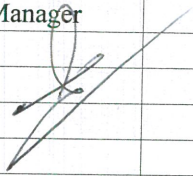


GSTR-1 Monthly Statement

Company Name		AMTZ Medpolis Square 3663 Pvt Ltd TS					
Project name		AMS 3663					
For month of		Apr-24					
S. No.	Item	Formula	Taxable Value	P IGST	Q CGST	R SGST	S=P+Q+R Total
A	ITC available from earlier periods		-	-	-	-	-
B	ITC being claimed for current period		-	-	-	-	-
C	ITC (Ineligible)		-	-	-	-	-
D	ITC for RCM - current period		-	-	-	-	-
E	ITC for RCM (ineligible)		-	-	-	-	-
F	Net ITC	A+B-C+D-E	-	-	-	-	-
G	Outward taxable suppliers B2C		-	-	-	-	-
H	Outward taxable suppliers B2B		-	-	-	-	-
I	Net Tax Payable (without RCM)	G+H-F		-	-	-	-
J	RCM tax payable (in cash)		-	-	-	-	-
K	Total Tax payable	I+J		-	-	-	-
L	Outward exempt supplies		-				
M	ITC available for next month	F-G-H		-	-	-	-
N	ITC available on portal			-	-	-	-
Payment details							
Challan No							
Amount paid							
Approved		Accountant	Manager		Consultant		MD
Sign		<i>B. Gaurinder</i>			<i>N.A.</i>		
Date		<i>08-05-2024</i>					
Note:							
1 This form must be submitted before 10th of each month.							
2 Payment must be made on or before due date.							
3 Account for the payment in Fridays statement.							
4 Attach ledger statement and other documents for consultants review.							
5 Prepare list of ITC of supplier > 25k which are not appearing in portal.							

AMTZ MEDPOLIS Square 3663 Pvt Ltd (24-25)

M G Road, Ranigunj

Secunderabad**Profit & Loss A/c**

1-Apr-24 to 30-Apr-24

Particulars	1-Apr-24 to 30-Apr-24	Particulars	1-Apr-24 to 30-Apr-24
Purchase Accounts		Sales Accounts	
Other Expenses	<u>1,45,326.00</u>		
		Direct Incomes	
		Gross Loss c/o	<u>1,45,326.00</u>
	<u>1,45,326.00</u>		<u>1,45,326.00</u>
Gross Loss b/f	<u>1,45,326.00</u>	Indirect Incomes	
Indirect Expenses		Nett Loss	<u>1,46,826.00</u>
Other Indirect Expenses	<u>1,500.00</u>		
Total	<u>1,46,826.00</u>	Total	<u>1,46,826.00</u>

FORM GSTR-1

[See rule 59(1)]

Details of outward supplies of goods or services

Financial year	2024-25
Tax period	April

1	GSTIN		36AAXCA5639H1Z3
2	(a)	Legal name of the registered person	AMTZ MEDPOLIS SQUARE 3663 PRIVATE LIMITED
	(b)	Trade name if any	AMTZ MEDPOLIS SQUARE 3663
	(c)	ARN	AA3604242507570
	(d)	ARN date	11/05/2024
	(e)	Nil Filed	Yes

Verification:

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed there from and in case of any reduction in output tax liability the benefit thereof has been/ will be passed on to the recipient of supply.

Date: 11/05/2024

Signature

Name of Authorized Signatory

MANGILIPELLI JAYAPRAKASH

Designation/Status: Sr Manager Fin & Acc