID, Designation of Employer/Authorized Representative: ADMIN OFFICER. Signature of Employer/Authorized Representative: K. MAJID.



EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

(CONTINUATION SHEET)

1. Business Number

2. Full Name of the Establishment

3. For the Month
 -
 M M Y Y Y Y

4. Type of return (Tick mark any one)
 Regular Supplementary Revised

5. Contribution paid under protest

(Amount in Rs.)

A Sl. No.	B Social Security Number (SSN) of members	C PF Account No.	D <input checked="" type="checkbox"/> Direct/ <input type="checkbox"/> Contract	E Wages	F D.D. No.	G D.D. No.	H RFL Code	I NCP Days	J VPF Rates	K PF Contributions		L EPS Contributions	M Refund of Advances		N Recovery of Overpayment		P Penal Interest on Refund of Advance/Over Payment		
										Voluntary	Employer		Employee	Employer	Employee	Employer	Employee	Employee	Employer
		42	<input checked="" type="checkbox"/>	335401						407	123	299							
		43	<input checked="" type="checkbox"/>	280001						336	103	233							
		44	<input checked="" type="checkbox"/>	140001						168	57	117							
		45	<input checked="" type="checkbox"/>	200001						240	73	167							
		TOTAL		64369						1124	236	5362							

Name of Employer/Authorized Representative

Signature of Employer/Authorized Representative



फॉर्म - 10 / FORM 10

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और (ख) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20(2))
THE EMPLOYEES PROVIDENT FUNDS SCHEME, 1952 (Paragraph 36(2)(a) and (b)) AND THE EMPLOYEES' PENSION SCHEME 1995 (Para 20(2))

M/s. MEHTA AND MODI HOMES
6-4-187 3 & 4, II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003

सभी प्रयुक्त विवरण पूर्ण किया जाता है।
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फैक्टरी/स्थापना का नाम तथा पता / Name & Address of the Factory / Est. SECUNDERABAD - 500 003
माह के दौरान नौकरी छोड़ने वाले सदस्यों के विवरणी माह, Return of the members leaving service during the month of A.I.C. - D.F.

क्र.सं. Sl.No.	लेखा सं. Account No.	सदस्य का नाम (स्पष्ट अक्षरों में) Name of the Member (in block capitals)	पिता का नाम (या विवाहित की स्थिति में पति का नाम) Name of the parent (or name of the spouse if married)	नौकरी छोड़ने की तिथि Date of leaving Service	नौकरी छोड़ने का कारण Reasons for leaving Service*	अधुनिकियां Remarks
1	2	3 CH HARISA	4	5 1-8-DF	6 Resigned	7

* नृपया बताते कि क्या सदस्य (क) स्कीम के पैरा 69(1)(क) या (ख) के अनुसार सेवा निवृत्त हो रहा है। (ख) विदेश में स्थाई रूप से रहने के लिए भारत छोड़ना (ग) छुट्टी (घ) नौकरी में चोट के कारण स्थाई तथा पूर्ण अशक्तता (ङ) बरखास (च) सेवा से त्यागपत्र (छ) अन्य स्थान पर नौकरी पाना (नियोजता का नाम तथा पता का उद्धरण करें) (ज) मुद्रु (झ) 58 वर्ष की आयु होने पर
Please state whether the member is (a) retiring according to a para (69) (1)(a) or (b) of the Scheme (b) leaving India for permanent settlement abroad (c) retirement (d) Pt. & total disablement due to employment injury (e) discharged (f) resigning from a leaving service (g) taking up employment elsewhere (The name & address of the Employers should be stated) (h) death (i) attained the age of 58 years

प्रमाणित किया जाता है कि श्री..... विदाका उत्प्रेषण क्र. संख्या..... पर लिया गया है जो औद्योगिक विवाह अधिनियम 1947 के अन्तर्गत..... रूप से छुट्टी मुआवजा अदा किया गया / नहीं किया गया।
Certified that the member mentioned at Serial No..... was paid / not paid /retranchment compensation of Rs..... under the Industrial Dispute Act, 1947.

दिनांक / Date :

.....
Signature of the Employer
or Authorized Officer

.....
Authorized Signatory
नियोजता के हस्ताक्षर

AD	EPF	AE	EPS	AF	EDL	AG	EDF	AH	EDL	Oth
Filer Licent Details furn Name of E										
Designator										
Name of Employer/Authorized Representative										

AP/HYD/56008

EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No 1, 2, 10, 21 & 22)



Business No. 2520280021 For the Month of 07 2007 VDR No.
(To be filled in by E/PFO)

Sl.No.	Particulars	A/c No. 1		A/c No. 2		A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees' Share	Employer's Share	Employers' Share	Total				
1	Contribution, Administrative / Inspection Charges	2013	6581	603	8594	4569	274	40	14081
2(a)	Interest Under Section 7Q								
2(b)	Damages Under Section 14B								
3	Miscellaneous payments								
	Total	2013	6581	603	8594	4569	274	40	14081

AP/HYD/56008

Mode of Payment (Tick) Cash DD Transfer

Name of the Establishment: MEHTA & MODI HOMES
Address: 5-4-187354, II Floor, Solan Narsimh
Ma. Road, Sec'bad PIN 500003

Name of the Depositor: Naresh
Signature of Depositor: [Signature]

- Instructions to the employer
- Use separate challan for each month
 - Write legibly without any overwriting / correction / erasures
 - Include interest U/S 7Q for all belated remittances
 - Pay the dues through local cheque only

Date of Deposit: 13/08/07
Cheque/DD No: 1408
Cheque/DD date: 2007
Amount Recvd. (Rs): 14081
Deposit Bank Code:
Deposit Branch name: SBI, Old Road, P.F. Office
Bank Name (on which Cheque/DD drawn): HDFC Bank, S.R. Road

Challan Reference No.

Date of Presentation: D D M M Y Y Y Y
Date of Realisation:
Date of Credit:

20



EMPLOYEES PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO. FORM SHOULD BE FILLED IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY. Please use additional sheets of the same form if rows provided are not sufficient to accommodate all the members in your establishment. Fill only item 1 and 6 in such additional forms.

1. Business Number: **2524037000111**

2. Full Name of the Establishment: **METTA SINDI HOMES**

3. For the Month: **07-2007**

4. Type of return (Tick mark any one):
 Regular Supplementary Revised

5. Contribution paid under protest

Sl. No.	Social Security Number (SSN) of members	PF Account No.	Direct/Indirect	Wages	NCP Days	VPF Rates	PF Contributions		EPS Contributions	M	Refund of Advances		Recovery of Overpayment		Penal Interest on Refund of advance/over payment
							Voluntary	Employer			Employee	Employer	Employee	Employer	
01		01	D	6500			420	235	541						
02		04	D	5058			607	186	421						
03		05	D	5510			661	202	459						
04		07	D	2474	31 H		294	97	206						
05		08	D	2320			248	85	153						
06		10	D	1903			228	70	159						
07		13	D	1500			180	55	125						
08		14	D	1500			180	55	125						
09		18	D	2300			246	84	192						
10		26	D	1935			232	77	161						
11		28	D	2200			264	81	183						
12		30	D	2710	31 H		325	95	226						
13		31	D	5400			648	158	450						
14		33	D	1600			152	59	133						
15		34	D	1600			192	59	226						
16		35	D	2710			325	95	226						
17		36	D	1600			152	59	133						
18		37	D	2226			267	82	185						
19		38	D	2000			240	73	167						
20		39	D	1800			216	66	150						

7. Total Dues towards EPFO (Amount in Rs.) (Including the member's in additional sheets, if any)

Q. Wage (Sum of E)	54846
R. EPF Contributions (K+N)	18594
S. EPF Administrative Charges	603
T. EPS Contributions (Sum of L)	4565
U. EDLI Contributions	224
V. EDLI Administrative Charges	40
W. EPF Inspection Charges	
X. EDLI Inspection Charges	
Y. Recovery of Overpayment (Sum of O)	
Z. Penal Interest on Refund of Advance/Overpayment (Sum of P)	

8. Details of payment made (tick the applicable option) * Note: In case payment is made using multiple cheques/DDs, details of each Cheque/DD should be furnished as per column 8.

Cheque DD Date of deposit of Cheque/DD: _____ Base Branch Code: _____

Base Branch Name: _____ Chaitan Ref. No.: _____

Cheque/DD No.: **134879** Cheque/DD Date: **14-08-2007**

Amount Paid (in Rs.): **14081**

Bank Name (On which Cheque drawn): **HDFC BANK LTD.**

Branch Name: **S.D. ROAD SECUNDERABAD**

Branch Address: **USHA KIRAN COMPLEX 8D ROAD, SEC'8AD.**

Other Misc. Payments:

AD. EPF	Amount	
AE. EPS	Amount	
AF. EDLI	Amount	
AG. EDF Admn.	Amount	
AH. EDLI Admn.	Amount	

Filer License No. _____

Details furnished on (By Employer) _____

Name of Employer/Authorized Representative: **K'MAJID**

Designation of Employer/Authorized Representative: **ADMIN OFFICER**

Signature of Employer/Authorized Representative: **K'MAJID**

Instructions

- Column D: Please mention 'D' if member is a direct employee, and 'C' if contract employee.
- Column F: DOJ means 'Date of Joining'. Give date in 'DD' format only in respect of employee's who have joined in the month.
- Column G: DOL means 'Date of Leaving'. Give date of 'DD' format only in respect of employee's who left during the month.
- Column H: RFL means 'Reason for Leaving Service'. Select Proper code from box below.
- In case exempted under EPF scheme, leave columns 'K' & 'N' & item 'R' & 'S' blank and fill item 'W'.
- In case exempted under EPS scheme, leave column 'L' and item 'T' blank.
- In case exempted under EDLI, Leave item 'U' & 'V' blank and fill item 'X'.

Code for RFL* (Reason for Leaving)

- Retired from Service after Attaining the Age of 55 years / Attained Age of 55 Years.
- Retired on Account of Permanent and Total Incapacity for work due to Bodily / Mental Infirmary.
- Retired under Voluntary Retirement Scheme.
- Migrating from India for permanent settlement abroad/taking up employment abroad.
- Retrenched from Services.
- Discharged from service on receiving compensation under the Industrial Dispute Act, 1947.
- Resigned not employed in any factory to which the EPF Scheme applies.
- Resignation / Exit of Employment before attaining 55 years of age.
- Resignation for getting married female employee.
- Closure of establishment

Column 'L' to be filled only for members less than 58 years of age



फॉर्म - 10 / FORM 10

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और (ख) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20 (2))
THE EMPLOYEES PROVIDENT FUNDS SCHEME, 1952 (Paragraph 36(2)(a) and (b)) AND THE EMPLOYEES' PENSION SCHEME, 1995 (Para 20(2))

M/s. MEHTA AND MODI HOMES
64, 1st & 4th FLOOR,
SOHAWI WARDENSON, M. G. ROAD,
SECUNDRABAD. 500 003

फैक्टरी/स्थापना का नाम तथा पता /
Name & Address of the Factory/Est.

माह के दौरान नौकरी छोड़ने वाले सदस्यों की विवरणी माह,
Return of the members leaving service during the month of

कोड़ संख्या/Code No. AP/...

सभी प्रपत्र नि:शुल्क पूर्ति किए जाते हैं।
This form supplied free of cost

क्र.सं. Sl.No.	लेखा सं. Account No.	सदस्य का नाम (ब्लॉक अक्षरों में) Name of the Member (in block capitals)	पिता का नाम (या विवाहित की स्थिति में पति का नाम) Name of the parent (or name of the spouse if married)	नौकरी छोड़ने की तिथि Date of leaving Service	नौकरी छोड़ने का कारण Reasons for leaving Service*	अभ्युक्तियों Remarks
1	2	3	4	5	6	7
1	AP/10/1008/07	G. S. SATHA		31-7-07	Resigned	
2	430	VIJAY KUMAR		31-7-07		

* कृपया बताएं कि क्या सदस्य (क) स्कीम के पैरा 69(1) (क) या (ख) के अनुसार सेवा निवृत्त हो रहा है। (ख) विदेश में स्थाई रूप से रहने के लिए भारत छोड़ना (ग) छुट्टी (घ) नौकरी में चोट के कारण स्थाई तथा पूर्ण अशक्तता (ङ) बरखास्त (च) सेवा से त्यागपत्र (छ) अन्य स्थान पर नौकरी पाना (नियोजका का नाम तथा पता का उल्लेख करें) (ज) मृत्यु (झ) 58 वर्ष की आयु होने पर

* Please state whether the member is (a) retiring according to a para (69) (1)(a) or (b) of the Scheme (b) leaving India for permanent settlement abroad (c) retirement (d) Pt. & total disablement due to employment injury (e) discharged (f) resigning from a leaving service (g) taking up employment elsewhere (The name & address of the Employers should be stated) (h) death (i) attained the age of 58 years.

प्रमाणित किया जाता है कि श्री..... जिसका उल्लेख क्र. संख्या..... पर लिया गया है को औद्योगिक विवाह अधिनियम 1947 के

अन्तर्गत..... रूपसे को छुट्टी सुआवजा अदा किया गया / नहीं किया गया।

*Certified that the member mentioned at Serial No..... Smt..... was paid / not paid

retrenchment compensation of Rs..... under the Industrial Dispute Act, 1947*

दिनांक / Date :

Authorised Signatory
नियोजका के हस्ताक्षर

Signature of the Employer
or Authorised Officer

FOR MEHTA & MODI HOMES

AP/HYD/56008

EMPLOYEES' PROVIDENT FUND ORGANISATION
(Combined Challan for A/c No. 1, 2, 10, 21 & 22)



Business No. 452035021 For the Month of 06 2007 VDR No. (To be filled in by EPFO)

Sl. No.	Particulars	A/c No. 1		A/c No. 2	A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees' Share	Employer's Share					
1	Contribution, Administrative / Inspection Charges	1980	6474	8454	4474	270	40	13851/-
2(a)	Interest Under Section 7Q							
2(b)	Damages Under Section 14B							
3	Miscellaneous payments							
	Total	1980	6474	8454	4474	270	40	13851/-

AP/HYD/56008

Name of the Establishment: MEHTA & MODI HOMES
 Address: 5-4-18732, 4, 1st Floor, Saham
Mawjion, MG Road, Sector 1 PIN 500003

Name of the Depositor: Mejia
 Signature of Depositor: [Signature]

Instructions to the employer

- Use separate challan for each month
- Write legibly without any overwriting / correction / erasures
- Include interest US 7Q for all belated remittances
- Pay the dues through local cheque only

Date of Deposit: 20/07/07
 Cheque/DD No. 40
 Cheque/DD date 20/07/07
 Amount Recvd (Rs.) 13851/-
 Deposit Bank Code 500003
 Deposit Branch name [Blank]
 Bank Name [Blank]
 (on which Cheque/DD drawn) [Blank]

(To be filled in by the Bank)

Challan Reference No. [Blank] Date of Presentation [Blank]
 Date of Realisation [Blank]
 Date of Credit [Blank]

20-11-07

EMPLOYEES' PROVIDENT FUND ORGANISATION

Form RT - Monthly Return for Employers

THIS FORM SHALL BE FILLED BY AN EMPLOYER HAVING BUSINESS NUMBER ALLOTTED BY EPFO. FORM SHOULD BE FILLED IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY. Please use additional sheets of the same form if rows provided are not sufficient to accommodate all the members in your establishment. Fill only item 1 and 6 in such additional forms.

- 1. Business Number: **AP144/5600**
- 2. Full Name of the Establishment: **MEHTA & MODI HOMES**
- 3. For the Month: **08 - 2017**
- 4. Type of return (Tick mark any one):
 Regular Supplementary Revised
 Contribution paid under protest

Sl. No.	Social Security Number (SSN) of members	PF Account No.	Wages	PF Contributions	PF Contributions		EPS Contributions	Recovery of Overpayment		Penal Interest on Refund of advance/over payment
					Voluntary	Employer		Employee	Employer	
01		01	6500	780	239	541				
02		04	5413	650	199	451				
03		05	5320	638	195	443				
04		07	2340	287	86	195				
05		08	2204	264	81	184				
06		10	1933	232	71	161				
07		13	1500	180	55	125				
08		14	1500	180	55	125				
09		18	2300	276	84	192				
10		26	2000	240	73	169				
11		28	2200	264	81	183				
12		30	1367	157	48	109				
13		31	5400	648	198	450				
14		33	1400	168	51	119				
15		34	1600	192	59	133				
16		35	2800	336	103	233				
17		36	1600	192	59	133				
18		37	2900	348	106	242				
19		38	1933	232	71	161				
20		39	1800	216	66	150				

Total Dues towards EPFO

Q Wage (Sum of E) **53950**

R EPF Contributions (K+N) **8454**

S EPF Administrative Charges (Sum of L) **593**

U EDLI Contributions **4494**

V EDLI Administrative Charges **270**

W EPF Inspection Charges **40**

X EDLI Inspection Charges

Y Recovery of Overpayment (Sum of O)

Z Penal Interest on Refund of Advance/Overpayment (Sum of P)

Instructions

- Column D: Please mention 'D' if member is a direct employee, and 'C' if contract employee.
- Column F: DOJ means 'Date of Joining'. Give date in 'DD' format only in respect of employees who have joined in the month.
- Column G: DOL means 'Date of Leaving'. Give date of 'DD' format only in respect of employees who left during the month.
- Column H: RFL means 'Reason for Leaving Service'. Select Proper code from box below.
- In case exempted under EPF scheme, leave columns 'K' & 'N' & item 'R' & 'S' blank and fill item 'W'.
- In case exempted under EPS scheme, leave column 'L' and item 'T' blank.
- In case exempted under EDLI, Leave item 'U' & 'V' blank and fill item 'X'.

8 Details of payment made (tick the applicable option) * Note: In case payment is made using multiple cheques/DDs, details of each Cheque/DD should be furnished as per column 8.

Cheque DD Date of deposit of Cheque/DD _____ Base Branch Code _____

Base Branch Name _____ Cheque/DD No. _____ Cheque/DD Date _____

Challan Ref. No. _____ Amount Paid (in Rs.) **138512**

Bank Name (On which Cheque drawn) **SKI MG Road** Branch Name **MG ROAD 3032** EDLI Admn. _____

Branch Address **MG ROAD SECUNDERABAD.** EDF Admn. _____

Other Misc. Payments

EPF	Amount
EPS	
EDLI	
EDF Admn.	
EDLI Admn.	

*AI Penal Damages _____ *AJ Interest u/s 7Q _____

er License No. _____

ails furnished on (By Employer) _____

er License No. _____

ails furnished on (By Employer) _____

er License No. _____

ails furnished on (By Employer) _____

Signature of Employer/Authorized Representative

K. MASJID

ADMIN OFFICER