



**EMPLOYEE'S PROVIDENT FUND
ORGANISATION
ELECTRONIC CHALLAN RETURN (ECR)
(ACKNOWLEDGEMENT SLIP)**

Your ECR for the month of 05/2012 for Establishment ID APHYD0053486000 has been successfully uploaded and Challan with Temporary Return Reference Number (TRRN) 1201206005577 has been generated on 12/06/2012 17:41. The TRRN will be available for remittance for fifteen (15) days after which it will lapse.

Remittance can be made either online using CINB facility of SBI or through a local cheque/DD in any designated branch of SBI. If not remitted, you have to upload a fresh ECR and remit dues.

The provision regarding due date for remittance as per the scheme remains unchanged.

(This is a computer generated report and not requires to be signed)

EMPLOYEES' PROVIDENT FUND ORGANISATION, HYDERABAD
ELECTRONIC CHALLAN CUM RETURN (ECR)
FOR THE WAGE MONTH OF (05/2012) AND RETURN MONTH (06/2012)

ESTABLISHMENT ID : APHYD0053486000
 NAME OF ESTABLISHMENT : M/S MODI VENTURES,

Employer E-Sewa
 ECR UPLOADED 12/06/2012 17:41:47

PART A-MEMBERS' WAGE DETAILS

Member Id	Member Name	EPF Wages	EPS Wages	EPF Contribution (EE Share) due	EPF Contribution (EE Share) being remitted	EPS Contribution due	EPS Contribution being remitted	Diff EPF and EPS Contribution (ER Share) due	Diff EPF and EPS Contribution (ER Share) being remitted	NCP Days	Refund of Advances
0000001	A RAMESH	6500	6500	780	780	541	541	239	239	0	0
0000042	K SHIRISH KUMAR	6500	6500	780	780	541	541	239	239	0	0
0000054	G B RAMBABU	6500	6500	780	780	541	541	239	239	0	0
0000041	K PRABHAKER REDDY	6500	6500	780	780	541	541	239	239	0	0
0000050	A GOPI	6500	6500	780	780	541	541	239	239	0	0
0000055	M SRINIVAS RAO	6500	6500	780	780	541	541	239	239	0	0
0000024	M KEERTHI	6500	6500	780	780	541	541	239	239	0	0
0000058	P ANJIAH	6389	6389	767	767	532	532	234	234	0	0
0000053	K JAGADISHWA R REDDY	4149	4149	498	498	346	346	152	152	0	0
0000059	K RANGA CHARYULU	3249	3249	390	390	271	271	119	119	0	0
0000062	V NAVEENA YADAV	3745	3745	449	449	312	312	137	137	0	0
0000052	P SREE SWAPNA	3097	3097	372	372	258	258	114	114	0	0
0000060	R SANJAY KUMAR	2960	2960	355	355	247	247	109	109	0	0
0000061	M PRAVEEN BABU	2367	2367	284	284	197	197	87	87	0	0
0000048	R RANI	2664	2664	320	320	221	221	97	97	0	0
GRAND TOTAL		74120	74120	8895	8895	6171	6171	2722	2722	0	0

	A/C 01 EE + Refund of Advance	A/C 01 ER	A/C 02	A/C 10	A/C 21	A/C 22	TOTAL
TOTAL DUES AS PER ECR	8895	2722	815	6171	371	7	18981
TOTAL AMOUNT	8895	2722	815	6171	371	7	18981

BEING REMITTED

PART B-NEW MEMBERS' DETAILS

--Nil--

PART C-EXITING MEMBERS' DETAILS

--Nil--

PART D : MEMBER'S ARREAR DETAILS

--Nil--

NOTE: The report generated is on the basis of uploaded ECR on 12/06/2012 17:41:47 and the employer is required to verify the details before approving the return for generation of TRRN and challan. This is a digitally signed report.



**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With ECR)
(STATE BANK OF INDIA)
EMPLOYEES' PROVIDENT FUND ORGANISATION
HYDERABAD**

TRRN: 1201205007543
Employer E-Sewa

120503032000025

ESTABLISHMENT CODE & NAME : APHYD0053486000 M/S MODI VENTURES,
ADDRESS : 5-4-187/3-4, IIIIRD FLOOR, MG ROAD, SECUNDERABAD SECUNDERABAD

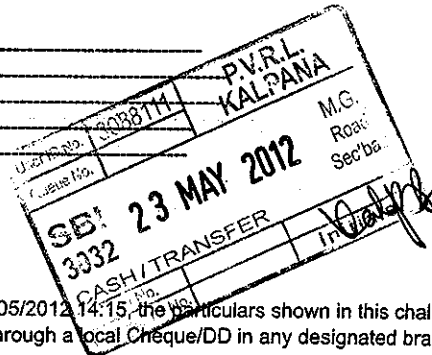
Dues for the wage month of: 04/2012

TOTAL SUBSCRIBERS:	A/C.01 15	A/C.10 15	A/C.21 15
TOTAL WAGES:	A/C.01 74300	A/C.10 74300	A/C.21 74300

SL. PARTICULARS	A/C.01	A/C.02	A/C.10	A/C.21	A/C.22	TOTAL
1. EMPLOYER'S SHARE OF CONT.	2729		6188	371		9288
2. EMPLOYEE'S SHARE OF CONT.	8916					8916
3. ADMIN CHARGES		817				817
4. INSPECTION CHARGES					7	7
5. PENAL DAMAGES						
6. MISC. PAYMENT (INTEREST U/S 7Q)						
GRAND TOTAL (IN WORDS) : Rupees Nineteen Thousand and Twenty-Eight Only						19028

FOR BANKS USE ONLY

Amount Received Rs. _____
Date of presentation of Cheque/DD _____
Date of Realisation of Cheque/DD _____
SBI Branch Name _____
SBI Branch Code _____



FOR ESTABLISHMENT USE ONLY (To be manually filled by Employer)

Cheque/DD No. 637421 Date: 19-5-12
Cheque/DD drawn bank & Branch: SBI MG Road - Sec
Name of the Depositor: Hemendra
Date of Deposit: 23-5-12 Mobile No. 9550472836
Signature of the Depositor: _____

(This is a system generated challan generated on 16/05/2012 14:15, the particulars shown in this challan are populated from the Electronics Challan Return (ECR) uploaded by the establishment for the specified month and year. Remittance can be made through a local Cheque/DD in any designated branch of SBI)



**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With ECR)
(STATE BANK OF INDIA)
EMPLOYEES' PROVIDENT FUND ORGANISATION
HYDERABAD**

TRRN: 1201205007543
Employer E-Sewa

120503032 000075

ESTABLISHMENT CODE & NAME : APHYD0053486000 M/S MODI VENTURES,
ADDRESS : 5-4-187/3-4, IIIIRD FLOOR, MG ROAD, SECUNDERABAD SECUNDERABAD

Dues for the wage month of: 04/2012

TOTAL SUBSCRIBERS:	A/C.01 15	A/C.10 15	A/C.21 15
TOTAL WAGES:	A/C.01 74300	A/C.10 74300	A/C.21 74300

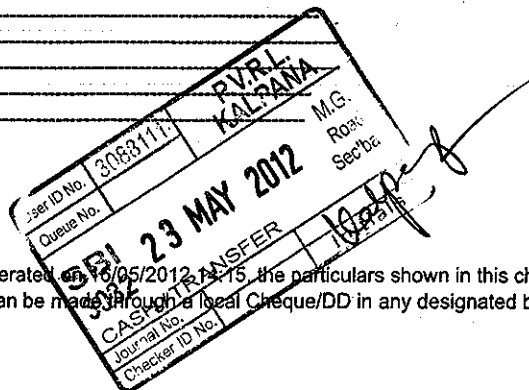
SL. PARTICULARS	A/C.01	A/C.02	A/C.10	A/C.21	A/C.22	TOTAL
1. EMPLOYER'S SHARE OF CONT.	2729		6188	371		9288
2. EMPLOYEE'S SHARE OF CONT.	8916					8916
3. ADMIN CHARGES		817				817
4. INSPECTION CHARGES					7	7
5. PENAL DAMAGES						
6. MISC. PAYMENT (INTEREST U/S 7Q)						
GRAND TOTAL (IN WORDS) : Rupees Nineteen Thousand and Twenty-Eight Only						19028

FOR BANKS USE ONLY

Amount Received Rs. _____
Date of presentation of Cheque/DD _____
Date of Realisation of Cheque/DD _____
SBI Branch Name _____
SBI Branch Code _____

FOR ESTABLISHMENT USE ONLY (To be manually filled by Employer)

Cheque/DD No. 637421 Date: 19-5-12
Cheque/DD drawn bank & Branch SBI MG Road - Sec
Name of the Depositor Hemendra
Date of Deposit 13-5-12 Mobile No. 952472836
Signature of the Depositor _____



(This is a system generated challan generated on 10/05/2012 at 15:15, the particulars shown in this challan are populated from the Electronics Challan Return (ECR) uploaded by the establishment for the specified month and year. Remittance can be made through a local Cheque/DD in any designated branch of SBI)

EMPLOYEES' PROVIDENT FUND ORGANISATION, HYDERABAD
ELECTRONIC CHALLAN CUM RETURN (ECR)
FOR THE WAGE MONTH OF (04/2012) AND RETURN MONTH (05/2012)

ESTABLISHMENT ID : APHYD0053486000
 NAME OF ESTABLISHMENT : M/S MODI VENTURES,

Employer E-Sewa
 ECR UPLOADED 16/05/2012 14:15:36

PART A-MEMBERS' WAGE DETAILS

Member Id	Member Name	EPF Wages	EPS Wages	EPF Contribution (EE Share) due	EPF Contribution (EE Share) being remitted	EPS Contribution due	EPS Contribution being remitted	Diff EPF and EPS Contribution (ER Share) due	Diff EPF and EPS Contribution (ER Share) being remitted	NCP Days	Refund of Advances
0000001	A RAMESH	6500	6500	780	780	541	541	239	239	0	0
0000042	K SHIRISH KUMAR	6500	6500	780	780	541	541	239	239	0	0
0000054	G B RAMBABU	6500	6500	780	780	541	541	239	239	0	0
0000041	K PRABHAKER REDDY	6500	6500	780	780	541	541	239	239	0	0
0000050	A GOPI	6500	6500	780	780	541	541	239	239	0	0
0000055	M SRINIVAS RAO	6500	6500	780	780	541	541	239	239	0	0
0000024	M KEERTHI	6500	6500	780	780	541	541	239	239	0	0
0000058	P ANJIAH	6389	6389	767	767	532	532	234	234	0	0
0000053	K JAGADISHWAR REDDY	4149	4149	498	498	346	346	152	152	0	0
0000059	K RANGA CHARYULU	3357	3357	403	403	280	280	123	123	0	0
0000062	V NAVEENA YADAV	3745	3745	449	449	312	312	137	137	0	0
0000052	P SREE SWAPNA	3046	3046	366	366	254	254	112	112	0	0
0000060	R SANJAY KUMAR	2960	2960	355	355	247	247	109	109	0	0
0000061	M PRAVEEN BABU	2768	2768	332	332	231	231	102	102	0	0
0000048	R RANI	2386	2386	286	286	199	199	87	87	0	0
GRAND TOTAL		74300	74300	8916	8916	6188	6188	2729	2729	0	0

	A/C 01 EE + Refund of Advance	A/C 01 ER	A/C 02	A/C 10	A/C 21	A/C 22	TOTAL
TOTAL DUES AS PER ECR	8916	2729	817	6188	371	7	19028
TOTAL AMOUNT	8916	2729	817	6188	371	7	19028

EMPLOYEES' PROVIDENT FUND ORGANISATION, HYDERABAD
ELECTRONIC CHALLAN CUM RETURN (ECR)
FOR THE WAGE MONTH OF (04/2012) AND RETURN MONTH (05/2012)

ESTABLISHMENT ID : APHYD0053486000
 NAME OF ESTABLISHMENT : M/S MODI VENTURES,

Employer E-Sewa
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GRAND TOTAL		74300	74300	8916	8916	6188	6188	2729	2729	0	0

	A/C 01 EE + Refund of Advance	A/C 01 ER	A/C 02	A/C 10	A/C 21	A/C 22	TOTAL
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Employer E-Sewa
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0000042	K SHIRISH KUMAR	6500	6500	780	780	541	541	239	239	0	0
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0000050	A GOPI	6500	6500	780	780	541	541	239	239	0	0
0000055	M SRINIVAS RAO	6500	6500	780	780	541	541	239	239	0	0
0000024	M KEERTHI	6500	6500	780	780	541	541	239	239	0	0
0000058	P ANJALIAH	6389	6389	767	767	532	532	234	234	0	0
0000053	K JAGADISHWA R REDDY	4149	4149	498	498	346	346	152	152	0	0
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0000061	M PRAVEEN BABU	2768	2768	332	332	231	231	102	102	0	0
0000048	R RANI	2386	2386	286	286	199	199	87	87	0	0
GRAND TOTAL		74300	74300	8916	8916	6188	6188	2729	2729	0	0

	A/C 01 EE + Refund of Advance	A/C 01 ER	A/C 02	A/C 10	A/C 21	A/C 22	TOTAL
TOTAL DUES AS PER ECR	8916	2729	817	6188	371	7	19028
TOTAL AMOUNT	8916	2729	817	6188	371	7	19028

BEING REMITTED

PART B-NEW MEMBERS' DETAILS

Member Id	Member Name	Father's/Husband's Name	Relationship with the Member	Date of Birth	Gender	Date of Joining EPF	Date of Joining EPS
0000062	V NAVEENA YADAV	C LAMINARAYANA	Father	17-06-1971	Female	01-04-2012	01-04-2012

PART C-EXITING MEMBERS' DETAILS

--Nil--

PART D : MEMBER'S ARREAR DETAILS

--Nil--

NOTE: The report generated is on the basis of uploaded ECR on 16/05/2012 14:15:36 and the employer is required to verify the details before approving the return for generation of TRRN and challan. This is a digitally signed report.

BEING REMITTED

PART B-NEW MEMBERS' DETAILS

Member Id	Member Name	Father's/Husband's Name	Relationship with the Member	Date of Birth	Gender	Date of Joining EPF	Date of Joining EPS
0000062	V NAVEENA YADAV	C LAMINARAYANA	Father	17-06-1971	Female	01-04-2012	01-04-2012

PART C-EXITING MEMBERS' DETAILS

--Nil--

PART D : MEMBER'S ARREAR DETAILS

--Nil--

NOTE: The report generated is on the basis of uploaded ECR on 16/05/2012 14:15:36 and the employer is required to verify the details before approving the return for generation of TRRN and challan. This is a digitally signed report.

BEING REMITTED

PART B-NEW MEMBERS' DETAILS

Member Id	Member Name	Father's/Husband's Name	Relationship with the Member	Date of Birth	Gender	Date of Joining EPF	Date of Joining EPS
0000062	V NAVEENA YADAV	C LAMINARAYANA	Father	17-06-1971	Female	01-04-2012	01-04-2012

PART C-EXITING MEMBERS' DETAILS

--Nil--

PART D : MEMBER'S ARREAR DETAILS

--Nil--

NOTE: The report generated is on the basis of uploaded ECR on 16/05/2012 14:15:36 and the employer is required to verify the details before approving the return for generation of TRRN and challan. This is a digitally signed report.

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Member Id	Member Name	Father's/Husband's Name	Relationship with the Member	Date of Birth	Gender	Date of Joining EPF	Date of Joining EPS
0000062	V NAVEENA YADAV	C LAMINARAYANA	Father	17-06-1971	Female	01-04-2012	01-04-2012

PART C-EXITING MEMBERS' DETAILS

--Nil--

PART D : MEMBER'S ARREAR DETAILS

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NOTE: The report generated is on the basis of uploaded ECR on 16/05/2012 14:15:36 and the employer is required to verify the details before approving the return for generation of TRRN and challan. This is a digitally signed report.



**EMPLOYEE'S PROVIDENT FUND
ORGANISATION
ELECTRONIC CHALLAN RETURN (ECR)
(ACKNOWLEDGEMENT SLIP)**

Your ECR for the month of 04/2012 for Establishment ID APHYD0053486000 has been successfully uploaded and Challan with Temporary Return Reference Number (TRRN) 1201205007543 has been generated on 16/05/2012 14:15. The TRRN will be available for remittance for fifteen (15) days after which it will lapse.

Remittance can be made either online using CINB facility of SBI or through a local cheque/DD in any designated branch of SBI. If not remitted, you have to upload a fresh ECR and remit dues.

The provision regarding due date for remittance as per the scheme remains unchanged.

(This is a computer generated report and not requires to be signed)



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.:

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF :

Employee Share M M Y Y Y Y
0 3 2 0 1 2

DATE OF PAYMENT D D M M Y Y Y Y
1 3 0 4 2 0 1 2

Employer Share 0 3 2 0 1 2

Total No. of Subscribers:

A/c 1 { 14.00
66519.00 } A/c 10 { 14.00
66519.00 } A/c 21 { 14.00
66519.00 }

Total Wages Due:

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
		AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	2441.00		5541.00	333.00		8315.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7982.00					7982.00
3	ADMINISTRATIVE CHARGES		732.00			7.00	739.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10423.00	732.00	5541.00	333.00	7.00	17036.00

(Amount in words Rupees Seventeen Thousand Thirty Six Only)

NAME OF THE ESTABLISHMENT MODI VENTURES

ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)

Amount Received Rs.

For Cheques Only:

Date of Presentation:

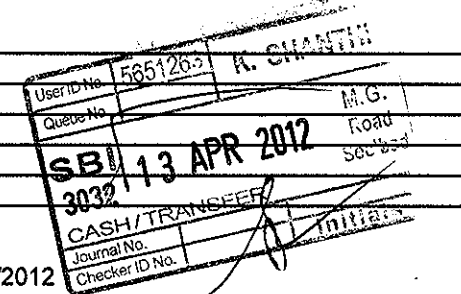
Date of Realisation:

Branch Name:

Branch Code No.

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR



(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637418

Date : 07/04/2012



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.:

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF :

Employee Share M M Y Y Y Y
0 3 2 0 1 2

DATE OF PAYMENT D D M M Y Y Y Y
1 3 0 4 2 0 1 2

Employer Share 0 3 2 0 1 2

Total No. of Subscribers:

Total Wages Due:

A/c 1 { 14.00
66519.00 } A/c 10 { 14.00
66519.00 } A/c 21 { 14.00
66519.00 }

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
		AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	2441.00		5541.00	333.00		8315.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7982.00					7982.00
3	ADMINISTRATIVE CHARGES		732.00			7.00	739.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10423.00	732.00	5541.00	333.00	7.00	17036.00

(Amount in words Rupees Seventeen Thousand Thirty Six Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)

Amount Received Rs.

For Cheques Only:

Date of Presentation:

Date of Realisation:

Branch Name:

Branch Code No.

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR

(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637418

Date : 07/04/2012

APR 2012
K. SHANTHI
M.G. Road Sec'bad
13 APR 2012
TRANSFER

Modi Ventures					
Details of Providend fund - Contractors					
Sl.No.	Name of the contractor	Ch.No.	Date	Amount	
1	Babu Rao	784321	01-03-10	5000	
	Babu Rao	784388	13-03-10	6000	
	Babu Rao	784496	27-03-10	10000	
	Babu Rao	784545	03-04-10	6634	
2	Hanumanthu	784320	01-03-10	1168	
3	Mannem	784318	01-03-10	3000	
	Mannem	784389	13-03-10	3987	
4	Phaninder	784317	01-03-10	382	
5	Arjun	637402	20-08-11	22700	
6	Mannem	637403	27-08-11	3737	
7	Babu Rao	637401	08-08-11	23070	
8	Dayanand	637396	23-07-11	23070	
				108748	



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPPLICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486 ACCOUNT GROUP NO.: _____ PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH OF: _____ Employee Share

M	M	Y	Y	Y	Y
0	2	2	0	1	2

 DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
				2	0	1	2

Total No. of Subscribers: _____ Total Wages Due: _____
A/c 1 { 14.00 / 66202.00 } A/c 10 { 14.00 / 66202.00 } A/c 21 { 14.00 / 66202.00 }

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	2430.00		5515.00	331.00		8276.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7944.00					7944.00
3	ADMINISTRATIVE CHARGES		728.00			7.00	735.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10374.00	728.00	5515.00	331.00	7.00	16955.00

(Amount in words Rupees Sixteen Thousand NineHundred Fifty Five Only Only)

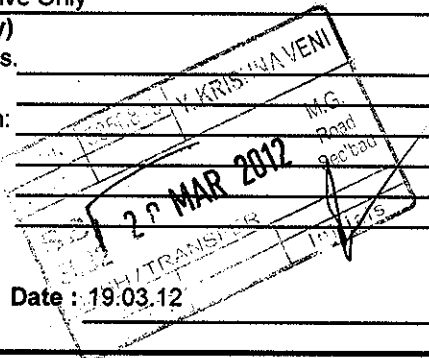
NAME OF THE ESTABLISHMEN MODI VENTURES (For Bank use Only)
ADDRESS 5-4-187/3 & 4 , II nd Floor, Soham Mansion,M.G.Road, Secunderabad-003. Amount Received Rs. _____

NAME OF THE DEPOSITOR K. Hemendraa For Cheques Only: _____
Date of Presentation: _____

SIGNAGURE OF THE DEPOSITOR _____ Date of Realisation: _____
Branch Name: _____
Branch Code No. _____

(TO BE FILLED IN BY EMPLOYER)

Name of the Bank : State Bank of India, M.G. Road, Sec-bad. Cheque No. : 637417 Date : 19.03.12





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

ORIGINAL
DUPLICATE
TRIPPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486 ACCOUNT GROUP NO.: _____ PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
0	1	2	0	1	2

Employer Share

0	1	2	0	1	2
---	---	---	---	---	---

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
13	0	2	0	2	0	1	2

Total No. of Subscribers: _____

Total Wages Due: _____

A/c 1 {

14.00
66111.00

 } A/c 10 {

14.00
66111.00

 } A/c 21 {

14.00
66111.00

 }

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
		AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	2425.00		5507.00	331.00		8263.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7934.00					7934.00
3	ADMINISTRATIVE CHARGES		727.00			7.00	734.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10359.00	727.00	5507.00	331.00	7.00	16931.00

(Amount in words Rupees Sixteen Thousand NineHundred Thirty One Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)
Amount Received Rs. _____
For Cheques Only: _____
Date of Presentation: _____
Date of Realisation: _____
Branch Name: _____
Branch Code No. _____

NAME OF THE DEPOSITOR K. Hemendraa

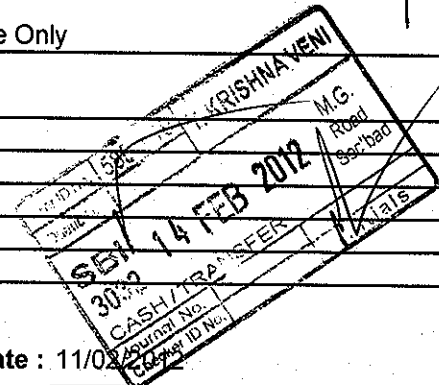
SIGNATURE OF THE DEPOSITOR _____

(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637415

Date : 11/02/2012





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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
1	2	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
1	0	0	4	2	0	1	2

Employer Share

1	2	2	0	1	1
---	---	---	---	---	---

Total No. of Subscribers: _____

A/c 1	14.00	A/c 10	14.00	A/c 21	14.00
	64985.00		64985.00		64985.00

Total Wages Due: _____

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	2385.00		5413.00	325.00		8123.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7798.00					7798.00
3	ADMINISTRATIVE CHARGES		715.00			6.00	721.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10183.00	715.00	5413.00	325.00	6.00	16642.00

(Amount in words Rupees Sixteen Thousand Six Hundred Forty Two Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR _____

(For Bank use Only)

Amount Received Rs. _____

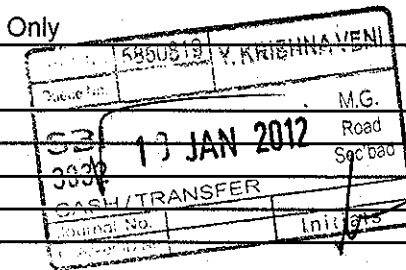
For Cheques Only:

Date of Presentation: _____

Date of Realisation: _____

Branch Name: _____

Branch Code No. _____



(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637413

Date : 07/01/2012



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

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

ORIGINAL
DUPLICATE
TRIPPLICATE
QUADRUPPLICATE

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
1	1	2	0	1	1

Employer Share

M	M	Y	Y	Y	Y
1	1	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
		1	2	2	0	1	1

Total No. of Subscribers: _____

Total Wages Due: _____

A/c 1	<input type="text" value="14.00"/>	A/c 10	<input type="text" value="14.00"/>	A/c 21	<input type="text" value="14.00"/>
	<input type="text" value="65747.00"/>		<input type="text" value="65747.00"/>		<input type="text" value="65747.00"/>

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	<input type="text" value="2413.00"/>		<input type="text" value="5477.00"/>	<input type="text" value="328.00"/>		<input type="text" value="8218.00"/>
2	EMPLOYEE'S SHARE OF CONTRIBUTION	<input type="text" value="7890.00"/>					<input type="text" value="7890.00"/>
3	ADMINISTRATIVE CHARGES		<input type="text" value="723.00"/>			<input type="text" value="7.00"/>	<input type="text" value="730.00"/>
4	INSPECTION CHARGES						<input type="text" value="0.00"/>
5	PENAL DAMAGES	<input type="text" value="0.00"/>					<input type="text" value="0.00"/>
6	MISCELLANEOUS PAYMENT						<input type="text" value="0.00"/>
	TOTAL	<input type="text" value="10303.00"/>	<input type="text" value="723.00"/>	<input type="text" value="5477.00"/>	<input type="text" value="328.00"/>	<input type="text" value="7.00"/>	<input type="text" value="16838.00"/>

(Amount in words Rupees Sixteen Thousand Eight Hundred Thirty Eight Only)

NAME OF THE ESTABLISHMENT MODI VENTURES

ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR _____

(For Bank use Only)

Amount Received Rs. _____

For Cheques Only: _____

Date of Presentation: _____

Date of Realisation: _____

Branch Name: _____

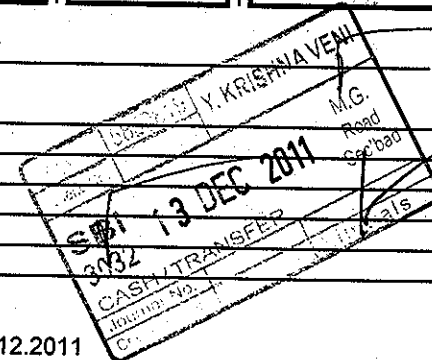
Branch Code No. _____

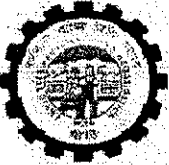
(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637410

Date : 10.12.2011



**COMBINED CHALLAN - A/C. NO. 1, 2, 10, 21 & 22**ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE**EMPLOYER'S PROVIDENT FUND ORGANIZATION**
(USE SEPARATE CHALLANS FOR EACH MONTH)ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUEDUES FOR THE MONTH
OF : _____Employee Share

M	M	Y	Y	Y	Y
1	0	2	0	1	1

Employer Share

1	0	2	0	1	1
---	---	---	---	---	---

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
		1	0	2	0	1	1

Total No. of Subscribers: _____

Total Wages Due: _____

A/c 1	14.00	A/c 10	14.00	A/c 21	14.00
	66046.00		66046.00		66046.00

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
		AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	2423.00		5502.00	330.00		8255.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7926.00					7926.00
3	ADMINISTRATIVE CHARGES		727.00			7.00	734.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10349.00	727.00	5502.00	330.00	7.00	16915.00

(Amount in words Rupees Sixteen thousand Nine hundred and Fifteen Only)NAME OF THE ESTABLISHMENT MODI VENTURESADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR _____

(For Bank use Only)

Amount Received Rs. _____

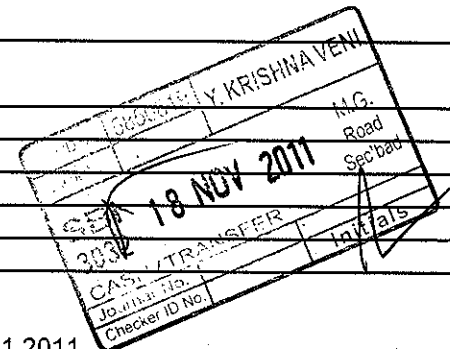
For Cheques Only: _____

Date of Presentation: _____

Date of Realisation: _____

Branch Name: _____

Branch Code No. _____

(TO BE FILLED IN BY EMPLOYER)Name of the Bank : State Bank of India, M.G. Road, Sec-bad.Cheque No. : 637408Date : 14.11.2011



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.:

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF:

Employee Share M M Y Y Y Y
0 9 2 0 1 1

Employer Share 0 9 2 0 1 1

DATE OF PAYMENT D D M M Y Y Y Y
1 9 1 0 2 0 1 1

Total No. of Subscribers:

Total Wages Due:

A/c 1 { 15.00
66158.00

A/c 10 { 15.00
66158.00

A/c 21 { 15.00
66158.00

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	2428.00		5511.00	330.00		8269.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7939.00					7939.00
3	ADMINISTRATIVE CHARGES		728.00			7.00	735.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10367.00	728.00	5511.00	330.00	7.00	16943.00

(Amount in words Rupees ^{one}Seventeen thousand ^{one}hundred and ^{fourteen}forty three ^{only} Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR

(For Bank use Only)

Amount Received Rs.

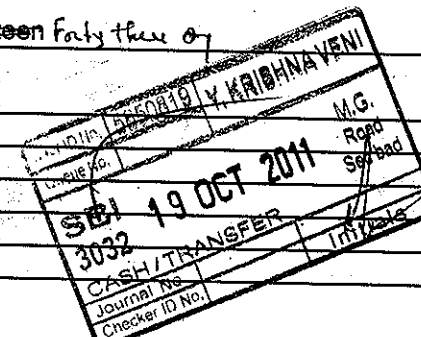
For Cheques Only:

Date of Presentation:

Date of Realisation:

Branch Name:

Branch Code No.



(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637406

Date : 08/10/2011

**COMBINED CHALLAN - A/C. NO. 1, 2, 10, 21 & 22**ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE**EMPLOYER'S PROVIDENT FUND ORGANIZATION**
(USE SEPARATE CHALLANS FOR EACH MONTH)ESTABLISHMENT CODE NO.: AP/HYD/53486 ACCOUNT GROUP NO.: _____ PAID BY CHEQUE/ CASH CHEQUEDUES FOR THE MONTH
OF: _____Employee Share

M	M	Y	Y	Y	Y
0	8	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
1	9	0	9	2	0	1	1

Employer Share

0	8	2	0	1	1
---	---	---	---	---	---

Total No. of Subscribers: _____

Total Wages Due: _____

A/c 1	{	<input type="text" value="15.00"/>	A/c 10	{	<input type="text" value="15.00"/>	A/c 21	{	<input type="text" value="15.00"/>
		<input type="text" value="66822.00"/>			<input type="text" value="66822.00"/>			<input type="text" value="66822.00"/>

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	<input type="text" value="2453.00"/>		<input type="text" value="5566.00"/>	<input type="text" value="334.00"/>		<input type="text" value="8353.00"/>
2	EMPLOYEE'S SHARE OF CONTRIBUTION	<input type="text" value="8019.00"/>					<input type="text" value="8019.00"/>
3	ADMINISTRATIVE CHARGES		<input type="text" value="735.00"/>			<input type="text" value="7.00"/>	<input type="text" value="742.00"/>
4	INSPECTION CHARGES						<input type="text" value="0.00"/>
5	PENAL DAMAGES	<input type="text" value="0.00"/>					<input type="text" value="0.00"/>
6	MISCELLANEOUS PAYMENT						<input type="text" value="0.00"/>
	TOTAL	<input type="text" value="10472.00"/>	<input type="text" value="735.00"/>	<input type="text" value="5566.00"/>	<input type="text" value="334.00"/>	<input type="text" value="7.00"/>	<input type="text" value="17114.00"/>

(Amount in words Rupees Seventeen thousand one hundred and Fourteen Only)NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.**(For Bank use Only)**

Amount Received Rs. _____

For Cheques Only: _____

Date of Presentation: _____

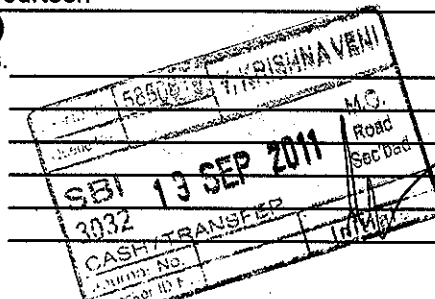
Date of Realisation: _____

Branch Name: _____

Branch Code No. _____

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR _____

(TO BE FILLED IN BY EMPLOYER)Name of the Bank : State Bank of India, M.G. Road, Sec-bad.Cheque No. : 637405Date : 16/09/2011



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486 ACCOUNT GROUP NO.: _____ PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
0	7	2	0	1	1

Employer Share

M	M	Y	Y	Y	Y
0	7	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
1	9	0	8	2	0	1	1

Total No. of Subscribers:

Total Wages Due:

A/c 1 {

15.00
66860.00

 }
A/c 10 {

15.00
66860.00

 }
A/c 21 {

15.00
66860.00

 }

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	2455.00		5569.00	334.00		8358.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	8023.00					8023.00
3	ADMINISTRATIVE CHARGES		735.00			7.00	742.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10478.00	735.00	5569.00	334.00	7.00	17123.00

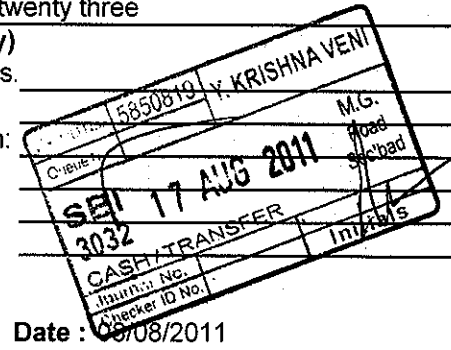
(Amount in words Rupees Seventeen thousand one hundred and twenty three Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

NAME OF THE DEPOSITOR G. Jai Kumar

SIGNATURE OF THE DEPOSITOR *G. Jai Kumar*

(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)

Name of the Bank : State Bank of India, M.G. Road, Sec-bad. Cheque No. : 637400 Date : 08/08/2011



COMBINED CHALLAN-A/C. NO. 1, 2, 10, 21 & 22
STATE BANK OF INDIA

DUPLICATE

EMPLOYEES' PROVIDENT FUND ORGANISATION

(USE SEPARATE CHALLAN FOR EACH MONTH)

ESTABLISHMENT CODE NO. AP/HYD/53486 ACCOUNT GROUP NO. PAID BY CHEQUE / CASH CHEQUE

DUES FOR THE MONTH OF :
 Month Year
 Employees Share 06 2011
 Employer Share 06 2011

DATE OF PAYMENT 20 07 2011

Total No. of Subscribers { 15 }
 Total Wages Due { 66850 }
 A/c 1 { } A/c 10 { 15 } A/c 21 { 15 }
66850 66850 66850

S.No.	Particulars	A/c. No. 1	A/c. No. 2	A/c. No. 10	A/c. No. 21	A/c. No. 22	TOTAL
Amount (In Rupees)							
PART - 01							
1.	EMPLOYER'S SHARE OF CONT.	<u>2453</u>		<u>5569</u>	<u>334</u>		<u>8356</u>
2.	EMPLOYEES' SHARE OF CONT.	<u>8022</u>					<u>8022</u>
3.	ADM. CHARGES		<u>735</u>			<u>7</u>	<u>742</u>
4.	INSP. CHARGES		<u>-</u>			<u>-</u>	<u>-</u>
5.	PENAL DAMAGES 7(Q)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	14(B)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
6.	MISC PAYMENT						
	TOTAL	<u>10475</u>	<u>735</u>	<u>5569</u>	<u>334</u>	<u>-</u>	<u>17120</u>

(Amount in words Rupees) Seventeen thousand one hundred and twenty only

NAME OF ESTABLISHMENT MADI VENTURES
 ADDRESS 5-H-187/3 + H II FLOOR
SOHAM MANSION M.G. ROAD - SEC -
 NAME OF THE DEPOSITOR.....
 SIGNATURE OF THE DEPOSITOR.....

(TO BE FILLED IN BY EMPLOYER)
April - SBI
3032
SBI - 637395

(FOR BANKS USE ONLY)
 Amount Received Rs 17120
 For cheques only
 Date of Presentation
 Date of Realisation
 Branch Name
 Branch Code No. 16-3-11
 Initials



COMBINED CHALLAN-A/C. NO. 1, 2, 10, 21 & 22
STATE BANK OF INDIA

DUPLICATE

EMPLOYEES' PROVIDENT FUND ORGANISATION

(USE SEPARATE CHALLAN FOR EACH MONTH)

ESTABLISHMENT CODE NO. AP/HYD/53486 ACCOUNT GROUP NO. PAID BY CHEQUE / CASH **CHEQUE**

DUES FOR THE MONTH OF: Employees Share

Month	Year
05	2011

 DATE OF PAYMENT

Date	Month	Year
16	06	2011

Employer Share

Month	Year
05	2011

Total No. of Subscribers:

A/c 1	15	A/c 10	15	A/c 21	15
-------	----	--------	----	--------	----

Total Wages Due:

A/c 1	66155	A/c 10	66155	A/c 21	66155
-------	-------	--------	-------	--------	-------

S.No.	Particulars	A/c. No. 1	A/c. No. 2	A/c. No. 10	A/c. No. 21	A/c. No. 22	TOTAL
Amount (In Rupees)							
PART - 01							
1.	EMPLOYER'S SHARE OF CONT.	2428		5511	331		8270
2.	EMPLOYEES' SHARE OF CONT.	7938					7938
3.	ADM. CHARGES		728			30	758
4.	INSP. CHARGES		-				-
5.	PENAL DAMAGES 7(Q)	--	-	-	-	-	-
	14(B)	--	-	-	-	-	-
6.	MISC. PAYMENT		-			-	-
	TOTAL	10366	728	5511	331	30	16966

(Amount in words Rupees) Seventeen thousand nine hundred and sixty six only)

NAME OF ESTABLISHMENT **MODI VENTURES**
ADDRESS **5-4-187/3 & 4, IInd Floor,
Soham Mansion, M.G. Road,
SECUNDERABAD-500 003. A.P.**
NAME OF THE DEPOSITOR.....
SIGNATURE OF THE DEPOSITOR.....

(TO BE FILLED IN BY EMPLOYER)
Deposit SBI
3032
SBI - 637393-11-6-11

(FOR BANK USE ONLY)
Amount Received Rs.
For cheques only
Date of Presentation **10 JUN 2011**
Date of Realisation TRANSFER
Branch **3032**
Branch Code No.
M.G. Road
Secund
SBI
3032
CASH TRANSFER
M.G. Road
Secund



COMBINED CHALLAN-A/C. NO. 1, 2, 10, 21 & 22
STATE BANK OF INDIA

~~QUAD~~ **TRIPPLICATE**

EMPLOYEES' PROVIDENT FUND ORGANISATION

(USE SEPARATE CHALLAN FOR EACH MONTH)

ESTABLISHMENT CODE NO. **AP/ HYD/ 53486** ACCOUNT GROUP NO. PAID BY CHEQUE / CASH **CHEQUE**

DUES FOR THE MONTH OF: Employees Share

Month	Year
04	2011

 Employer Share

Month	Year
04	2011

 DATE OF PAYMENT

Date	Month	Year
13	05	2011

Total No. of Subscribers: A/c 1 {

14

 A/c 10 {

14

 A/c 21 {

14

Total Wages Due:

63977

63977

63977

S.No.	Particulars	A/c. No. 1	A/c. No. 2	A/c. No. 10	A/c. No. 21	A/c. No. 22	TOTAL
Amount (In Rupees)							
PART - 01							
1.	EMPLOYER'S SHARE OF CONT.	7677		5329	320		13326
2.	EMPLOYEES' SHARE OF CONT.	2348					2348
3.	ADM. CHARGES		704			28	732
4.	INSP. CHARGES		-			-	-
5.	PENAL DAMAGES 7(Q)	-	-	-	-	-	-
	14(B)	-	-	-	-	-	-
6.	MISC. PAYMENT		-			-	-
	TOTAL	10025	704	5329	320	28	16406

(Amount in words Rupees) sixteen thousand four hundred + six 00 only

NAME OF ESTABLISHMENT **MODI VENTURES**
ADDRESS **5-4-187/3 & 4, IInd Floor, Soham Mansion, M.G. Road, SECUNDERABAD-500 003. A.P.**
NAME OF THE DEPOSITOR.....
SIGNATURE OF THE DEPOSITOR.....
NAME OF THE BANK **S.B.I.**

(TO BE FILLED IN BY EMPLOYER)

Deposit @ **SBI**
3032

(FOR BANKS USE ONLY)
Amount Received **16406**
For cheques only
Date of Presentation **13 MAY 2011**
Date of Realisation **3032**
Branch Name **CASH/TRANSF**
Branch Code No. **3032**
CHEQUE NO. **091899** DATE **05-05-11**

User ID No. **2008111**
P.V.R.L. **KALPANA**
Road **Secbad**
M.G. Road
Journal No. **3032**
Checker ID No. **Whitara**



COMBINED CHALLAN-A/C. NO. 1, 2, 10, 21 & 22.
STATE BANK OF INDIA

QUADRUPLICATE

EMPLOYEES' PROVIDENT FUND ORGANISATION

(USE SEPARATE CHALLAN FOR EACH MONTH)

ESTABLISHMENT CODE NO. **AP/ HYD/53486** ACCOUNT GROUP NO. PAID BY CHEQUE / CASH **CHEQUE**

DUES FOR THE MONTH OF: Employees Share

Month	Year
03	2011

 DATE OF PAYMENT

Date	Month	Year

Employer Share

Month	Year
03	2011

Total No. of Subscribers: A/c 1 {

12

 } A/c 10 {

12

 } A/c 21 {

12

 }
Total Wages Due:

51870

51870

51870

S.No.	Particulars	Amount (In Rupees)					TOTAL
		A/c. No. 1	A/c. No. 2	A/c. No. 10	A/c. No. 21	A/c. No. 22	
PART - 01							
1.	EMPLOYER'S SHARE OF CONT.	6224		4321	259		10804
2.	EMPLOYEES' SHARE OF CONT.	1904					1904
3.	ADM. CHARGES		571			24	595
4.	INSP. CHARGES		-			-	-
5.	PENAL DAMAGES 7(Q)	-	-	-	-	-	-
	14(B)	-	-	-	-	-	-
6.	MISC. PAYMENT		-			-	-
	TOTAL	8128	571	4321	259	24	13303

(Amount in words Rupees) Thirteen thousand three hundred three

NAME OF ESTABLISHMENT **MODI VENTURES**
ADDRESS **5-4-187/3 & 4, 1st Floor, Soham Mansion, M.G. Road, CUNDERABAD-500 003, A.P.**
NAME OF THE DEPOSITOR **CUNDERABAD-500 003, A.P.**
SIGNATURE OF THE DEPOSITOR *[Signature]*
NAME OF THE BANK **SBI, MA Road**

(TO BE FILLED IN BY EMPLOYER)

Deposit **SBI**
3032

(FOR BANKS USE ONLY)
Amount Received Rs. **13303**
For cheques only **3032**
Date of Presentation **23 APR 2011**
Date of Realisation **23 APR 2011**
Branch Name **ASH/TRANSEER**
Branch Code No. **091897**
DATE **15-04-11**

अनुक्त स्थापनाओं के लिए
 • Un-exempted Establishments
 का नाम और पता
 Name and Address of the Estt

MODI VENTURES

M/s. 5-4-187/3 & 4, IInd Floor,
 Soham Mansion, M.G. Road,
 SECUNDERABAD-500 003, A.P.

कोड सं.
 Code No. **A P 5 3 4 8 6**



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)]

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

(क.भ.नि.संगठन द्वारा भरा जाए
 To be filled in by the EPFO)

1 अप्रैल, 2001 से 31 मार्च, 2002
 Currency Period from 1st April, 2001 to 31st March, 2002

तक चालू भविष्य

स्थापना की स्थिति
 Establishment Status
 ग्रुप कोड
 Group Code

के महीने के अंशदान का विवरण
 Statement of contributions for the Month of
 अंशदान की सांविधिक दर
 Statutory rate of contribution

11 से **12**
FEB-2012
12%

विवरण Particulars	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान की भेजी गई राशि Amount of contribution remitted		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)							
		ग्रामिक से वसूल किया गया / recovered from the workers	नियोक्ता से देय payable by the employer	कर्मचारी का भाग Workes's Share	नियोक्ता का भाग Employer's Share			1	2	3	4	5	6	7	
क.भ.नि. लेखा. सं. 01 E.P.F. A/c No. 01	66202	7944	2430	7944	2430	728	728	2	0	0	3	2	0	1	2
पेंशन निधि लेखा सं 10 Pension Fund A/c No.10	66202	शून्य NIL	5515	शून्य NIL	5515	शून्य NIL	शून्य NIL	2	0	0	3	2	0	1	2
क.नि.स.बी. निधि लेखा सं. 21 E.D.L.I. A/c No. 21	66202	शून्य NIL	331	शून्य NIL	331	7	7	2	0	0	3	2	0	1	2

कर्मचारियों की कुल सं. / Total No. of Employees
 (क / a) ठेका / Contract
 (ख / b) शेष / Rest
 (ग / c) कुल योग / Total

बैंक का नाम व पता जहाँ
 राशि विप्रेषित की गई है।
 Name & Address of the bank in
 which the amount is remitted

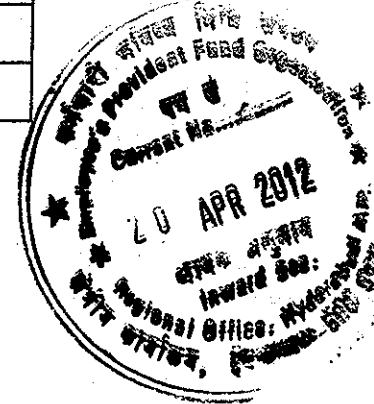
SBI MG Road Sec

अंशदाताओं का ब्यौरा Details of Subscribers	क.भ.नि. E.P.F.	पेंशन निधि Pension Fund	क.नि.स.बी. E.D.L.I.
के अनुसार अंशदाताओं की सं. No. of Subscribers as per last month	14	-	-
(प्रपत्र 5 के आधार पर), नए अंशदाताओं की सं. No. of New Subscribers (vide Form 5)	-	-	-
(प्रपत्र 10 के आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं. No. of Subscribers left service (Vide Form 10)	-	-	-
अंशदाताओं की कुल सं. Nett. Total Number of Subscribers	14	-	-

For MODI VENTURES

[Signature]
Authorised Signatory

नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
 Signature of the Employer
 with Official (Seal)





FEB-2012

फॉर्म -5 / FORM 5

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और कर्मचारी पेन्शन स्कीम 1995 (पैरा 20(4))

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 [Paragraph 36(2)(a)] AND THE EMPLOYEES' PENSION SCHEME 1995 [PARA 20(4)]

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

फैक्टरी/स्थापना का नाम एवं पता

Name & Address of the Factory / Estt.....

5-4

कोड संख्या/Code No. AP/53486

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	3	4	5	6	7	8	9

MODI VENTURES
5-4-187/3 & 4, IInd Floor,
Soham Mansion, M.G. Road,
SECUNDERABAD-500 003. A.P.

दिनांक :
Date :

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



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

EMPLOYER'S PROVIDENT FUND ORGANIZATION

(USE SEPARATE CHALLANS FOR EACH MONTH)

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH OF : _____

Employee Share

Employer Share

DATE OF PAYMENT

Total No. of Subscribers: _____

Total Wages Due: _____

A/c 1	{	<input type="text" value="14.00"/>	A/c 10	{	<input type="text" value="14.00"/>	A/c 21	{	<input type="text" value="14.00"/>
		<input type="text" value="66202.00"/>			<input type="text" value="66202.00"/>			<input type="text" value="66202.00"/>

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	<input type="text" value="2430.00"/>		<input type="text" value="5515.00"/>	<input type="text" value="331.00"/>		<input type="text" value="8276.00"/>
2	EMPLOYEE'S SHARE OF CONTRIBUTION	<input type="text" value="7944.00"/>					<input type="text" value="7944.00"/>
3	ADMINISTRATIVE CHARGES		<input type="text" value="728.00"/>			<input type="text" value="7.00"/>	<input type="text" value="735.00"/>
4	INSPECTION CHARGES		<input type="text"/>			<input type="text"/>	<input type="text" value="0.00"/>
5	PENAL DAMAGES	<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
6	MISCELLANEOUS PAYMENT		<input type="text"/>			<input type="text"/>	<input type="text" value="0.00"/>
	TOTAL	<input type="text" value="10374.00"/>	<input type="text" value="728.00"/>	<input type="text" value="5515.00"/>	<input type="text" value="331.00"/>	<input type="text" value="7.00"/>	<input type="text" value="16955.00"/>

(Amount in words Rupees Sixteen Thousand NineHundred Fifty Five Only Only)

NAME OF THE ESTABLISHMENT MODI VENTURES

ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR _____

(For Bank use Only)

Amount Received Rs. _____

For Cheques Only: _____

Date of Presentation: _____

Date of Realisation: _____

Branch Name: _____

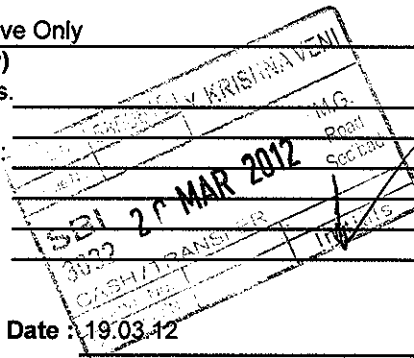
Branch Code No. _____

(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637417

Date : 19.03.12



अनुक्त स्थापनाओं के लिए
Un-exempted Establishments
का नाम और पता
Name and Address of the Estt.



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

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

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

(क.भ.नि.संगठन द्वारा भरा जाए
(To be filled in by the EPFO)

M/s. **MODI VENTURES**
5-4-187/3 & 4, IInd Floor,
Soham Mansion, M.G. Road,
CUNDERABAD-500 003. A.P.

1 अप्रैल, 200
Currency Period from 1st April, 200

से 31 मार्च, 200
to 31st March, 200

तक चालू अवधि

स्थापना की स्थिति
Establishment Status

ग्रुप कोड
Group Code

कोड सं.
Code No. **AP 53486**

के महीने के अंशदान का विवरण
Statement of contributions for the Month of
अंशदान की सांविधिक दर
Statutory rate of contribution

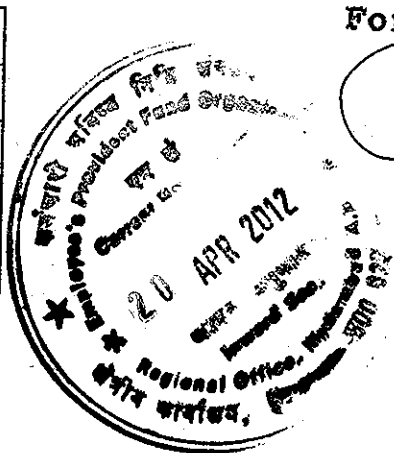
11
JAN-2012
12 %

विवरण Particulars	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान की भेजी गई राशि Amount of contribution remitted		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	कर्मचारी का भाग Workes's Share	नियोक्ता का भाग Employer's Share			1	2	3	4	5	6	7	
क.भ.नि. लेखा. सं. 01 E.P.F. A/c No. 01	66111	7934	2425	7934	2425	727	727	1	4	0	2	2	0	1	2
पेंशन निधि लेखा सं 10 Pension Fund A/c No.10	66111	शून्य NIL	5507	शून्य NIL	5507	शून्य NIL	शून्य NIL	1	4	0	2	2	0	1	2
क.नि.स.बी. निधि लेखा सं. 21 E.D.L.I. A/c No. 21	66111	शून्य NIL	331	शून्य NIL	331	7	7	1	4	0	2	2	0	1	2

कर्मचारियों की कुल सं. / Total No. of Employees
(क / a) ठेका / Contract
(ख / b) शेष / Rest
(ग / c) कुल योग / Total

बैंक का नाम व पता जहाँ
राशि विप्रेषित की गई है।
Name & Address of the bank in
which the amount is remitted

अंशदाताओं का ब्यौता Details of Subscribers	क.भ.नि. E.P.F.	पेंशन निधि Pension Fund	क.नि.स.बी. E.D.L.I
के अनुसार अंशदाताओं की सं. No. of Subscribers as per last month	14	-	-
(प्रपत्र 5 के आधार पर), नए अंशदाताओं की सं. No. of New Subscribers (vide Form 5)	-	-	-
(प्रपत्र 10 के आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं. No. of Subscribers left service (Vide Form 10)	-	-	-
अंशदाताओं की कुल सं. Nett. Total Number of Subscribers	14	-	-



For MODI VENTURES
Authorised Signatory

नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
Signature of the Employer
with Official (Seal)



फ़ॉर्म -5/ FORM 5

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और कर्मचारी पेन्शन स्कीम 1995 (पैरा 20(4))

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 [Paragraph 36(2)(a)] AND THE EMPLOYEES' PENSION SCHEME 1995 [PARA 20(4)]

NJ

JAN-2012 माह,

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 इसे कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि के साथ आयुक्त को भेजा जाए। / To be sent to the Commissioner with Form 2 (EPF & EPS)

फैक्टरी/स्थापना का नाम एवं पता
Name & Address of the Factory / Estt..... **MODI VENTURES**
5-4-187/3 & 4, IInd Floor,
Soham Mansion, M.G. Road, कोड़ संख्या/Code No. **AP/ 53486**
SECUNDERABAD-500 003. A.P.

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	3	4	5	6	7	8	9

NIL

Signature

MODI VENTURES
5-4-187/3 & 4, IInd Floor,
Soham Mansion, M.G. Road,
SECUNDERABAD-500 003. A.P.

दिनांक : _____
Date : _____

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



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
0	1	2	0	1	2

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
13	0	2	0	2	0	1	2

Employer Share

0	1	2	0	1	2
---	---	---	---	---	---

Total No. of Subscribers: _____

Total Wages Due: _____

A/c 1	{	<input type="text" value="14.00"/>	A/c 10	{	<input type="text" value="14.00"/>	A/c 21	{	<input type="text" value="14.00"/>
		<input type="text" value="66111.00"/>			<input type="text" value="66111.00"/>			<input type="text" value="66111.00"/>

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	<input type="text" value="2425.00"/>		<input type="text" value="5507.00"/>	<input type="text" value="331.00"/>		<input type="text" value="8263.00"/>
2	EMPLOYEE'S SHARE OF CONTRIBUTION	<input type="text" value="7934.00"/>					<input type="text" value="7934.00"/>
3	ADMINISTRATIVE CHARGES		<input type="text" value="727.00"/>			<input type="text" value="7.00"/>	<input type="text" value="734.00"/>
4	INSPECTION CHARGES						<input type="text" value="0.00"/>
5	PENAL DAMAGES	<input type="text" value="0.00"/>					<input type="text" value="0.00"/>
6	MISCELLANEOUS PAYMENT						<input type="text" value="0.00"/>
	TOTAL	<input type="text" value="10359.00"/>	<input type="text" value="727.00"/>	<input type="text" value="5507.00"/>	<input type="text" value="331.00"/>	<input type="text" value="7.00"/>	<input type="text" value="16931.00"/>

(Amount in words Rupees Sixteen Thousand NineHundred Thirty One Only) _____ Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

NAME OF THE DEPOSITOR K. Hemendraa

SIGNATURE OF THE DEPOSITOR _____

(For Bank use Only)

Amount Received Rs. _____

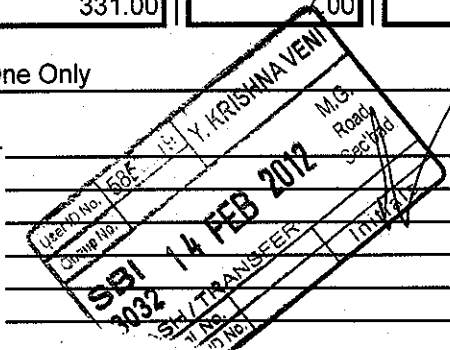
For Cheques Only: _____

Date of Presentation: _____

Date of Realisation: _____

Branch Name: _____

Branch Code No. _____



(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637415

Date : 11/02/2012

केवल अमुक्त स्थापनाओं के लिए
Only for Un-exempted Establishments
स्थापना का नाम और पता
Name and Address of the Estt.



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

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

कर्मचारी भविष्य निधि और प्रकीर्ण उपबन्ध आधिनियम, १९५२
EMPLOYEES' PROVIDENT FUNDS AND MISC. PROVISIONS ACT, 1952
EMPLOYEES' PENSION SCHEME [Para 20(4)]

(क. व. नि. संगठन द्वारा भरा जाए
(To be filled in by the EPFO)

M/s. **MODI VENTURES**
5-4-187/3 & 4, 11th Floor,
Soham Mansion, M.G. Road,
SECUNDERABAD-500.003. A.P.

1 अप्रैल, 200
Currency Period from 1st April, 200
के महीने के अंशदान का विवरण

11 से 31 मार्च, 200
to 31st March, 200 12

तक बालू अवधि

स्थापना की स्थिति
Establishment Status

ग्रुप कोड
Group Code

कोड सं.
Code No. **A P 5 3 4 8 6**

Statement of contributions for the Month of
अंशदान की साविधिक दर
Statutory rate of contribution

DEC-2011
12%

विवरण Particulars	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान की भेजा गई राशि Amount of contribution remitted		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	कर्मचारी का भाग Workes's Share	नियोक्ता का भाग Employer's Share			1	2	3	4			
क्र. भ. नि. लेखा सं. 01 E.P.F. A/c No. 01	64985	4498	2385	4498	2385	715	715	1	0	1	2	0	1	2
पेंशन निधि लेखा सं 10 Pension Fund A/c No.10	64985	शून्य NIL	5413	शून्य NIL	5413	शून्य NIL	शून्य NIL	1	0	1	2	0	1	2
क. नि. स. बी. निधि लेखा सं. 21 E.D.L.I. A/c No. 21	64985	शून्य NIL	325	शून्य NIL	325	6	6	1	0	1	2	0	1	2

कर्मचारियों की कुल सं. / Total No. of Employees

(क/अ) ठेका / Contract

(ख/ब) शेष / Rest

(ग/स) कुल योग / Total 14

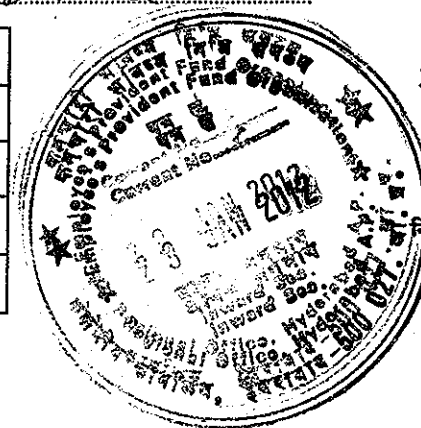
बैंक का नाम व पता जहाँ

राशि विप्रेषित की गई है।

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

SBI MG Road

अंशदाताओं का ब्यौरा Details of Subscribers	क. भ. नि. E.P.F.	पेंशन निधि Pension Fund	क. नि. स. बी. E.D.L.I
के अनुसार अंशदाताओं की सं. No. of Subscribers as per last month	14	—	—
(प्रपत्र 5 के आधार पर), नए अंशदाताओं की सं. No. of New Subscribers (vide Form 5)	—	—	—
(प्रपत्र 10 के आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं. No. of Subscribers left service (Vide Form 10)	—	—	—
अंशदाताओं की कुल सं. Nett. Total Number of Subscribers	14	—	—



For MODI VENTURES

(Signature)
Authorized Signator

नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
Signature of the Employer
with Official (Seal)



DEC-11

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)]

माह, के दौरान पहली बार कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि की सदस्यता को प्राप्त करने वाले कर्मचारीयों 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 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)

फैक्टरी/स्थापना का नाम एवं पता
Name & Address of the Factory / Estt.

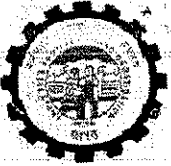
कोड संख्या/Code No. AP/ 53486

क्र.स. 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 भंगने की तिथि Date of joining the Fund	निधि के यद्यप्य नये की तिथि पर गिळली 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)	अभ्युक्तियां Remarks
1	2	3	4	5	6	7	8	9

[Signature]
MOD. VENTURES
5th 18/13 & 5, 11th Floor,
Banam Manston, M.G. Road,
SECUNDERABAD-500 003, A.P.

दिनांक : _____
Date : _____

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



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPLICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF: _____

Employee Share

M	M	Y	Y	Y	Y
1	2	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
1	0	0	1	2	0	1	2

Employer Share

1	2	2	0	1	1
---	---	---	---	---	---

Total No. of Subscribers: _____

A/c 1 {

14.00
64985.00

A/c 10 {

14.00
64985.00

A/c 21 {

14.00
64985.00

Total Wages Due: _____

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
		AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	2385.00		5413.00	325.00		8123.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7798.00					7798.00
3	ADMINISTRATIVE CHARGES		715.00			6.00	721.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
TOTAL		10183.00	715.00	5413.00	325.00	6.00	16642.00

(Amount in words Rupees Sixteen Thousand Six Hundred Forty Two Only Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)

Amount Received Rs. _____

For Cheques Only: _____

Date of Presentation: _____

Date of Realisation: _____

Branch Name: _____

Branch Code No. _____

NAME OF THE DEPOSITOR K. Hemendraa

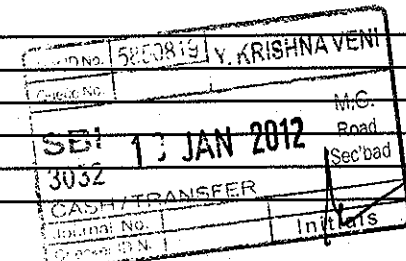
SIGNATURE OF THE DEPOSITOR _____

(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637413

Date : 07/01/2012



केवल अमुक्त स्थापनाओं के लिए
Only for Un-exempted Establishments
स्थापना का नाम और पता
Name and Address of the Estt.



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

कर्मचारी भविष्य निधि और प्रकीर्ण उपबन्ध अधिनियम, १९५२
EMPLOYEES' PROVIDENT FUNDS AND MISC. PROVISIONS ACT, 1952
EMPLOYEES' PENSION SCHEME [Para 20(4)]

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

(क.प.नि. संगठन द्वारा भरा जाए
(To be filled in by the EPFO)

M/s. **MODI VENTURES**
5-4-187/3 & 4, IInd Floor,
Soham Mansion, M.G. Road,
SECUNDERABAD-500.003. A.P.

1 अप्रैल, 200 से 31 मार्च, 200
Currency Period from 1st April, 200 to 31st March, 200

तक चालू अवधि

स्थापना की स्थिति
Establishment Status

ग्रुप कोड
Group Code

कोड सं.
Code No. **AP 53486**

Statement of contributions for the Month of
अंशदान की साविधिक दर
Statutory rate of contribution **12%**

विवरण Particulars	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान की भेजी गई राशि Amount of contribution remitted		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 किराा गया / recovered from the workers	नियोक्ता से देय payable by the employer	कर्मचारी का भाग Workes's Share	नियोक्ता का भाग Employer's Share			1	2	3	4	5	6		
क.प.नि. लेखा सं. 01 E PF A/c No 01	65747	7890	2413	7890	2413	723	723	1	3	1	2	2	0	1	1
पेंशन निधि लेखा सं 10 Pension Fund Ac No 10	65747	शून्य NIL	5477	शून्य NIL	5477	शून्य NIL	शून्य NIL	1	3	1	2	2	0	1	1
क.नि.स.बी. नोंध लेखा सं. 21 E.D.L.I. A/c No. 21	65747	शून्य NIL	328	शून्य NIL	328	7			3	1	2	2	0	1	1

कर्मचारियों की कुल सं. / Total No. of Employees

बैंक का नाम व पता जहाँ

(क / a) ठेका / Contract

राशि विप्रेषित की गई है।

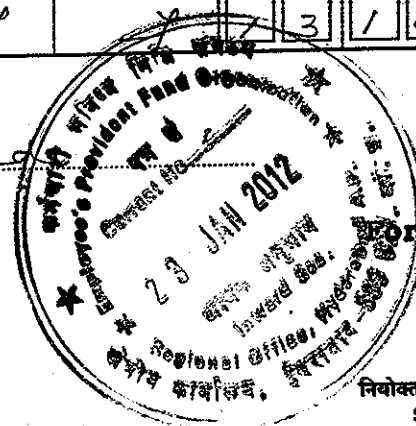
(ख / b) शेष / Rest

Name & Address of the bank in

(ग / c) कुल योग / Total

which the amount is remitted. **SBI MG Road**

अंशदाताओं का ब्यौरा Details of Subscribers	क.प.नि. E.P.F.	पेंशन निधि Pension Fund	क.नि.स.बी. E.D.L.I
अनुसार अंशदाताओं की सं. Subscribers as per last month	14	-	-
प्रपत्र 5 के आधार पर), नय अंशदाताओं की सं. No. of New Subscribers (vide Form 5)	-	-	-
(प्रपत्र 10 के आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं. No. of Subscribers left service (Vide Form 10)	-	-	-
अंशदाताओं की कुल सं. Nett. Total Number of Subscribers	14	-	-



MODI VENTURE.

(Signature)
Authorized Signatory

नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
Signature of the Employer
with Official (Seal)



फॉर्म -5 / FORM

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)]

..... माह, के दौरान पहली बार कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि की सदस्यता को प्राप्त करने वाले कर्मचारीयों 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

फैक्टरी/स्थापना का नाम एवं पता

Name & Address of the Factory / Estt.....

MADVENTURES
5-4-187/3 & 4, IInd Floor,
Asham Mansion, M.G. Road,
SECUNDERABAD-500 003. A.P.

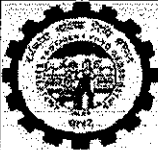
कोड संख्या/Code No.

API/53486

क्र.स. 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 का तिथि Date of joining the Fund	निधि में दाखल होने 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 : _____
 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)



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

ORIGINAL
DUPLICATE
TRIPPLICATE
QUADRUPPLICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
1	1	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
		1	2	2	0	1	1

Employer Share

M	M	Y	Y	Y	Y
1	1	2	0	1	1

Total No. of Subscribers: _____

Total Wages Due: _____

A/c 1	{	<u>14.00</u>	A/c 10	{	<u>14.00</u>	A/c 21	{	<u>14.00</u>
		<u>65747.00</u>			<u>65747.00</u>			<u>65747.00</u>

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	<u>2413.00</u>		<u>5477.00</u>	<u>328.00</u>		<u>8218.00</u>
2	EMPLOYEE'S SHARE OF CONTRIBUTION	<u>7890.00</u>					<u>7890.00</u>
3	ADMINISTRATIVE CHARGES		<u>723.00</u>			<u>7.00</u>	<u>730.00</u>
4	INSPECTION CHARGES						<u>0.00</u>
5	PENAL DAMAGES	<u>0.00</u>					<u>0.00</u>
6	MISCELLANEOUS PAYMENT						<u>0.00</u>
	TOTAL	<u>10303.00</u>	<u>723.00</u>	<u>5477.00</u>	<u>328.00</u>	<u>7.00</u>	<u>16838.00</u>

(Amount in words Rupees Sixteen Thousand Eight Hundred Thirty Eight Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)
Amount Received Rs. _____

NAME OF THE DEPOSITOR K. Hemendraa

For Cheques Only: _____
Date of Presentation: _____

SIGNATURE OF THE DEPOSITOR _____

Date of Realisation: _____
Branch Name: _____

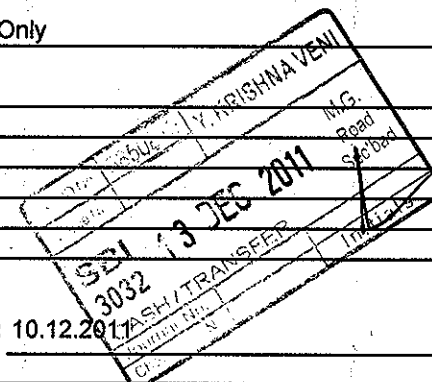
Branch Code No. _____

(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637410

Date : 10.12.2011



केवल अमुक्त स्थापनाओं के लिए
Only for Un-exempted Establishments
स्थापना का नाम और पता
Name and Address of the Estt.



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

कर्मचारी भविष्य निधि और प्रकीर्ण उपबन्ध अधिनियम, १९५२
EMPLOYEES' PROVIDENT FUNDS AND MISC. PROVISIONS ACT, 1952
EMPLOYEES' PENSION SCHEME [Para 20(4)]

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

(क.भ.नि.संगठन द्वारा भरा जाए)
(To be filled in by the EPFO)

MODI VENTURES
M/s.....**5-4-187/3 & 4, 11nd-Floor,**
Soham Mansion, M.G. Road,
BUNDERABAD-500 003. A.P.

1 अप्रैल, 200 31 मार्च, 200
Currency Period from 1st April, 200 to 31st March, 200

तक चालू अवधि

स्थापना की स्थिति
Establishment Status
ग्रुप कोड
Group Code

कोड सं.
Code No. **AP 53486**

के महीने के अंशदान का विवरण
Statement of contributions for the Month of
अंशदान की साविधिक दर
Statutory rate of contribution

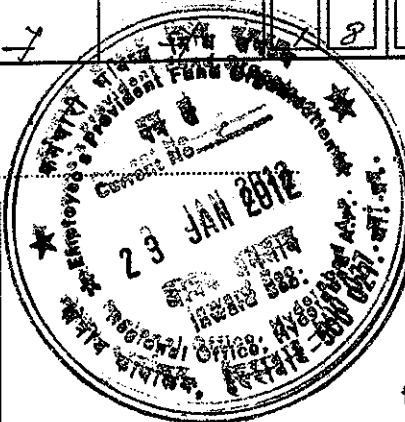
विवरण Particulars	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान की भेजी गई राशि Amount of contribution remitted		प्रशासनिक प्रभार की देय राशि Amount of Administrative charges due	प्रशासनिक प्रभार की भेजी गई राशि Amount of Administrative charges remitted	भेजने की तारीख Date of Remittance (enclose triplicate copies of Challan)							
		ग्रहिक से वसूल किया गया / recovered from the workers	नियोक्ता से देय payable by the employer	कर्मचारी का भाग Workes's Share	नियोक्ता का भाग Employer's Share			1	2	3	4	5	6		
क.भ.नि. लेखा सं. 01 E.P.F. A/c No. 01	66046	7926	2423	7926	2423	727	727	1	8	1	1	2	0	1	1
पेंशन निधि लेखा सं 10 Pension Fund A/c No.10	66046	शून्य NIL	5502	शून्य NIL	5502	शून्य NIL	शून्य NIL	1	8	1	1	2	0	1	7
क.नि.स.बी. निधि लेखा सं. 21 E.D.L.I. A/c No. 21	66046	शून्य NIL	330	शून्य NIL	330	7	7	8	1	1	2	0	1	1	

कर्मचारियों की कुल सं / Total No. of Employees
(क / a) ठेका / Contract
(ख / b) शेष / Rest
(ग / c) कुल योग / Total

बैंक का नाम व पता जहाँ
राशि विप्रेषित की गई है।
Name & Address of the bank in
which the amount is remitted

SBI M.G. Road

अंशदाताओं का ब्यौरा Details of Subscribers	क.भ.नि. E.P.F.	पेंशन निधि Pension Fund	क.नि.स.बी. E.D.L.I.
अनुसार अंशदाताओं की सं. Subscribers as per last month	15	-	-
(प्रपत्र 5 के आधार पर), नए अंशदाताओं की सं. No of New Subscribers (vide Form 5)	4	-	-
(प्रपत्र 10 के आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं. No. of Subscribers left service (Vide Form 10)	5	-	-
अंशदाताओं की कुल सं. Nett. Total Number of Subscribers	14	-	-



MODI VENTURES
(Signature)
नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
Signature of the Employer
with Official (Seal)



फॉर्म -5 / FORM 5

कर्मचारी भविष्य निधि, 1952 (पैरा 36) (2) (क) और कर्मचारी पेंशन स्कीम 1995 (पैरा 20(1))
THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 [Paragraph 36(2)(a)] AND THE EMPLOYEES' PENSION SCHEME 1995 [PARA 20(1)]

माह, के दौरान पहली बार कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि की सदस्यता को प्राप्त करने वाले कर्मचारीयों 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 O.C.T. 11 इसे फॉर्म 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)

फैक्टरी/स्थापना का नाम एवं पता
 Name & Address of the Factory / Estt.

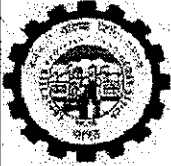
कोड संख्या/Code No. AP/ 53486

क्र.स. 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 का तिथि Date of joining the Fund	निधि के सदस्य बनने की तिथि पर निचली सेवा की कुल अवधि (स्कीम प्रमाण पत्र संलग्न करें यदि लगातार हो) Total period of previous service as on the date of joining the Fund (Enclose Scheme Certificate if applicable)	अभ्युक्तियाँ Remarks
1	53486 58	P. ANJIAH	Late P. Mallik	14-11-65	M	1-10-11		
2	53486 59	K. RAVACHARYULLU	PADMAVA	29-09-66	M	1-10-11		
3	53486 60	R. SANJAY KUMAR	Pushpa	31-12-83	M	1-10-11		
4	53486 61	M. PRAVEEN BABU	M. N. Rao	17-3-88	M	1-10-11		

[Handwritten Signature]

दिनांक :
 Date :

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



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
1	0	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
		1	0	2	0	1	1

Employer Share

1	0	2	0	1	1
---	---	---	---	---	---

Total No. of Subscribers: _____

A/c 1 {

14.00
66046.00

A/c 10 {

14.00
66046.00

A/c 21 {

14.00
66046.00

Total Wages Due: _____

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
		AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	2423.00		5502.00	330.00		8255.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	7926.00					7926.00
3	ADMINISTRATIVE CHARGES		727.00			7.00	734.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10349.00	727.00	5502.00	330.00	7.00	16915.00

(Amount in words Rupees Sixteen thousand Nine hundred and Fifteen Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)

Amount Received Rs. _____

For Cheques Only: _____

Date of Presentation: _____

Date of Realisation: _____

Branch Name: _____

Branch Code No. _____

NAME OF THE DEPOSITOR K. Hemendraa

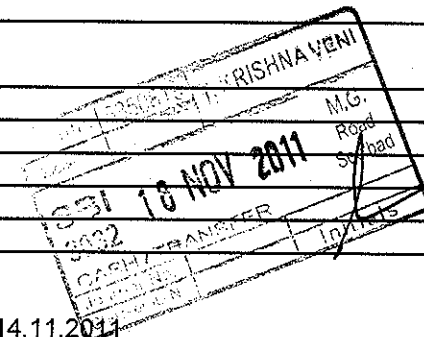
SIGNATURE OF THE DEPOSITOR _____

(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637408

Date : 14.11.2011



केवल अनुक्त स्थापनाओं के लिए
Only for Un-exempted Establishments
स्थापना का नाम और पता
Name and Address of the Estt.



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

कर्मचारी भविष्य निधि और प्रकीर्ण उपबन्ध अधिनियम, १९५२
EMPLOYEES' PROVIDENT FUNDS AND MISC. PROVISIONS ACT, 1952
EMPLOYEES' PENSION SCHEME [Para 20(4)]

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

(क.भ.नि.संगठन द्वारा भरा जाए
To be filled in by the EPFO)

M/s. **MODI VENTURES**

5-4-187/3 & 4, 1st Floor,
Soham Mansion, M.G. Road,
SECUNDERABAD-500 003. A.P.

कोड सं. Code No. **AP 53486**

1 अप्रैल, 200

Currency Period from 1st April, 200

से 31 मार्च, 200
to 31st March, 200

तक चालू अवधि

स्थापना की स्थिति
Establishment Status

ग्रुप कोड
Group Code

के महीने के अंशदान का विवरण

Statement of contributions for the Month of

अंशदान की साविधिक दर

Statutory rate of contribution

11 SEPT-2011

12 %

विवरण Particulars	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान की भेजी गई राशि Amount of contribution remitted		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)							
		ग्रामिक से वसूल किया गया / recovered from the workers	नियोक्ता से देय payable by the employer	कर्मचारी का भाग Workes's Share	नियोक्ता का भाग Employer's Share			1	2	3	4	5	6		
क.भ.नि. लेखा सं. 01 E.P.F. A/c No. 01	66158	7939	2428	7939	2428	728	728	1	9	1	0	2	0	1	1
पेंशन निधि लेखा सं 10 Pension Fund A/c No.10	66158	शून्य NIL	5511	शून्य NIL	5511	शून्य NIL	शून्य NIL	1	9	1	0	2	0	1	1
क.नि.स.बी. निधि लेखा सं. 21 E.D.L.I. A/c No. 21	66158	शून्य NIL	330	शून्य NIL	330	7	7	1	9	1	0	2	0	1	1

कर्मचारियों की कुल सं. / Total No. of Employees

(क / a) ठेका / Contract

(ख / b) शेष / Rest

(ग / c) कुल योग / Total 15

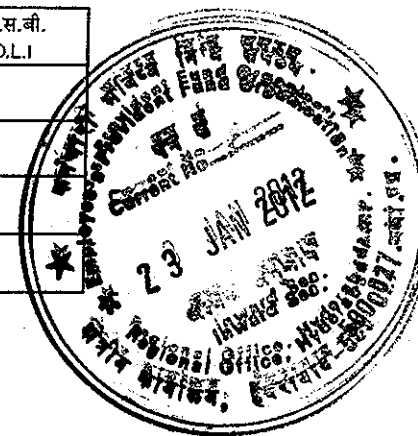
बैंक का नाम व पता जहाँ

राशि विप्रेषित की गई है।

Name & Address of the bank in

which the amount is remitted SBI MG Road

अंशदाताओं का ब्यौरा Data of Subscribers	क.भ.नि. E.P.F.	पेंशन निधि Pension Fund	क.नि.स.बी. E.D.L.I
के अनुसार अंशदाताओं की सं. No. of Subscribers as per last month	15	-	-
(प्रपत्र 5 के आधार पर), नए अंशदाताओं की सं. No. of New Subscribers (vide Form 5)	-	-	-
(प्रपत्र 10 के आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं. No. of Subscribers left service (Vide Form 10)	-	-	-
अंशदाताओं की कुल सं. Nett. Total Number of Subscribers	15	-	-



For MODI VENTURES

[Signature]
Authorized Signatory

नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
Signature of the Employer
with Official (Seal)



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)]

माह, के दौरान पहली बार कर्मचारी भविष्य निधि, कर्मचारी पेंशन निधि और कर्मचारी सहबद्ध बीमा निधि की सदस्यता को प्राप्त करने वाले कर्मचारीयों 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
दरम्यान महीने के S.E.P.T - 11, 1994 से 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)

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

SCHEM MANSION, M.G. ROAD,
GUNDERABAD - 500 003, A.P.

आ.स. कोड संख्या/Code No. AP/53486

क्र.सं. Sl.No.	लेखा सं. Account No.	कर्मचारी का नाम (स्पष्ट अक्षरों में) Name of the Employee (in block capitals)	माता वा 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 है); total period of previous service as on the date of joining the Fund (Enclose Scheme Certificate if applicable)	अव्युक्तियाँ Remarks
1	2	3	4	5	6	7	8	9

MODI VENTURES
5-4-187/3 & 4, 11nd Floor,
Schem Mansion, M.G. Road,
GUNDERABAD-500 003, A.P.

दिनांक :
Date :

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



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.: _____

PAID BY CHEQUE/ CASH CHEQUE _____

DUES FOR THE MONTH
OF : _____

Employee Share

M	M	Y	Y	Y	Y
0	9	2	0	1	1

DATE OF PAYMENT

D	D	M	M	Y	Y	Y	Y
1	9	1	0	2	0	1	1

Employer Share

0	9	2	0	1	1
---	---	---	---	---	---

Total No. of Subscribers: _____

A/c 1	{	<input type="text" value="15.00"/>	A/c 10	{	<input type="text" value="15.00"/>	A/c 21	{	<input type="text" value="15.00"/>
		<input type="text" value="66158.00"/>			<input type="text" value="66158.00"/>			<input type="text" value="66158.00"/>

Total Wages Due: _____

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
		AMOUNT (in Rupees)					
1	EMPLOYER'S SHARE OF CONTRIBUTION	<input type="text" value="2428.00"/>		<input type="text" value="5511.00"/>	<input type="text" value="330.00"/>		<input type="text" value="8269.00"/>
2	EMPLOYEE'S SHARE OF CONTRIBUTION	<input type="text" value="7939.00"/>					<input type="text" value="7939.00"/>
3	ADMINISTRATIVE CHARGES		<input type="text" value="728.00"/>			<input type="text" value="7.00"/>	<input type="text" value="735.00"/>
4	INSPECTION CHARGES						<input type="text" value="0.00"/>
5	PENAL DAMAGES	<input type="text" value="0.00"/>					<input type="text" value="0.00"/>
6	MISCELLANEOUS PAYMENT						<input type="text" value="0.00"/>
	TOTAL	<input type="text" value="10367.00"/>	<input type="text" value="728.00"/>	<input type="text" value="5511.00"/>	<input type="text" value="330.00"/>	<input type="text" value="7.00"/>	<input type="text" value="16943.00"/>

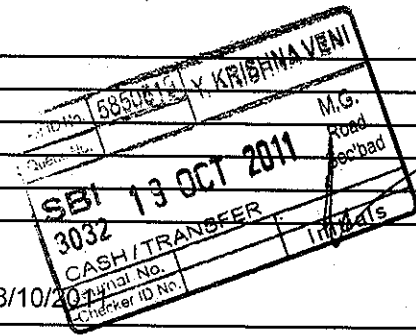
(Amount in words Rupees Seventeen thousand one hundred and ^{four}fourteen ~~fourteen~~ Only Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)

Amount Received Rs. _____
For Cheques Only: _____
Date of Presentation: _____
Date of Realisation: _____
Branch Name: _____
Branch Code No. _____

NAME OF THE DEPOSITOR K. Hemendraa
SIGNATURE OF THE DEPOSITOR _____



(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637406

Date : 08/10/2011



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

ORIGINAL
DUPLICATE
TRIPLICATE
QUADRUPICATE

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

ESTABLISHMENT CODE NO.: AP/HYD/53486

ACCOUNT GROUP NO.:

PAID BY CHEQUE/ CASH CHEQUE

DUES FOR THE MONTH
OF :

Employee Share M M Y Y Y Y
0 8 2 0 1 1

DATE OF PAYMENT D D M M Y Y Y Y
1 9 0 9 2 0 1 1

Employer Share 0 8 2 0 1 1

Total No. of Subscribers:

Total Wages Due:

A/c 1 { 15.00
66822.00 } A/c 10 { 15.00
66822.00 } A/c 21 { 15.00
66822.00 }

S. NO.	PARTICULARS	A/C NO. 1	A/C NO. 2	A/C NO. 10	A/C NO. 21	A/C NO. 22	TOTAL
AMOUNT (in Rupees)							
1	EMPLOYER'S SHARE OF CONTRIBUTION	2453.00		5566.00	334.00		8353.00
2	EMPLOYEE'S SHARE OF CONTRIBUTION	8019.00					8019.00
3	ADMINISTRATIVE CHARGES		735.00			7.00	742.00
4	INSPECTION CHARGES						0.00
5	PENAL DAMAGES	0.00					0.00
6	MISCELLANEOUS PAYMENT						0.00
	TOTAL	10472.00	735.00	5566.00	334.00	7.00	17114.00

(Amount in words Rupees Seventeen thousand one hundred and Fourteen Only)

NAME OF THE ESTABLISHMENT MODI VENTURES
ADDRESS 5-4-187/3 & 4, II nd Floor, Soham Mansion, M.G. Road, Secunderabad-003.

(For Bank use Only)

Amount Received Rs. _____

NAME OF THE DEPOSITOR K. Hemendraa

For Cheques Only: _____

Date of Presentation: _____

SIGNATURE OF THE DEPOSITOR _____

Date of Realisation: _____

Branch Name: _____

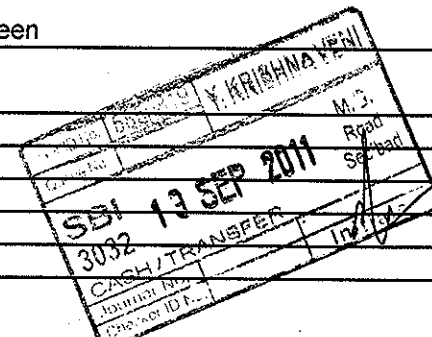
Branch Code No. _____

(TO BE FILLED IN BY EMPLOYER)

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

Cheque No. : 637405

Date : 16/09/2011



केवल अमुक्त स्थापनाओं के लिए
Only for Un-exempted Establishments
स्थापना का नाम और पता
Name and Address of the Estt.



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

कर्मचारी भविष्य निधि और प्रकीर्ण उपबन्ध अधिनियम, १९५२
EMPLOYEES' PROVIDENT FUNDS AND MISC. PROVISIONS ACT, 1952
EMPLOYEES' PENSION SCHEME [Para 20(4)]

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

(क.भ.नि.संगठन द्वारा भरा जाए)
(To be filled in by the EPFO)

MODI VENTURES

M/s. 5-4-187/3 2nd Floor,
Sohani Mansion, M.G. Road,
SECUNDERABAD-500 003. A.P.
1 अप्रैल, 200
Currency Period from 1st April, 200

11 से 31 मार्च, 200
to 31st March, 200

तक चालू अवधि

कांड़ स.
Code No. **AP 53486**

के महीने के अंशदान का विवरण
Statement of contributions for the Month of
अंशदान की साविधिक दर
Statutory rate of contribution

AUGUST - 2011
12 %

स्थापना की स्थिति
Establishment Status
ग्रुप कोड
Group Code

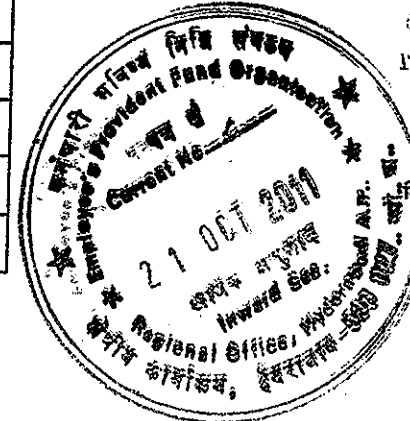
विवरण Particulars	मजदूरी जिस पर अंशदान देय है Wages on which contributions are payable	अंशदान की राशि Amount of contribution		अंशदान की भेजी गई राशि Amount of contribution remitted		प्रशासनिक प्रभार की देय राशि Amount of Administrative charges due	प्रशासनिक प्रभार की भेजी गई राशि Amount of Administrative charges remitted	भेजने की तारीख Date of Remittance (enclose triplicate copies of Challan)							
		ग्रामिक से वसूल किया गया / recovered from the workers	नियोक्ता से देय payable by the employer	कर्मचारी का भाग Workes's Share	नियोक्ता का भाग Employer's Share			1	2	3	4	5	6		
क.भ.नि. लेखा सं. 01 F PF A/c No 01	56822	8019	2453	8019	2453	735	735	1	9	0	9	2	0	1	1
पेंशन निधि लेखा सं 10 Pension Fund A/c No.10	66822	शून्य NIL	5766	शून्य NIL	5766	शून्य NIL	शून्य NIL	1	9	0	9	2	0	1	1
क.नि.स.जी. निधि लेखा सं. 21 E.D.L.I. A/c No. 21	66822	शून्य NIL	334	शून्य NIL	334	7	7	1	9	0	9	2	0	1	1

कर्मचारियों की कुल सं. / Total No. of Employees
(क /a) ठेक / Contract
(ख /b) शेष / Rest
(ग /c) कुल योग / Total

बैंक का नाम व पता जहाँ
राशि विप्रेषित की गई है।
Name & Address of the bank in
which the amount is remitted

SBI, MG Road Sec

अंशदाताओं का न्यौरा Details of Subscribers	क.भ.नि. E.P.F.	पेंशन निधि Pension Fund	क.नि.स.जी. E.D.L.I
पूर्वमाह के अनुसार अंशदाताओं की सं. No. of Subscribers as per last month	15	—	—
(प्रपत्र 5 के आधार पर), नय अंशदाताओं की सं. No. of New Subscribers (vide Form 5)	—	—	—
(प्रपत्र 10 के आधार पर), नौकरी छोड़ देने वाले अंशदाताओं की सं. No. of Subscribers left service (Vide Form 10)	—	—	—
अंशदाताओं की कुल सं. Nett. Total Number of Subscribers	15	—	—



FOR MODI VENTURES

Authorized Signatory

नियोक्ता के हस्ताक्षर कार्यालय की मोहर सहित
Signature of the Employer
with Official (Seal)



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)]

2011

August 2011 माह,

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

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)

फैक्टरी/स्थापना का नाम एवं पता

Name & Address of the Factory / Estt.....

MODERN VENTURES
3rd Floor,
Soham Mansion, M.G. Road,
Secunderabad-500 008, A.P.

कोड संख्या / Code No. AP/53486

क्र.सं. Sl.No.	लेखा सं. Account No.	कर्मचारी का नाम (स्पष्ट अक्षरों में) Name of the Employee (in block capitals)	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	3	4	5	6	7	8	9

3rd Floor,
Soham Mansion, M.G. Road,
Secunderabad-500 008, A.P.

नियोक्ता या अन्य प्राधिकृत अधिकारी के हस्ताक्षर (फैक्टरी / स्थापना की मोहर)

Signature of the Employer or other Authorised Officer (Stamp of the Factory / Establishment)

दिनांक : _____
Date : _____