

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

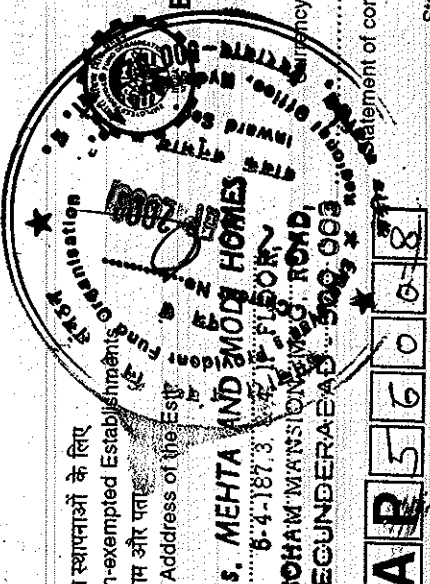
(क.प्र.नि.संघ न द्वारा भरा जाए)
(To be filled in by the EPFO)

प्रपत्र 12 ए (संशोधित) / Form 12 A (R)

कर्मचारी भविष्य निधि और प्रकीर्ण उपबन्ध अधिनियम, 1952
EMPLOYEES' PROVIDENT FUNDS AND MISC. PROVISIONS ACT, 1952
EMPLOYEES' PENSION SCHEME [Para 20(4)]

1 अप्रैल, 200 [] से 31 मार्च, 200 []
to 31st March, 200 []
तक चालू अवधि

JULY 2008
12 %
अंशदान की सांख्यिक दर
Statutory rate of contribution



क्र.सं. Sl. No.	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान का भाग Worker's Share	प्रशासनिक प्रभार की देय राशि Amount of Administrative charges due	प्रशासनिक प्रभार की भेजी गई राशि Amount of Administrative charges remitted	भेजने की तारीख Date of Remittance (enclose triplicate copies of Challan)
		श्रमिक से वसूल किया गया / recovered from the workers	नियोक्ता से देय payable by the employer				
1	79366	79366	2912	शून्य NIL	873	873	14/08/2008
2	79366	79366	6611	शून्य NIL	शून्य NIL	शून्य NIL	14/08/2008
3	79366	79366	397	शून्य NIL	48	48	14/08/2008

बैंक का नाम व पता जहाँ
राशि विप्रैत की गई है।

Name & Address of the bank in
which the amount is remitted

STATE BANK OF INDIA - M.G. ROAD, SEC

क.प्र.नि. E.P.F.	पेंशन निधि Pension Fund	क.नि.स.बी. E.D.L.I.
23	-	-
02	-	-
01	-	-
24	-	-

कुल सं. / Total No. of Employees
(Contract)

Rest
Subscribers as per last month
Subscribers (vide Form 5)
आधार पर), नया अंशदाताओं की सं.
Subscribers left service (Vide Form 10)
आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं.
Subscribers left service (Vide Form 10)

कुल सं.
Number of Subscribers

For MEHTA & MODI HOMES

नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
Signature of Employer's Office
with Official (Seal)

- Instruct:
1. Colour of the form
 2. Colour of the stamp
 3. Colour of the ink
 4. Colour of the paper
 5. In case of any defect

कर्मचारियों के नामों का सूचीकरण

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 July 2008.

कर्मचारी का नाम एवं पता
 Name & Address of the Factory / Est. **SOHAM MANSION, M. G. ROAD, SECUNDERABAD - 500 003**

कोड संख्या/Code No. **API/56008**

क्र.सं. I.No.	लेखा सं. 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 एवं 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)	अभ्युक्ति Remarks
1	AP/56008/57	M. LAYANA	M. ANUSUJA	21-1-88	F	1-7-08	8	
2	58	N. VINOD KUMAR	N. DIVYASRI	16-6-77	M	1-7-08		9

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

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

मही पत्रन निपुणक मूनी किरु नाने हे !
This form supplied free of cost

फॉर्म - 10 / FORM 10

कर्मचारी पेंशन निधि 1952 (प्रा 36) (2) (क) और (ख) और कर्मचारी पेंशन स्कीम 1995 (प्रा 20) (2)
THE EMPLOYEES' PENSION FUNDS SCHEME 1952 (Paragraph 36(2)(a) AND THE EMPLOYEES' PENSION SCHEME 1995 (Para 20(2))



JUNE - 08

प्राह के दौरान नौकरी छोड़ने वाले सदस्यों के विवरणों का
Return of the members leaving service during the month of

फैक्टरी/स्थान का नाम तथा पता / Name & Address of the Factory / Est. कोड संख्या / Code No. AP/.....
SOHAM MANSION, M: G: ROAD,
SECUNDERABAD - 500 003

क्र.स. 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	अभ्युक्तियों Remarks
1	2	3	4	5	6	7
1	AP 141D 2608/S3	S. SWATHI	S. Shaniga	16-6-08	Be the Project	

* कृपया बताएं कि क्या सदस्य (क) स्कीम के प्रा 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 बाट के कारण स्थाई तथा पूर्ण अशक्तता (ड) बरखा (च) सेवा से स्वयंपत्र (छ) अन्य स्थान पर नौकरी पान (नियोजक का नाम तथा पता का उल्लेख करें) (ज) पुराने (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
रूप में नौकरी मुआवजा अदा किया गया / नहीं किया गया।
अर्थात् was paid / not paid
* Certified that the member mentioned at Serial No. Shri under the Industrial Dispute Act, 1947
रिचार्जमेंट कंपेंसेशन के रु.

FOR MEHTA & MODI HOMES
Signature of the Employer
or Authorised Officer

दिनांक / Date:



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

56008

1. Business Number 3526392621 2. Full Name of the Establishment MEHTA G MADHOMES 3. For the Month JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER JANUARY FEBRUARY MARCH APRIL MAY JUNE 4. Type of return (Tick mark any one) Regular Supplementary Revised 5. Contribution paid under protest (Amount in Rs.)

Sl. No.	A	B	C	D	E	F	G	H	I	J	K		L	M		N		O		P
											Voluntary	Employer		PF Contributions	Employer	Wages (Y/N)	Employee	Employer	Employee	
21			551	Direct	6500						780	239	541							
22			561		1903						228	70	159							
23			571		240001						288	88	200							
			581		300001						360	110	250							
			591		79366						9521	29146611								

(Signature)

SHANKER REDDY

ADMIN-MANAGER

For CLAIMS : Call 1800-209-8888 (Toll free from all phones)
For RENEWALS : Visit www.icicilombard.com or call 1800-209-8888

DETAILS OF THE POLICY HOLDER 93031050-7791-000-1,186-True

POLICY DETAILS

Insured Name M/s MODI AND MODI CONSTRUCTIONS
Insured Address H NO.5-4-1873 AND 4,ND FLOOR,,
SAHAN MANSION M G
ROAD,SECUNDERABAD,,
SECUNDERABAD S D ROAD,
Contact No (s) Mobile No.- 9246265445
Email Address

Policy Issuing Office Zenith House, Keshavrao khadye Marg, Mahalaxmi,
Mumbai-400034.
Period of Insurance From : 00:00 30/03/2010 To: 29/03/2011 midnight
Policy Issued On 05/03/2010 12:00:00
Cover Note No: 58861381
RTO Location ANDHRA PRADESH-SECUNDERABAD
Hypothecated to Category

VEHICLE DETAILS

Registration Number	Make	Model	Type of Body	CC	Mfg. year	Seating Capacity	Chassis Number
AP-10-AK-7871	Tata Motors	INDICA XETA GLS-BS III	Saloon	1193	2007	5	48245
Engine Number	Vehicle IDV (in Rs.)	Trailer (in Rs.)	Non-Electrical Acc.(in Rs.)	Elec /Electronic Acc. (in Rs.)	CNG/LPG Unit(In Rs.)	Total Value (In Rs.)	
46416	253645	0	0	0	0	253,645.00	

SCHEDULE OF PREMIUM (IN . RS)

Own Damage(A)		Liability(B)	
Basic Own Damage	6,476.00	Basic Third Party Liability	800.00
Less	1,619.00	Total	800.00
Bonus Percent(25%)	1,619.00	Add	25.00
Total Discount		Legal Liability Paid Driver	25.00
		Sub-Total (Additions)	25.00
Total Own Damage Premium	4,857.00	Total Liability Premium	825.00
Total Package Premium (A+B)		5,682.00	
Service Tax (Inclusive Education Cess & Higher Education Cess)		585.00	
Total Premium Payable (In Rs.)		6,267.00	

Geographical Area: India

Compulsory Deductibles: Rs. 500.00

LIMITS OF LIABILITY : (a) Under Section II - 1 (i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act.1988.
(b) Under Section II - 1 (i) of the policy -> Damage to Third Party Property Rs.750,000.00;PA Cover for Owner-Driver under section III-CSI Rs. 0.00 VoluntaryDeductible Rs.0.00

LIMITATIONS AS TO USE: The policy covers use of the vehicle for any purpose other than : Hire or reward,Carriage of goods(other than samples or personal luggage), Organized racing, Pace making, Speed testing,Reliability trials,Any purpose in connection with Motor Trade.

DRIVER'S CLAUSES : Any person including the insured : Provided that a person driving holds an effective Driving License at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY'. For legal interpretation, English version will hold good.

Subject to IMT Endorsement Nos. & Memorandum printed herein / attached hereto : 28 / 22

Premium Collection Details :- (Collection No / Amount/ Receipt date) - 1020715179 / Rs. 6267 / 06/02/2010.

DISCLAIMER: Please visit www.icicilombard.com for the policy wordings for complete details on terms and conditions governing the coverage and NCB. This document is to be read with the policy wordings.

Policy is valid subject to realization of cheque. We accept premium only via legally recognized modes except for cash. If our representative request you to pay in cash, kindly report it to us.

*For information on ombudsman you may visit our website www.icicilombard.com

I/We here by certify that the policy to which the certificate relates as well as the certificate of insurance are issued in accordance with the provision of chapter X,XI of M.V Act 1988
Service Tax Registration No. GIS/ MUMBAI-1 / 1523 / 2001, Service Tax Code Number : AAAC7904GST001
Category : General Insurance Business Services 00440005.
In Witness whereof this Policy has been signed at Mumbai this 05/03/2010 in lieu of covernote No. 58861381
The stamp duty of Rs. 0.5 paid in cash or by demand draft or by pay order, vide Receipt/Challan no. 38201 dated 2010-01-12 00:00:00

For ICICI Lombard General Insurance Company Limited

Dhruv Rajwade
Duly Constituted Attorne(s)

ICICI Lombard General Insurance Company Limited.

Mailing Add. Office: ICICI General Insurance Company Limited, Interface Building No. 11, 401/402 4th Floor, New Link Road Mala (W), Mumbai - 400 064.
Corporate Office: ICICI Lombard General Insurance Company Limited, Zenith House, Keshavrao Khadye Marg, 2nd Floor, Mahalaxmi, Mumbai - 400 034.

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 RUBRIC 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: 56008

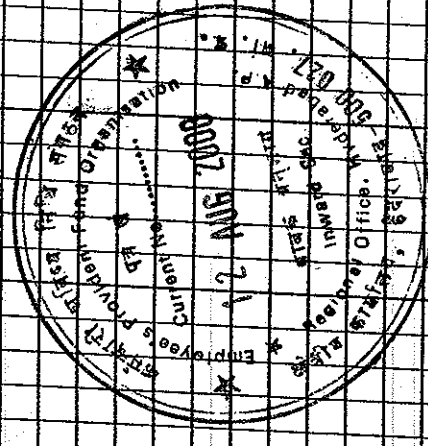
2. Full Name of the Establishment: M/s. MEHTA & MOJI HOMES

3. For the Month: JUNE 2008

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	Employer			Employee	Employer		
Sl. No.	Social Security Number (SSN) of members	PF Account No.	Direct Contract	Wages	DOL	DOL	RFL Code	NCP Days	VPF Rates	PF Contributions	EP Contributions	Wages (V/N) Higher	Recovery of Overpayment	Penal Interest on Refund of advance/over payment			
01		01		6500						239	541						
02		05		6500						239	541						
03		14		2000						73	167						
04		18		2900						106	242						
05		26		2500						92	208						
06		28		3200						117	267						
07		31		6500						239	541						
08		32		2600						73	167						
09		33		2000						69	155						
10		34		1867						147	334						
11		35		4010						59	133						
12		36		1600						83	188						
13		38		2253						88	200						
14		39		2400						161	367						
15		40		4400						117	267						
16		41		3200						81	183						
17		47		2200						220	500						
18		48		6000						87	196						
19		50		2360						121	273						
20		52		3280													



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

Q Wage (Sum of E)	79685
R EPF Contributions (K+N)	12486
S EPF Administration Charges	877
T EPS Contributions (Sum of L)	6638
U EDLI Contributions	398
V EDLI Administrative Charges	118
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

Base Branch Name: SBI MARGA ROAD Base Branch Code: 3032

Challan Ref. No.: 16070803032008 Cheque/DD Date: 12-07-2008

Cheque/DD No.: 110318 Amount Paid (in Rs.): 20444

Bank Name (On which Cheque drawn): SBI MARGA ROAD

Branch Name: MARGA ROAD Branch Address: MARGA ROAD - SEC

AA Interest on Securities
 AB Legal Charges
 Penalty
 Payment Under Protest

- 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'.

- 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 Infirmary.
 - 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

MM	YYYY	EPF	EDLI	EDF Admn.	EDLI Admn.

Filer License No.

Details furnished on (By Employer)

Name of Employer/Authorized Representative: SHANKER REDDY

Designation of Employer/Authorized Representative: ADMIN. MANAGER

Signature of Employer/Authorized Representative: [Signature]

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

Business No. 3520390001

VDR No.:

(To be filled in by EPFO)

For the Month of 05 20 08

M M Y Y Y Y

(Amount in Rs.) 20179

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
1.	Contribution, Administrative/ Inspection Charges	9437	2886	12323	865	6550	393	48	20179
2(a)	Interest Under Section 7Q	-	-	-	-	-	-	-	-
2(b)	Damages Under Section 14B	-	-	-	-	-	-	-	-
3.	Miscellaneous payments	-	-	-	-	-	-	-	-
	Total	9437	2886	12323	865	6550	393	48	20179

Mode of Payment (Tick): Cheque Cash DD Transfer

Name of the Establishment: M/s MEHTA AND MODI HOMES
5-4-187/3 & 4, II FLOOR,
SOHAM MANSON, M. G. ROAD,
SECUNDERABAD - 500 003

Address: SECUNDERABAD - 500 003

Pin 500003

Name of the Depositor: Hemant

Signature of Depositor: [Signature]

Date of Deposit: 16 06 20 08
Cheque/DD No.: 110299
Cheque/DD Date: 14 06 20 08
Amount Received (Rs.): 20179
Deposit Bank Code: 3032
Deposit Branch Name: SBI MG ROAD
Bank Name: SBI MG ROAD - SEC
(on which Cheque/DD drawn)



Instructions to the employer:
 - Use separate challan for different months - Write legibly without any overwriting / correction / erasure. - 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. 16106080502200138

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

EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

TO 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. 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.

3. For the Month 05 - 20 08

4. Type of return (Tick mark any one)

Regular Supplementary Revised

5. Contribution paid under protest

6. Name of Employer M/s. MEHTA AND MODI HOMES

D	E	F	G	H	I	J	K		L	M	N		O		P	
							Voluntary	Employer			Employee	Employer	Employee	Employer	Employee	Employer
Direct contract	Wages	DOL 2 digit	DOL 2 digit	RFL Code	NCP Days	VPF Rates	PF Contributions		EPS Contributions	EPS on Higher Wages (Y/N)	Refund of Advances		Recovery of Overpayment		Penal Interest on Refund of advance/over payment	
	6500						780	239	541							
	6500						780	239	541							
	2000						240	73	167							
	2000						240	73	167							
	2900						348	106	242							
	2500						300	92	208							
	3200						384	117	267							
	6500						780	239	541							
	2600						312	95	217							
	2000						240	73	167							
	1290						155	47	107							
	3687						442	135	307							
	1394						167	51	116							
	2097						252	77	175							
	2400						288	88	200							
	4400						528	161	367							
	3027						372	114	258							
	1845						221	68	154							
	6000						720	220	500							
	2400						288	88	200							

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'.

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 16 - 06 - 2008
 Base Branch Name SBI MG ROAD Base Branch Code 3032
 Challan Ref. No. 60608030300038

EMPLOYEES' PROVIDENT FUND ORGANISATION

Form R1 - Monthly Return for Employers

(CONTINUATION SHEET)

5. Contribution paid under prote

4. Type of return (Tick mark any one)

Regular Supplementary Revised

3. For the Month

05-2008
M M Y Y Y Y

Employment

MEHTA AND MODI HOMES

D	E	F	G	H	I	J	K			L	M	N		O		Penal Inter. of Advance/Overpayment	Employee Em
							Voluntary	Employee	Employer			Employee	Employer	Employee	Employer		
Direct Contract	Wages	DOJ 2-digit	DOJ 2-digit	FFL Code	NCP Days	VPF Rates	PF Contributions			EPS Contributions	ES Higher Wages (Y/N)	Refund of Advances	Recovery of Overpayment	Employee	Employer		
	3280						394		120	273							
	1872						225		69	156							
	1674						201		62	140							
	6500						780		239	541							
	58639						9437		288	56552							



फॉर्म -10 / FORM 10

सभी प्रपत्र नि:शुल्क 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

MAY - 08
AYD / 53008

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

SOHAM MANSION, M. G. ROAD,
SECUNDERABAD 500 002

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)	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*	अभ्युक्तियाँ Remarks
1	2	3	4	5	6	7
1	AP-HYA-56008/14	V. SAI JINESH	V. LAKMI BAI	31-5-08	Better prospect	

* कुन्या बतारे 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 प्राप्त (नियोजक का नाम तथा पता का उल्लेख करें) (ज) शुरु (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) Pl. & 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..... 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

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

दिनांक / Date :

DUPLICATE

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

56008

M M Y Y Y Y

Business No.

For the Month of

VDR No.:

(To be filled in by EPFO)

(Amount in Rs.)

20713.00

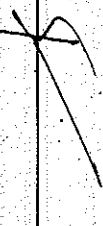
Sl. No.	Particulars	A/c No. 1		A/c No. 2	A/c No. 10	A/c No. 21	A/c No. 22	Total
		Employees' Share	Employer's Share					
1.	Contribution, Administrative/ Inspection Charges	9687	2962	12649	888	6724	404	88 20713
2(a).	Interest Under Section 7Q	-	-	-	-	-	-	-
2(b).	Damages Under Section 14B	-	-	-	-	-	-	-
3.	Miscellaneous payments	-	-	-	-	-	-	-
	Total	9687	2962	12649	888	6724	404	88 20713

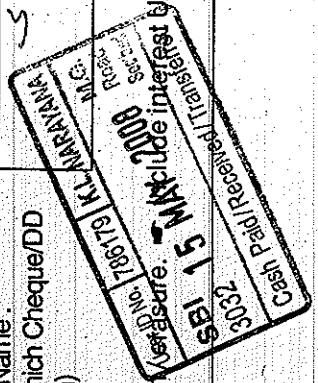
Mode of Payment (Tick): Cheque Cash DD Transfer

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

Date of Deposit: - -
Cheque/DD No.:
Cheque/DD Date: - -
Amount Received (Rs.):
Deposit Bank Code:
Deposit Branch Name:
Bank Name:

Name of the Depositor: HEMENDRA

Signature of Depositor: 



Instructions to the employer:

- Use separate challan for different months
- Write legibly without any overwriting / correction / overwriting / correction
- Pay the dues through local cheque only.

(To be filled in by the Bank)

Challan Reference No.

Date of Presentation - - M M Y Y Y Y
Date of Realisation - - M M Y Y Y Y
Date of Credit - - 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 ENGLISH IN CAPITAL LETTERS USING BLUE/BLACK BALL POINT PEN ONLY.

5608

1. Business Number: 3520390001

2. Full Name of the Establishment: M/S. MEHTA AND MODI HOMES

3. For the Month: 04-2008

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

5. Contribution paid under protest: []

6. Statement of member-wise Dues

Main table with columns A-P: Si. No., Social Security Number (SSN), PF Account No., Direct Contract, Wages, NCP Days, VPF Rates, PF Contributions, EPS Contributions, Return of Advances, Recovery of Overpayment, Penal Interest on Refund of advance/over payment.

7. Total Dues towards EPFO (Amount in Rs.)

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.

9. Amount Paid (in Rs.)

10. Bank Name (On which Cheque drawn)

11. Branch Name

12. Branch Address

13. AA Interest on Securities

14. AB Legal Charges

15. AC Penalty

16. AD EPF

17. AE EPS

18. AF EDLI

19. AG EDF Admn.

20. AH EDLI Admn.

21. AI Panel Damages

22. AJ Interest-u/s-7Q

23. AM Yyyy

24. AN EDLI

25. AO EPS

26. AP EDF Admn.

27. AQ EDLI Admn.

28. AR EPF

29. AS EPS

30. AT EDLI

31. AU EDF Admn.

32. AV EDLI Admn.

33. AW EPF

34. AX EPS

35. AY EDLI

Instructions

1. Column D: Please mention 'D' if member is a direct employee, and 'C' if contract employee.

2. Column F: DOJ means 'Date of Joining'. Give date in 'DD' format only in respect of employee's who have joined in the month.

3. Column G: DOL means 'Date of Leaving'. Give date of 'DD' format only in respect of employee's who left during the month.

4. Column H: RFL means 'Reason for Leaving Service'. Select Proper code from box below.

5. In case exempted under EPF scheme, leave columns 'K' & 'N' & item 'R' & 'S' blank and fill item 'W'.

6. In case exempted under EPS scheme, leave column 'L' and item 'T' blank.

7. 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 Infirmary.

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

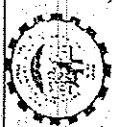
Name of Employer/Authorized Representative

SHANKER KAPOOR

Signature of Employer/Authorized Representative

Demigration of Employer/Authorized Representative

Admin. MANDAL



EMPLOYEES' PROVIDENT FUND ORGANISATION
Form R1 - Monthly Return for Employers

1. Business Number
3520390001

2. Full Name of the Establishment AND MODI HOMES
5-4-1873 & 4, II FLOOR

6. Statement of member-wise Dues

(CONTINUATION SHEET)

3. For the Month
04.01.08
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	PF Account No.	Direct Contract	E Wages		F DOL No. digit	G DOL No. digit	H FL Code	I NCP Days	J VPF Rates	K PF Contributions		L EPS Contributions	M EPS Higher Wages (Y/N)		N Refund of Advances		O Recovery of Overpayment		P Penal Interest on Refu. of Advances/Over Payme
				Voluntary	Employee						Employer	Employee		Employer	Employee	Employer	Employee	Employer		
21		50	<input checked="" type="checkbox"/>	2160								259	79							
22		51	<input checked="" type="checkbox"/>	4611.01								553	169							
23		52	<input checked="" type="checkbox"/>	3280.01								324	120							
24		53	<input checked="" type="checkbox"/>	1968.01								236	72							
25		54	<input checked="" type="checkbox"/>	1933.01								234	710							
			<input checked="" type="checkbox"/>	80722								9687	2959							
			<input checked="" type="checkbox"/>	80722								29587								

Name of Employer/Authorized Representative

SHANKAR R. FADY

ADMIN. MANAGER

(Signature)

Signature of Employer/Authorized Representative

फॉर्म - 5 / FORM 5

कर्मचारी भविष्य निधि, 1952 (पैग 36) (2) (क) और कर्मचारी पेंशन स्कीम 1995 (पैग 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 विवरणी

turn of Employees qualifying for membership of the Employees' Provident Fund, Employees Pension Fund & Employees' Deposit Linked Insurance Fund for the first time

ing the month of A.P.R. 2008. इसे प्रपत्र 2 (कर्मचारी भविष्य निधि एवं कर्मचारी पेंशन निधि) के साथ आयुक्त को भेजा जाए। / To be sent to the Commissioner with Form 2 (EPF & EPS)

कोड संख्या / Code No. **AP/HYA/56008**

6-4-1873 & 4, II FLOOR,

SOHAM MANSION, M. G. ROAD,

SECUNDERABAD - 500 003

क्र.सं. Sl. No.	लेखा सं. Account No.	कर्मचारी का नाम (सबू अक्षरों में) Name of the Employee (in block capitals)	(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 संपन्न करें यदि लागू हो) / Total period of previous service as on the date of joining the Fund (Enclose Scheme Certificate if applicable)	अभ्युक्तियों Remarks
1	AP-110-56008/51	G. NARAYANA		1962	M	1-4-2008		
2	AP-110-56008/52	K. HEMENDRA	LATE. D. KANAYA	1987	F	1-4-2008		
3	AP-110-56008/53	S. SWATHI	S. MURUGHAR	1986	M	1-4-2008		
4	AP-110-56008/54	A. ARVIND KUMAR	A. BRAMIAH					

M/S. MEHTA AND MODI HOMES
5-4-1873 & 4, II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003

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

दिनांक :
Date :

EMPLOYEES' PROVIDENT FUND ORGANISATION

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

TRIPPLICATE

Business No.

For the Month of - M M Y Y Y Y

VDR No.:

(To be filled in by EPFO)

(Amount in Rs.)

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	7757	2373	10130	711	5385	323	16597
2(a).	Interest Under Section 7Q	-	-	-	-	-	-	-
2(b).	Damages Under Section 14B	-	-	-	-	-	-	-
3.	Miscellaneous payments	-	-	-	-	-	-	-
	Total	7757	2373	10130	711	5385	323	16597

Mode of Payment (Tick): Cheque Cash DD Transfer

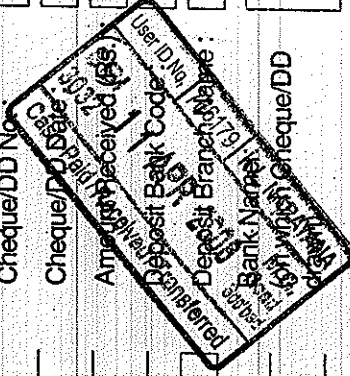
Name of the Establishment: M/s. MEHTA AND MODI HOMES
 5-4-187.3. & 4, II FLOOR,
 SOHAM MANSION, M. G. ROAD,
 SECUNDERABAD - 500-003

Date of Deposit:

Cheque/DD No.

Cheque/DD No.

Amount



Name of the Depositor: D K HEEMENDRA

Signature of Depositor: [Signature]

Instructions to the employer:

- Use separate challan for different months
- Write legibly without any overwriting / correction / erasure.
- 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.

Date of Presentation - -

Date of Realisation - -

Date of Credit - -

EMPLOYEES' PROVIDENT FUND ORGANIZATION
Form RI - Monthly Return for Employers

1. Business Member: 5608
 2. Full Name of the Establishment: M/S. MEHTA AND MODI HOMES
 3. For the Month: 03 20 08
 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 Contract	Wages	DOL 2 digit	DOL 2 digit	RFL Code	NCP Days	VPF Rates	PF Contributions		EPS on Higher Wages (VM)	Refund of Advances		Recovery of Overpayment		Penal Interest on Refund of advance/over payment
										Voluntary	Employee		Employee	Employer	Employee	Employer	
01				6500						780	239	541					
02		01		6500	31					780	239	541					
03		02		6194						743	227	516					
04		03		2170						260	80	181					
05		04		1137						136	42	95					
06		05		1500						180	55	125					
07		06		2263						272	83	188					
08		07		1968						236	72	164					
09		08		1881						226	69	157					
10		09		5400						648	198	450					
11		10		2300						276	84	192					
12		11		-						-	-	-					
13		12		1600						192	59	133					
14		13		2665						320	98	222					
15		14		-						-	-	-					
16		15		1968						236	72	164					
17		16		3000						360	110	250					
18		17		2300						276	84	192					
19		18		3354	31					402	123	279					
20		19		1456	31					175	53	121					

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)	64646
S EPF Administrative Charges	10189
T EPS Contributions (Sum of L)	711
U EDLI Contributions	5385
V EDLI Administrative Charges	323
W EPF Inspection Charges	48
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 11 04 2008
 Base Branch Name SBI MG ROAD Base Branch Code 3031
 Challan Ref. No. 10264 Cheque/DD Date 10 04 2008
 Cheque/DD No. 16597
 Amount Paid (in Rs.) 10014 2008
 Bank Name (On which Cheque drawn) SBI MG ROAD
 Branch Name MG ROAD SEZ
 Branch Address MG Road SEZ

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'.

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 Infirmary.
 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

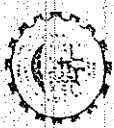
9. (Amount in Rs.)

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

10. (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')

MM	YY	EPF	EDLI	EDF Admn.	EDLI Admn.

11. Filer License No. 3520320001
 Details furnished on (By Employer) Shanker Ruddy
 Name of Employer/Authorized Representative Shanker Ruddy
 Designation of Employer/Authorized Representative ADMIN-MANAGER



EMPLOYEES' PROVIDENT FUND ORGANISATION
Form R1 - Monthly Return for Employers

(CONTINUATION SHEET)

1. Business Number: 56008

2. Full Name of the Establishment: 35203900101

3. For the Month: 03 / 06 / 08 (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 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 EPS or Higher Wages (Y/N)	N Refund of Advances		O Recovery of Overpayment		P Penal Interest on Refund of Advance/Over Payment		
										Voluntary	Employee			Employer	Employee	Employer	Employee	Employer	Employee	Employer
01		44	<input checked="" type="checkbox"/>	1524							183	56								
		48	<input checked="" type="checkbox"/>	5030							604	185								
		49	<input checked="" type="checkbox"/>		02															
		50	<input checked="" type="checkbox"/>	1968							236	72								
		39	<input checked="" type="checkbox"/>	1968							236	72								
			<input checked="" type="checkbox"/>	6464.6							7757	2372.5385								

Name of Employer/Authorized Representative: SHANKER LEADY

Designation of Employer/Authorized Representative: Admin - MANAGER

Signature of Employer/Authorized Representative: [Signature]

One

Revised

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

फार्म - 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

माह के दौरान नौकरी छोड़ने वाले सदस्यों की विवरणी माह,

Return of the members leaving service during the month of

5-4-1873 & 4, 11 FLOOR

SOHAM MANSION, M. G. ROAD

SECTERIAL ROAD

कोड संख्या/Code No. AP/.....

1110/56008

MAR-2008

1110/56008

1110/56008

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1110/56008

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1110/56008

1110/56008

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*	अभ्युक्तियाँ Remarks
2	K. VISHWESH	4	5	6	7
3	HARISHWAR	4	5	6	7
4	BHAYANI PRASAD	4	5	6	7
5	G. YENKESHWAR	4	5	6	7

गुणों के बिना 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) नरकास्त (च) सेवा से त्यागपत्र (छ) अन्य स्थान पर
स्थान (दियोजना का नाम तथा पता का उल्लेख करें) (ज) मृत्यु (झ) 58 वर्ष की आयु होने पर
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)
aged (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.
यथा जाता है कि श्री..... जिसका उल्लेख क्र. संख्या..... पर लिया गया है को औद्योगिक विवाह अधिनियम 1947 के
रूपरे को छुट्टी मुआवजा अदा किया गया / नहीं किया गया।
..... was paid / not paid
..... under the Industrial Dispute Act, 1947

Signature of the Employer
or Authorised Officer

Date :

1110/56008

1110/56008

1110/56008

98840/19131322 ORIGINAL

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

Business No. 3520390001 For the Month of 02 - 2008 M M Y Y Y Y
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	8268	2528	10796	5739	344	48	17685
2(a).	Interest Under Section 7Q	-	-	-	-	-	-	-
2(b).	Damages Under Section 14B	-	-	-	-	-	-	-
3.	Miscellaneous payments	-	-	-	-	-	-	-
	Total	8268	2528	10796	5739	344	48	17685

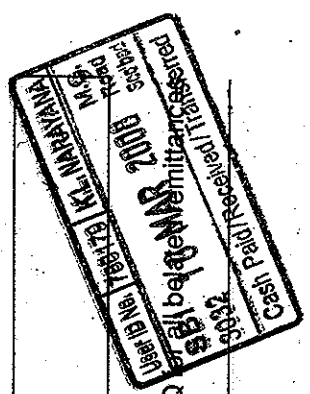
Mode of Payment (Tick): Cash DD Transfer Cheque

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

Date of Deposit: 18-03-2008
 Cheque/DD No.: 110218
 Cheque/DD Date: 15-03-2008
 Amount Received (Rs.): 17685
 Deposit Bank Code: SBI 3032
 Deposit Branch Name: SBI MG Road
 Bank Name: SBI

Name of the Depositor: A K HEMNANDRA
 Signature of Depositor: _____
 Pin: _____

Instructions to the employer:
 Use separate challan for different months.
 Write legibly without any overwriting / correction / erasure.
 Include interest U/S 7Q
 Pay the dues through local cheque only.



(To be filled in by the Bank)

Challan Reference No. 18030803034003

Date of Presentation: 18-03-2008 D D M M Y Y Y Y
 Date of Realisation: 18-03-2008 D D M M Y Y Y Y
 Date of Credit: 18-03-2008 D D M M Y Y Y Y

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

TRIPPLICATE

Business No. 3520390001

M M Y Y Y Y

For the Month of

02 - 2008

VDR No.:

(To be filled in by EPFO)

(Amount in Rs.)

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
1.	Contribution, Administrative/ Inspection Charges	8268	2528	10796	758	5739	344	48	17685
2(a).	Interest Under Section 7Q	-	-	-	-	-	-	-	-
2(b).	Damages Under Section 14B	-	-	-	-	-	-	-	-
3.	Miscellaneous payments	-	-	-	-	-	-	-	-
	Total	8268	2528	10796	758	5739	344	48	17685

Mode of Payment (Tick): Cheque Cash DD Transfer

Name of the Establishment: **M/s. MEHTA AND MODI HOMES**
5-4-187, 3 & 4, 11/FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 003

Date of Deposit: 18-03-2008
Cheque/DD No.: 110218
Cheque/DD Date: 15-03-2008
Amount Received (Rs.): 17685
Deposit Bank Code: SBI 3032
Deposit Branch Name: SBI McLeod
Bank Name: SBI

Name of the Depositor: **A K HEEMENARA** Pin
Signature of Depositor:

Instructions to the employer:

- Use separate challan for different months
- Write legibly without any overwriting / correction / erasure
- 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.

D D M M Y Y Y Y

Date of Presentation

D D M M Y Y Y Y

Date of Realisation

D D

Date of Credit

M M Y Y Y Y

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

DUPLICATE

Business No.

M M Y Y Y Y

For the Month of - -

VDR No.:

(To be filled in by EPFO)

(Amount in Rs.)

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
1.	Contribution, Administrative/ Inspection Charges	8268	2528	10796	758	5739	344	48	17685
2(a).	Interest Under Section 7Q	-	-	-	-	-	-	-	-
2(b).	Damages Under Section 14B	-	-	-	-	-	-	-	-
3.	Miscellaneous payments	-	-	-	-	-	-	-	-
	Total	8268	2528	10796	758	5739	344	48	17685

Mode of Payment (Tick): Cheque Cash DD Transfer

Date of Deposit: - -

Name of the Establishment: M/s. MEHTA AND MODI HOMES

5-4-187, 3 & 4, II FLOOR,

SOHAM MANSION, M. G. ROAD,

SECUNDERABAD - 500 003

Cheque/DD No.:

Cheque/DD Date: - -

Amount Received (Rs.): 17685

Deposit Bank Code: SBIB3032

Deposit Branch Name: SBI MG Road

Bank Name: SBI

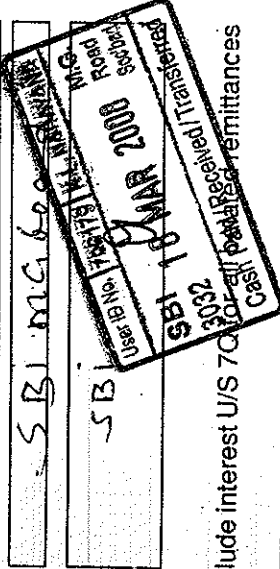
(on which Cheque/DD drawn)

Name of the Depositor: A. K. HEHENDRA

Signature of Depositor:

Instructions to the employer:

- Use separate challan for different months
- Write legibly without any overwriting / correction / erasure.
- Include interest U/S 7Q
- Pay the dues through local cheque only.



(To be filled in by the Bank)

Challan Reference No.

D D M M Y Y Y Y

D D M M Y Y Y Y

Date of Presentation - -

Date of Realisation - -

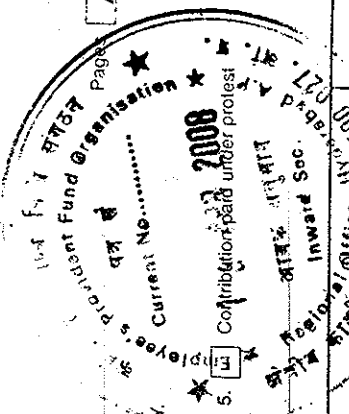
Date of Credit - -

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.

1. Business Number AP-440-56008
 2. Full Name of the Establishment M/s. MEHTA AND MODI HOMES
 3. For the Month 02-2008
 4. Type of return (Tick mark any one)
 Regular Supplementary Revised



Sl. No.	Social Security Number (SSN) of members	PF Account No.	Direct	Wages		NCP Days	VPF Rates	PF Contributions		EPS Contributions	Refund of Advances		Recovery of Overpayment	Penal Interest on Refund of advance/over payment
				E	D			Voluntary	Employee		Employer	Employee		
01				6500	01			780	239	541				
02				6500	04			780	239	541				
03				6179	05			741	227	515				
04				2240	08			269	82	187				
05				1500	13			180	55	125				
06				2300	18			180	55	125				
07				2000	26			276	84	192				
08				2104	28			240	73	167				
09				5450	31			255	78	177				
10				-	33			648	198	450				
11				-	34			-	-	-				
12				1600	34			192	59	133				
13				2800	35			336	103	233				
14				1545	36			185	57	129				
15				-	37			-	-	-				
16				1828	38			219	67	152				
17				1968	39			236	72	164				
18				3000	40			360	110	250				
19				2300	41			276	84	192				
20				3230	42			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)	
R EPF Contributions (K+N)	68893
S EPF Administration Charges	10795
T EPS Contributions (Sum of L)	758
U EDLI Contributions	5740
V EDLI Administrative Charges	344
W EPF Inspection Charges	18
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 12-03-2008 Base Branch Code 23032
 Base Branch Name SBI MG ROAD Cheque/DD No. 180308030320003 Chaitan Ref. No. 180308030320003
 Cheque/DD No. 110248 Cheque/DD Date 15-03-2008
 Amount Paid (In Rs.) 19685
 Bank Name (On which Cheque drawn) SBI
 Branch Name MG ROAD
 Branch Address MG ROAD, RANIGANJ - SEC

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 SHANKER REDDY
 Designation of Employer/Authorized Representative ADMIN-MANAGER

Signature of Employer/Authorized Representative

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 Services'. 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/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

MM YYYY

MM	YYYY	EDLI	EDF Admn.	EDLI Admn.

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

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

AP-HYA-5608

1. Business Number
3526390001

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

3. For the Month
02 - 2023
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	C PF Account No.	D Direct	E Wages	F DOL	G DOL	H RF Code	I NCP Days	J VPF Rates	K PF Contributions			L EPS Contributions	M ES 55 Higher Wages (VA)	N Refund of Advances		O Recovery of Overpayment		P Penal Interest on Refund of Advance/Over Payment	
										Voluntary	Employee	Employer			Employee	Employer	Employee	Employer	Employee	Employer
		44	<input checked="" type="checkbox"/>	1530							184	56	127							
		47	<input checked="" type="checkbox"/>	1357							153	50	113							
		48	<input checked="" type="checkbox"/>	5030							604	185	419							
		49	<input checked="" type="checkbox"/>	2186							262	80	182							
		32	<input checked="" type="checkbox"/>	2300							276	84	192							
		50	<input checked="" type="checkbox"/>	196801							236	72	164							
				68893							8267	2528	5710							

Name of Employer/Authorized Representative

SHANKERREDDY

(Signature)
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)) AND THE EMPLOYEES' PENSION SCHEME 1995 (Para 20(2))
M/S. MEHTA AND MODI HOMES

फैक्टरी/स्थापना का नाम तथा पता /

5-4-187 3 & 4, II FLOOR,
SONAMUNITION, M. G. ROAD,

Name & Address of the Factory / Est. SEUNDERABAD 500 003

माह के दौरान नौकरी छोड़ने वाले कर्मचारियों की संख्या विद्यमान माह,
Return of the members leaving service during the month of

FEB - 08

कोड संख्या/Code No. AP/..... H.Y.A./S.B.008

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 अशक्तता (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 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 छुट्टी मुआवजा अदा किया गया / नहीं किया गया।
 "Certified that the member mentioned at Serial No. under the Industrial Dispute Act, 1947"

दिनांक / Date : was paid / not paid
 नियोजता के हस्ताक्षर Signatory
 Signature of the Employer or Authorised Officer

FOR MEHTA & MODI HOMES

Handwritten signature and name of the signatory

Signature of the Employer or Authorised Officer

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

Duplicate

Business No. 3526390001

M M Y Y Y Y

For the Month of 07 - 2008

VDR No.:

(To be filled in by EPFO)

(Amount in Rs.)

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	8184	2502	750	5681	341	48	17506
2(a).	Interest Under Section 7Q	-	-	-	-	-	-	-
2(b).	Damages Under Section 14B	-	-	-	-	-	-	-
3.	Miscellaneous payments	-	-	-	-	-	-	-
	Total	8184	2502	750	5681	341	48	17506

Mode of Payment (Tick): Cash DD Transfer

Name of the Establishment: M/s. MEHTA AND MODI HOMES
6-4-187/3, & 4, II FLOOR,
SOHAM MANSION, M. G. ROAD,
SECUNDERABAD - 500 000

Name of the Depositor: K. HEMENDRA
Signature of Depositor: [Signature]

Name of the Depositor: SBI MA Road
Signature of Depositor: [Signature]

Instructions to the Employer:

Use separate challan for different months. Write legibly without any overwriting / correction / erasure. Pay the dues through local cheque only.

Challan Reference No. 3526390001200807 (To be filled in by the Bank)

Date of Presentation 18 FEB 2008 Date of Realisation 28-02-2008

D D M M Y Y Y Y

D D M M Y Y Y Y

Date of Credit 28-02-2008

D D M M Y Y Y Y

Stamp: **SBI 18 FEB 2008**
Branch: **SBI MA Road**
Account No: **17506 SBI 3032**
Cash Paid / Received / Transferred: **17506**
Date: **18 FEB 2008**



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 बोयो निधि की सदस्यता को प्राप्त करने वाले कर्मचारियों की विवरणी
 Return of Employees qualifying for membership of the Employees' Provident Fund & Employees' Pension Fund for the first time
 during the month of DEC. 2017

फैक्टरी/स्थापना का नाम एवं पता
 Name & Address of the Factory / Estt. SOHAM MANSION, M. G. ROAD, 3RD & 4TH FLOOR, 6-4-187, 3 & 4, II FLOOR, SECUNDERABAD - 500 003

कोड संख्या/Code No. AP/1110/176008

क्र.सं. Sl.No.	लेखा सं. 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 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 <u>AP/1110/176008</u>	3 <u>A. SURESH</u>	4 <u>A. SURESH</u>	5 <u>21-11-81</u>	6 <u>M</u>	7 <u>1-12-17</u>	8 <u>9</u>	9
<p><u>M/s. MEHTA AND MODI HOMES</u> <u>6-4-187, 3 & 4, II FLOOR,</u> <u>SOHAM MANSION, M. G. ROAD,</u> <u>SECUNDERABAD - 500 003.</u></p>								

दिनांक:
Date:

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



फॉर्म -10/ FORM 10

सभी प्रपत्र 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))

MR. MEHTA AND MODI HOMES

8-4-187 3 & 4, II FLOOR, SOHAM MANSION, M. G. ROAD, SECUNDERABAD - 500 003

माह के दौरान नौकरी छोड़ने वाले सदस्यों के विवरणों में
Return of the members leaving service during the month of **DEC-07**

फैक्टरी/स्थापना का नाम तथा पता / Name & Address of the Factory / Est. **कोड संख्या/Code No. AP/..... S.D. 8**

क्र. सं. / SI. 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 का कारण / Reasons for leaving Service*

नौकरी छोड़ने की तिथि / Date of leaving Service

अभ्युक्तियों / Remarks

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* चुपचा बताए 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) बाधास्त (च) सेवा से त्यागपत्र (छ) अन्य स्थान पर नौकरी पाना (निवृत्तता 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
प्राणित किया जाता है कि श्री..... निष्का उल्लेख क्र. सख्या..... पर लिया गया है जो औद्योगिक विवाह अधिनियम 1947 के अन्तर्गत..... रुपये को छुट्टी मुआवजा अदा किया गया / नहीं किया गया।
*Certified that the member mentioned at Serial No..... Shri..... under the Industrial Dispute Act, 1947
retrenchment compensation of Rs.

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

दिनांक / Date:

