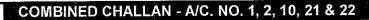
2011-2012



EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

DUPLICATE	
TRIPLICATE	

ORIGINAL

TRIPLICATE
QUADRUPICATE

ESTABLISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROUP NO.:	PAID BY CHEQUE/ CASH CHEQUE
DUES FOR THE MONTH OF:	Employee Share 0 2 2 0 1 2 Employer Share 0 2 2 0 1 2	D D M M Y Y Y Y DATE OF PAYMENT 0 2 0 1 2
Total No. of Subscribers:	A/c 1 { 5.00 A/c 10 {	5.00 A/c 21 { 5.00
Total Wages Due:	23523.00	23523.00
S. NO. PARTICULARS	A/C NO. 1 A/C NO. 2 A/C NO. 10 AMOUNT (in	A/C NO. 21 A/C NO. 22 TOTAL n Rupees)
1 EMPLOYER'S SHARE OF CONTRIBUTION 2 EMPLOYEE'S SHARE OF CONTRIBUTION 3 ADMINISTRATIVE CHARGES 4 INSPECTION CHARGES 5 PENAL DAMAGES 6 MISCELLANEOUS PAYMENT TOTAL	863.00 1959.00 1959.00 1959.00 1959.00	2823.00
NAME OF THE ESTABLISHMEN PARAMOUNT BUILD ADDRESS 5-4-187/3 & 4 , II nd Floor, Soham Manne of the Bank : State Bank of India, M.G. Road, Se	Amount Received For Cheques Onl Date of Presental Date of Realisation Branch Name: Branch Code No. (TO BE FILLED IN BY EMPLOYER)	Only) d Rs. ly: ution: on: Rold Selbau Selbau

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ORIGINAL

DUPLICATE

TRIPLICATE

EMPLOYER'S PROVIDENT FUND ORGANIZATION (USE SEPARATE CHALLANS FOR EACH MONTH)

QUADRUPICATE

ESTABLISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROUP NO.:	PAID BY C	HEQUE/ CASH CHEQUE			
DUES FOR THE MONTH OF:	Employee Share 0 1	Y Y Y Y 2 0 1 2 DATE OF PA	YMENT			
Total No. of Subscribers: Total Wages Due:	A/c 1 { 5.00 23943.00	A/c 10 23943.00	A/c 21 23943.00			
S. NO. PARTICULARS	A/C NO. 1 A/C NO. 2	A/C NO. 10 A/C NO. 21 AMOUNT (in Rupees)	A/C NO. 22 TOTAL			
1 EMPLOYER'S SHARE OF CONTRIBUTION 2 EMPLOYEE'S SHARE OF CONTRIBUTION 3 ADMINISTRATIVE CHARGES 4 INSPECTION CHARGES 5 PENAL DAMAGES 6 MISCELLANEOUS PAYMENT TOTAL	878.00 2874.00 263.00 0.00 3752.00 263.00	1994.00 120.00	2992.00 2874.00 2.00 200 0.00 0.00 0.00 0.00 2.00 6131.00			
(Amount in words Rupees Stx ThousandOne Hundred and Thirty One Only) NAME OF THE ESTABLISHMEN PARAMOUNT BUILDERS 5-4-187/3 & 4 , II nd Floor, Soham Mansion,M.G.Road, Secunderabad-003. NAME OF THE DEPOSITOR Hemendraa NAME OF THE DEPOSITOR SIGNAGURE OF THE DEPOSITOR TO BE FILLED IN BY EMPLOYER) Name of the Bank : State Bank of India, M.G. Road, Sec-bad. Cheque No.: 503345 Date : 11/02/2012						

ORIGINAL

DUPLICATE

EMPLOYER'S PROVIDENT FUND ORGANIZATION (USE SEPARATE CHALLANS FOR EACH MONTH)

TRIPLICATE QUADRÚPICATE

ESTABLISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROUP NO.:	PAID BY CHEQUE/ CASH CHEQUE
DUES FOR THE MONTH OF:	Employee Share 1 2 2 0 1 1 Employer Share 1 2 2 0 1 1	D D M M Y Y Y Y DATE OF PAYMENT 1 2 0 1 2 0 1 2
Total No. of Subscribers: A/c Total Wages Due:	1 { 5.00 A/c 10 { 23943.00	5.00 A/c 21 23943.00 23943.00
· otal trages 2 to		A/C NO. 21 A/C NO. 22 TOTAL
S. NO. PARTICULARS	A/C NO. 1 A/C NO. 2 A/C NO. 10 AMOUNT (in	
1 EMPLOYER'S SHARE OF CONTRIBUTION 2 EMPLOYEE'S SHARE OF CONTRIBUTION 3 ADMINISTRATIVE CHARGES 4 INSPECTION CHARGES 5 PENAL DAMAGES 6 MISCELLANEOUS PAYMENT	878.00 1994.00 2874.00 263.00 1994.00 3752.00 263.00 1994.00	2992.00 2874.00 2874.00 265.00 0.00 0.00 0.00
NAME OF THE ESTABLISHMEN PARAMOUNT BUILDERS ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, NAME OF THE DEPOSITOR Hemendraa SIGNAGURE OF THE DEPOSITOR Name of the Bank: State Bank of India, M.G. Road, Sec-bad.	For Cheques Only Date of Presentat Date of Realisation Branch Name: Branch Code No. (TO BE FILLED IN BY EMPLOYER)	IRS. USER ID NO 6073964 RAYYER V: USER ID NO 6073964 RAYYER SIGNATURE ID NO 100 BOOM SIGNATUR

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ORIGINAL DUPLICATE TRIPLICATE

498	(USE SEFARATE CHALLANS FOR	C LACH WONTH) QUADROPICA
ESTABLISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROUP NO.:	PAID BY CHEQUE/ CASH CHEQUE
DUES FOR THE MONTH OF:	Employee Share 1 1 2 0	D D M M Y Y Y DATE OF PAYMENT [2 0 1 [
Total No. of Subscribers:	A/c 1 \$ 5.00 A/c 10	5.00 A/c 21 5.00
Total Wages Due:	23187.00	23187.00
S. NO. PARTICULARS		NO. 10 A/C NO. 21 A/C NO. 22 TOTAL AMOUNT (in Rupees)
1 EMPLOYER'S SHARE OF CONTRIBUTION 2 EMPLOYEE'S SHARE OF CONTRIBUTION 3 ADMINISTRATIVE CHARGES 4 INSPECTION CHARGES 5 PENAL DAMAGES 6 MISCELLANEOUS PAYMENT TOTAL NAME OF THE ESTABLISHMEN PARAMOUNT BUIL ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Manages NAME OF THE DEPOSITOR SIGNAGURE OF THE DEPOSITOR	Amo For C Date Bran Bran	Bank use Only) ount Received Rs. Cheques Only: e of Presentation: e of Realisation: nch Name: nch Code No.
Name of the Bank: State Bank of India, M.G. Road, Se	(TO BE FILLED IN BY EMPLOYER cheque No.: 503330	Date: 10/12/2011

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

DUPLICATE TRIPLICATE QUADRUPICATE

ORIGINAL

ESTABLISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROUP NO.:		_ PAID BY CHEQ	UE/ CASH CHEQUE
DUES FOR THE MONTH OF:	. ,	Y Y Y 2 0 1 1 2 0 1 1	DATE OF PAYME	D D M M Y Y Y Y Y NT 2 0 1 1
Total No. of Subscribers: Total Wages Due:	A/c 1 23943.00	A/c 10 {	5.00 23943.00	A/c 21 \begin{cases} 5.00 \\ 23943.00 \end{cases}
S. NO. PARTICULARS	A/C NO. 1 A/C NO. 2	A/C NO. 10 AMOUNT (in Rt		VC NO. 22 TOTAL
1 EMPLOYER'S SHARE OF CONTRIBUTION 2 EMPLOYEE'S SHARE OF CONTRIBUTION 3 ADMINISTRATIVE CHARGES 4 INSPECTION CHARGES 5 PENAL DAMAGES 6 MISCELLANEOUS PAYMENT TOTAL	879.00 [263.00] [3752.00] 263.00 []	1994.00	120.00	2993.00 2873.00 265.00 0.00 0.00 0.00 2.00 6131.00
NAME OF THE ESTABLISHMEN PARAMOUNT BUILD ADDRESS 5-4-187/3 & 4 , II nd Floor, Soham M. NAME OF THE DEPOSITOR SIGNAGURE OF THE DEPOSITOR Name of the Bank: State Bank of India, M.G. Road, S.	(TO BE FILLED IN BY EM	(For Bank use Only Amount Received Refor Cheques Only: Date of Presentation: Date of Realisation: Branch Name: Branch Code No.) 5	

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ESTAB	LISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROU	P NO.:		PAID BY CH	IEQUE/ CASH <u>C</u>	HEQUE
DUES F	FOR THE MONTH	Employee Sha Employer Sha		Y Y Y Y 2 0 1 1 2 0 1 1	DATE OF PAY		M M Y Y Y Y Y 2 0 1 1
	o. of Subscribers: /ages Due:	A/c 1 { 47	11.00	A/c 10 {	11.00	A/c 21 { [11.00 47063.00
S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10 AMOUNT (in R	A/C NO. 21 upees)	A/C NO. 22	TOTAL
1 2 3 4 5 6	EMPLOYER'S SHARE OF CONTRIBUTION EMPLOYEE'S SHARE OF CONTRIBUTION ADMINISTRATIVE CHARGES INSPECTION CHARGES PENAL DAMAGES MISCELLANEOUS PAYMENT TOTAL	1727.00 5648.00 0.00 7375.00	518.00	3920.00	235.00	5.00	5882.00 5648.00 523.00 0.00 0.00 0.00 12053.00
ADDRE NAME SIGNA	OF THE ESTABLISHMEN PARAMOUNT BUILESS 5-4-187/3 & 4 , II nd Floor, Soham Ma OF THE DEPOSITOR GURE OF THE DEPOSITOR	(TO BE FI	rabad-003.	(For Bank use Only Amount Received R For Cheques Only: Date of Presentation: Date of Realisation: Branch Name: Branch Code No.	S. SB 3032 CASI Journe Checker	I 04 NOV 201	M.G.
Name	of the Bank: State Bank of India, M.G. Road, Se	c-bad. Cheque	No.: 503310	<u></u>	Date: 08/10/20	011	

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ORIGINAL
DUPLICATE
TRIPLICATE

	(USE SEPARATE CHALLANS FOR	QUADRUPICATE	
ESTABLISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROUP NO.:	PAID BY CHEQUE/ CASH CH	HEQUE
DUES FOR THE MONTH OF: M M Y Y Y Y		DATE OF PAYMENT [[[M M Y Y Y Y 2 0 1 1
Total No. of Subscribers:	10.00	10.00	10.00
Total Wages Due:	A/c 1 { A/c 10 A/c 10	A/c 21 {	44981.00
S. NO. PARTICULARS		AMOUNT (in Rupees)	TOTAL
1 EMPLOYER'S SHARE OF CONTRIBUTION 2 EMPLOYEE'S SHARE OF CONTRIBUTION 3 ADMINISTRATIVE CHARGES 4 INSPECTION CHARGES 5 PENAL DAMAGES 6 MISCELLANEOUS PAYMENT TOTAL	1650.00 495.00 7048.00 495.00	3747.00 225.00 4.00	5622.00 5398.00 499.00 0.00 0.00 11519.00
NAME OF THE ESTABLISHMEN PARAMOUNT BUILD ADDRESS 5-4-187/3 & 4 , II nd Floor, Soham Man NAME OF THE DEPOSITOR SIGNAGURE OF THE DEPOSITOR Name of the Bank: State Bank of India, M.G. Road, Section 1.	Amo For (Date Date Date (TO BE FILLED IN BY EMPLOYE)	Bank use Only) Pount Received Rs. Cheques Only: SBI 3032 U4 NOV 2011 3032 U4 NOV 2011 CASH/TRANSEER Checker ID No. Checker	M.G. Road Sec'bad

197

COMBINED CHALLAN - A/C. NO. 1, 2, 10, 21 & 22

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ESTABI	ISHMENT CODE NO.: AP/HYD/ -12365	ACCOUNT GRO	UP NO.:		PAID BY CH	IEQUE/ CASH CH	EQUE
DUES F	OR THE MONTH	Employee S Employer Sl		Y Y Y Y 2 0 1 1 2 0 1 1	DATE OF PAY	MENT 1 6	M M Y Y Y Y O 8 2 0 1 1
1	o. of Subscribers: ages Due:	A/c 1 {	6.00	A/c 10 {	6.00	A/c 21 {	6.00 27550.00
S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10 AMOUNT (in F	A/C NO. 21	A/C NO. 22	TOTAL
1 2 3 4 5 6	EMPLOYER'S SHARE OF CONTRIBUTION EMPLOYEE'S SHARE OF CONTRIBUTION ADMINISTRATIVE CHARGES INSPECTION CHARGES PENAL DAMAGES MISCELLANEOUS PAYMENT TOTAL	1011.00 3306.00 0.00	303.00	2295.00	138.00	3.00	3444.00 3306.00 306.00 0.00 0.00 7056.00
ADDRE NAME (SIGNA(OF THE ESTABLISHMEN PARAMOUNT BUILDSS 5-4-187/3 & 4 , II nd Floor, Soham Ma	(TO BE		(For Bank use Onl Amount Received F For Cheques Only: Date of Presentation Date of Realisation Branch Name: Branch Code No.	n: SBI ^	Inflats	G.

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ESTABL	ISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GRO	OUP NO.:		PAID BY CH	IEQUE/ CASH C	HEQUE
DUES F OF :	OR THE MONTH			Y Y Y Y 2 0 1 1 2 0 1 1	DATE OF PAY	MENT DD	M M Y Y Y Y Y 8 2 0 1 1
	o. of Subscribers: ages Due:	A/c 1 {	7.00 28816.00	A/c 10 {	7.00	A/c 21 { [7.00
S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10 AMOUNT (in R	A/C NO. 21	A/C NO. 22	TOTAL
2 3 4 5	EMPLOYER'S SHARE OF CONTRIBUTION EMPLOYEE'S SHARE OF CONTRIBUTION ADMINISTRATIVE CHARGES INSPECTION CHARGES PENAL DAMAGES MISCELLANEOUS PAYMENT TOTAL	1058.00 3458.00 0.00 4516.00	317.00	2400.00	144.00	3.00	3602.00 3458.00 320.00 0.00 0.00 0.00 7380.00
ADDRE NAME (SIGNA(GURE OF THE DEPOSITOR	nnsion,M.G.Road, Secun	derabad-003.	(For Bank use Online Amount Received Re	y)	BI 04 NOV 2 132 04 NOV 2 ASH/TRANSFER Imal No.	Only) RISHNA VENI M.G. Sylvad
Name o	of the Bank: State Bank of India, M.G. Road, Se	ec-bad. Chec	μυ e No. : 503283		Date: 22/07/2	011	

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

1		•					
ESTAB	LISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GRO	UP NO.:		PAID BY CH	IEQUE/ CASH CHEC	QUE
DUES F	FOR THE MONTH			Y Y Y Y 2 0 1 1 2 0 1 1	DATE OF PAY	MENT D D M	M Y Y Y Y Y 8 2 0 1 1
Total N	o. of Subscribers:	(7.00	A/2-10	7.00	A/5 04	7.00
Total W	/ages Due:	A/c 1 {	29512.00	A/c 10 {	29512.00	A/c 21 {	29512.00
S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10 AMOUNT (in R	A/C NO. 21 (upees)	A/C NO. 22	TOTAL
1	EMPLOYER'S SHARE OF CONTRIBUTION	1083.00		2458.00	148.00		3689.00
3	EMPLOYEE'S SHARE OF CONTRIBUTION ADMINISTRATIVE CHARGES	3541.00	325.00			14.00	3541.00 339.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT TOTAL	4624.00	325.00	2458.00	148.00	14.00	7569.00
NAME ADDRE	OF THE ESTABLISHMEN PARAMOUNT BUILESS 5-4-187/3 & 4 , II nd Floor, Soham Ma	.DERS		nnd Five Hundred Fifty Ei (For Bank use Onlean Amount Received Fifty Ei	y) User ID No. 58	50819 Y. KRISHNA VENI	Only)
	OF THE DEPOSITOR			For Cheques Only: Date of Presentation Date of Realisation:		M.G. 4 NOV 2011 / Road Sec'bad	
SIGNA	GURE OF THE DEPOSITOR	(TO BE	FILLED IN BY EI	Branch Name: Branch Code No. MPLOYER)	Jaurnal No. Checker ID No.	liftals	
Name	of the Bank: State Bank of India, M.G. Road, Se	ec-bad. Cheq	ue No. : 503227		Date : 10/06/2	011	

MISCELLANEOUS PAYMENT

Name of the Bank: State Bank of India, M.G. Road, Sec-bad.

COMBINED CHALLAN - A/C. NO. 1, 2, 70, 21 & 22

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ORIGINAL DUPLICATE TRIPLICATE

QUADRUPICATE

0.00

7699.00

14.00

150.00

Date: 07/05/2011

ESTABLISHMENT CODE NO.: AP/HYD/72365		ACCOUNT GROUP NO.:			PAID BY CHEQUE/ CASH CHEQUE		
DUES FOR THE MONTH OF:		Employee Share 0 4 Employer Share 0 4		Y Y Y Y 2 0 1 1 2 0 1 1	D D M M Y Y Y DATE OF PAYMENT		
Total No. of Subscribers: Total Wages Due:		A/c 1 { 7.00 30018.00		A/c 10 { 7.00 A/c 21 { A/c 21 }		7.00 30018.00	
S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
J. NO.	TARTIOULANO	AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	1103.00		2500.00	150.00		3753.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	3602.00					3602.00
3	ADMINISTRATIVE CHARGES	·	330.00		·	14.00	344.00
4	INSPECTION CHARGES	·]			0.00
5	PENAL DAMAGES	0.00					0.00

(Amount in words Rupees Seven	Thousand Six Hundred Ninety Nine Onl	ly	Only
NAME OF THE ESTABLISHMEN PARAMOUNT BUILDERS	(For Bank use Only)	TO WAYEN	<u> </u>
ADDRESS 5-4-187/3 & 4 , II nd Floor, Soham Mansion, M.G. Road, Secunderabad-0	003. Amount Received Rs.	18-101- 5850819 Y. KRISHNA VENI	
	For Cheques Only:	Connection M.G.	
NAME OF THE DEPOSITOR \	Date of Presentation:	Tank NOV 9811 Road	
	Date of Realisation:	125, Ch lan. en. Sec.psq	
SIGNAGURE OF THE DEPOSITOR	Branch Name:	3032 CASH/TRANSFER	
	Branch Code No.	Journal No. Initials	
(TO BE FILLED II	N BY EMPLOYER)	Checker ID No. 1	

Cheque No.: 31241

4705.00

TOTAL

330.00

2500.00

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

DUPLICATE
TRIPLICATE
OUADRUPICATE

ORIGINAL

	(OOL OEL ARATE OTAL	•••			
ESTABLISHMENT CODE NO.: AP/HYD/72365	ACCOUNT GROUP NO.:		PAID BY CHEQUE/ CASH CHEQUE		
DUES FOR THE MONTH OF:	Employee Share 0 3	D D M M Y Y Y Y DATE OF PAYMENT [8 2 0 1 1			
Total No. of Subscribers:	A/c 1 \$ 8.00	A/c 10 {	8.00	A/c 21 {	8.00
Total Wages Due:	27246.00	7,610	27246.00		27246.00
S. NO. PARTICULARS	A/C NO. 1 A/C NO. 2	A/C NO. 10 AMOUNT (in F	A/C NO. 21	A/C NO. 22	TOTAL
1 EMPLOYER'S SHARE OF CONTRIBUTION 2 EMPLOYEE'S SHARE OF CONTRIBUTION 3 ADMINISTRATIVE CHARGES 4 INSPECTION CHARGES 5 PENAL DAMAGES 6 MISCELLANEOUS PAYMENT TOTAL	999.00 3270.00 300.00 0.00 4269.00 300.00		136.00	16.00	3405.00 3270.00 316.00 0.00 0.00 0.00 6991.00
NAME OF THE ESTABLISHMEN PARAMOUNT BUILDERS (For Bank use Only) ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G.Road, Secunderabad-003. NAME OF THE DEPOSITOR NAME OF THE DEPOSITOR SIGNAGURE OF THE DEPOSITOR TO BE FILLED IN BY EMPLOYER) Name of the Bank: State Bank of India, M.G. Road, Sec-bad. (Amount in words Rupees Six Thousand Nine Hundred Ninety One Only (For Bank use Only) Amount Received Rs. For Cheques Only: Date of Presentation: Date of Realisation: Branch Name: Branch Code No. (TO BE FILLED IN BY EMPLOYER) Date:					