FORM III

[Vide rule 3 (4) of A.P. Shops & Establishments Rules, 1990]

APPLICATION FOR RENEWAL

1. Name of the Shop / Establishment.	Mg. MODI PROPERTICE+ INVEST MENTI PVI. LTD. 5-4-18734, 2nd Ple I sham Mankow, M-G Road, See by
2. Previous Registration Certificate No. and date.	Loil /brefes
3. Year for which renewal is required along with:	2006
(i) Challan No. with date.(ii) Amount paid through the Challan	
4. Full name of the employer, including Father's name.	Mr. Soffam MODI Go. SARHISH MODI
5. Full name of the Manager, if any, including Father's name.	Mr. KANAKARAD, G S/O. G. SURBARAD.
6. Change in the name of partners, if any.	-
7. Change in the postal address and Door No. if any, of the Shop / Establishment.	
8. Total number of employees.	19

I hereby declare that the above information is true to the best of my knowledge and belief.

or Modi Properties & investments Pvt. Ltd..

Signature of the Employer/Manager.

Forms available with: M/s. LAW SALESCO Pvt. Ltd., Kothi, HYDERABAD.

Forms available with:

Form

FORM - F (Vide Rule 6 of A.P. Labour Welfare Fund Rules, 1988)

STATEMENT REGARDING CONTRIBUTION

Fro	m * SOHAM MODI MAT	VAGING DREETOR,			
MIS. MODI PROPERTIZE & DAVZET MENTS prt. LOD,					
From: * SOHAM MODI, MANAGING DRIGERON, MJS. MODI PROPERTICES & DNVZSTMENTS pvt. 2000, S-4-187/3+4, Soham Mansion M. G. Road, See bad					
To	Welfare Commissioner, Andhra Pradesh**				
.4	abow Welfare Roan	D, Hyderabad			
	As required under rule 5 of Andhra Pradesh	Welfare Fund Rules, 1988, I am furnishing below the			
nec	essary particulars in relation to the amount of	Rs. 13320 (Rupees one hundred			
tota	il amount payable by my establishment both	(words here) tendered herewith as the as employees' as well as employer's contribution			
	the year ending 31st December.				
		oyees engaged for the period, amount of monthly ation of each of them is attached herewith.			
	PART	TCULARS			
1.	Name of the establishment with full address:				
2.	Whether a factory or motor transport un-	O + A >			
	dertaking / commercial establishment / or any other class of establishment specified by a Government notification:	Commercial Establishmen			
3.	Total number of employees employed on preceeding 31st December:	19 Members.			
4.	Total number of employees from whom contributions has been deducted for the period:	19 "			
5.	Total amount of employee's contributions tendered for the period:				
6.	Total amount of employer's contribution tendered for the period:	yes.			
7.	Grand total of both the employees' as well as the employer's contributions deducted and tendered respectively for the period:	-			
8.	Whether full payment of the amount due to the period has been tendered:				
9.	Amount of unpaid balance, if any, and the reasons therefor:	WIC			
10.	Mode of payment whether in cash or by Bank Demand Draft or money order? If by	·			
	money order, mention postal receipt number	^^			
	and date thereof. If by Demand Draft, mention name, branch and address of the bank on which drawn, D.D. number and date:				
11.	Remarks, if any:				
		-			
m y	I hereby declare that the before mention knowledge and belief.	ed particulars are true and correct to the best of ror Modi Properties & in testments Pvt. Ltd.,			
Place:					
Dat		Signature with designation of the post held with official seal.			
* here give the full name of the person signing the statement with description of the position he holds					
**	give here the address.	•			
For	Forms available with: M/s, LAW SALESCO ., Kothi, HYDERABAD.				

समग्रस्य पर देव स्थानिक/ PAYABLE AT PAR LOCALLY अहस्तांतरणीय/ NOT TRANSFERABLE बैंकर्स चैंक BANKERS CHEQUE

केवल छ : महीनों के लिए वैध VALID FOR 6 MONTHS ONLY

27 DEC 2005

Ifare Commission AP Labour Welfare Board,
of Mindrefad (Ca) & Trees 100

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2.KS. 133/-

भारतीय स्टेट बैंक STATE BANK OF INDIA

रुपये RUPEES

एम.जी.रोड, सिकन्दराबाद - 500 003. M.G. ROAD, SECUNDERABAD - 500 003. MBC 65 कृते भारतीय स्टेट बैंक For STATE BANK OF INDIA K·V·R· LULLW

KASIBHATLA VR MURTY

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	ి చిన్న పద్దు Minor Head	100
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	జమ చేయు వారి పేరు, చ Remitter's Name & Ad I	dress)
		M.G. Rud, 5-4-1017/24.
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	Received Rs	S.T.O. Bank Manager
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for John Landoyman

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జమచేయు వారి పేరు, చిరునామా Modi Properties & Investment: Pvt. Ltd Remitter's Name & Address 5 – 4 - రా సంగత్యంగా		
Soham Mension, M. G. ROAD, SECUNDERABAD - 500 003		
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Bank Branch Code NBST / Bank		
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Note: Seperate challan should be used for each detailed head Available with:M/s.LAW SALES CO,Kothi,Hyderabad-500 095. Ph: 4616469,4613894, 46141776		

(See Rule 3 (4)) **APPLICATION FOR RENEWAL**

١.	Name of the Shop / Establishment
	and address

Modi Properties & Investments Pvt. Ltd. 5-4-187/3 & 4, 2nd Floor Soham Mansion, M. G. ROAD, SECUNDERABAD - 500 003 Ph: 833658 / 834058

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Previous Registration Certificate No. & Date 2.

LO] /688/04

Year for which renewal is required along

- (i) Challan No. with Date:
- (ii) Amount paid through the Challan:

Full Name of the Employer including 4 Father's Name

Ro 1500/MR. SOHAM MODI
Spo. SATHISH MODI

Full Name of the Manager including 5. Father's Name

Mr. G. KANAKARAN, 8 Ju Sudeba Rho,

Change in the Name of the Partners if any

- Change in the Postal Address and Door No. 7. if any of the Shop / Establishment.
- 8. Total Number of Employees:

21,

I hereby declare that the above information is true to the best of my knowledge and belief

Fer Modi Properties & Investments Pvt. Lta,

Managing Director
Signature of the Employer/Manager

Available at . Paneant and

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FORM - F

(See Rule 6) STATEMENT REGARDING CONTRIBUTION

From:

*To,
The Welfare Commissioner

Andhra Pradesh Labour Welfare Board, Hyderabad.

韦山

As required under Rule 5 of A.P. Welfare Fund Rule 1988 I am furnished below the necessary particulars in relation to the amount of Rs. 1471— (Rupees one lundred) tendered here with as the total

amount

payable by me establishment both as employees as well

as employer's contribution for the year ending 31st December......

A separate list containing the names of employees engaged for the period amount of monthly Wages drawn by each of them as also designation of each of them is attached herewith.

PARTICULARS

Modi Properties & Investments Pvt. Ltd

1. Name of the establishment with full address.

2. Whether a factory or motor transport undertaking commercial East./ or any other class of East, specified by a Govt. Notification.

3. Total No. of employees on proceeding 31st December.....

4. Total No. of employees from whom contribution has been deducted for the period.

5. Total amount of employees contribution tendered for the period.

6. Total amount employees contribution tendered for period.

 Grand total of both the employees, as well as the employers contribution deducted and tendered respectively for the period.

8. Whether full payment of the amount due to the period has been tendered.

 Amount of unpaid balance if any and the reasons there for.

10. Mode of payment whether in cash or by Bank D.D. or M.O. if by money order mention postal receipt No. and date there of/if by D.D. mention name branch and address of bank on which drawn D.D. No. & Date

11. Remarks if any.

5-4-187/3 @ 4, 2nd Hoor Soham Mension, M. G. ROAD, SECUNDERABAD - 500 003

Ph: 833658 / 834058

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yer

NA

I hereby declare that the above mentioned particulars are true and correct to the best of my knowledge & belief.

Place:

Date:

SIGNATURE & DESIGNATION

सममूल्य पर देय स्थानिक/ PAYABLE AT PAR LOG अहस्तांतरणीय/ NOT TRANSFERABLE

भारतीय स्टेट बैंक STATE BANK OF INDIA

एम.जी.रोड, सिकन्दराबाद - 500 003. M.G. ROAD, SECUNDERABAD - 500 003. MBC 46

""604568" 500002047#

कृते भारतीय स्टेट बैंक For STATE BANK OF INDIA

शाखा प्रबन्धक / Branch Manager

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[See Rule 3 (6)

RENEWAL OF CERTIFICATE OF REGISTRATION

It is certified that the Registration Certificate	2 No. 2011 1688 104
of MIS Mod properties & invests	ments put 401
5-4-187/364, TITAFIM M.G.	Rosal,
Seandrabad.	has been renewed
under the Andhra Pradesh shops and establishment Act	1988
for the Period from 1-1- 200\ to 31-12-200	04
No. of Employees (25)	
Name of Employer	Signature of the Inspector
Sr. Soham Medi	Hyderabad - 11,

Note: Apply for renewal of Certificate 30 days before the expiry of the year

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GOVI. OF ANHRA PRADESH W. Fund LABOUR TEPARIMENT Paid for 2005 [See Rule 3 (6)] RENEWAL OF CERTIFICATE OF REGISTRATION It is Contified that the Registration Contificate No 1011/688/2004 under the Andhra Pradesh Shops and Establishment Act 1988 for the Period from -- 2006 to31-12- 2006 No. of Employees (-19- Winelsen a)
Name of the Employer
W. Jopan Mood Signature of the Inspector LABOUR OFFICER Hydcrabad - IL