

Faculty Declaration Form (For AY 2024-25)

Name of the College: PAH GMC - Baramati

Assessment date	___/___/___	Remarks and Signature of Assessor
Accepted	Yes / No	
Assessor's name		

Note: It is the responsibility of the Dean to ensure that the submitted Declaration form is ONLY of a Faculty member who is working as a full-time employee and has not appeared for assessment in any other college for any discipline and in any capacity during the stated academic year.

1. Name of Faculty: OBCY
2. Age & Date of birth: 31 (Years) 19 / 03 / 1992
3. Photo ID submitted: PAN Card / Aadhar Card / Voter ID / Passport copy
- Number: 450368926682
- Issuing Authority: Unique Identification Authority, India



Note:

- (i) Declaration forms without a valid government issued Photo ID will NOT be accepted.
- (ii) It is mandatory to produce Original certificates at the time of verification.
- (iii) Only certificates/documents/certified translations in the English language will be accepted.

Government Medical College, Baramati

4. Present Designation: Assistant Professor
- a. Appointment order: Certified copy of order at this institute attached: Yes / No
- b. Department: OBCY
- c. College/Institute: PAH GMC - Baramati
- d. City / District: Pune
- e. Appointment: (i) Regular/Contractual/Ad-hoc basis
(ii) Full time /Part time
(iii) With Private practice / Without Private practice
- f. Date of appearance in last MCI/NMC assessment:
- i. UG / PG / Any other: As
- ii. Name of College: PAH GMC - Baramati
- iii. Whether appeared and accepted at the same College: Yes / No
- iv. Whether appeared and accepted for the same designation: Yes / No
- v. Whether retired from Government Medical College: Yes / No
- vi. If yes, designation at the time of retirement: _____

[Signature]
Signature of the Faculty

[Signature]
Signature & Seal of Dean

Government Medical College, Baramati

5. Complete Residential Address of the employee:

a. Present: R. NO. 202, H.B, Intern Hostel, PAH GMC - Baramat

b. Permanent: c/o Mahadev shinde, Behind Mahatma Gandhi
Highschool, near commando carrier academy,
Paranda, 413512

6. Copy of Proof of Residence submitted and original verified: Yes / No

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

7. Contact details:

a. Office telephone with STD code: -

b. Residence telephone with STD code: -

c. Mobile Phone Number: 8169337422 / 940374086

d. Email address: shindeamruta490@gmail.com

8. Date of joining the present institution: 2 / 12 / 2023

9. Joining report verified / attached

Yes / No

10. Have you attended the 'Basic Course Workshop' for training in MET: Yes / No

If Yes, give details (strike out whichever is not applicable):

a. at MCI/NMC Regional MET Centre: Yes / No.

b. at your college under Regional Centre observership: Yes / No

i. Name of Observer: _____

11. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical council
MBBS	2017 2021	Sethu G.S. Medical College, Mumbai.	2017/09/4433 Dated - 22/09/2017	MMC / MUHS
MD/MS	2018-19	GMC, Miraj.	-	MUHS
DM/MCh				
PhD				

a. MD/MS subject: OBGYN

b. DM/MCh subject: -

c. PhD subject: -

Note: For PG & Post PG qualifications, particulars of Registration of Additional Qualification certificates are to be furnished for them to be accepted. Strike out whichever section is not applicable.

12. Copies of educational qualifications:

- a. Copies of MBBS & PG Degree certificates verified and attached: Yes / No Yes No
- b. Copies of MBBS & PG Degree Registration verified and attached: Yes / No Yes No

13. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			-- / -- / --	-- / -- / --	__ (y) __ (m)
Senior Resident			18/10/21	17/10/22	1 (y) (m)
Tutor					(y) (m)
Asst. Professor			1/12/22	31/11/23	1 (y) (m)
Assoc. Professor					(y) (m)
Professor					(y) (m)

* Write NA (Not Applicable) for the designations not held

To be filled in by personnel from Indian Defense Services ONLY:

Designation	Institution*	From	To	Total
Graded Specialist		-- / -- / --	-- / -- / --	__ (y) __ (m)
Classified Specialist		-- / -- / --	-- / -- / --	__ (y) __ (m)
Advisor				(y) (m)

* Note: Documents in support of each posting to be furnished for verification

14. Have you been considered in UG/PG, MCI/NMC inspection at any other medical college in a teaching or administrative capacity during last 3 years. If yes, please give details:

Designation	Subject	College	Dates
Assistant Professor	OBGY	PAH, GMC Baramati	1/12/23 to 31/11/23

15. Details of employment before joining the present institution:

- a. Name of College/Institution: PAH, GMC - Baramati
- b. Designation: Assistant Professor Date on which relieved: 31/11/23
- c. Reason for being relieved: Tendered resignation Retired Transferred Terminated
- d. Relieving order issued by previous institution verified and attached: Yes / No Yes No

16. PAN Card Number: FHKPS 3760R

17. Aadhar card Number: 450368926682

18. I have shown total emoluments from this college in the current financial year as under:

Month	Amount Received	TDS
1. April 2023	96,000/-	3000/-
2. May 2023	97,000/-	3000/-
3. June 2023	97,000/-	3000/-
4. July 2023	97,000/-	3000/-
5. August 2023	97,000/-	3000/-
6. September 2023	97,000/-	3000/-
7. October 2023	97,000/-	3000/-
8. November 2023	97,000/-	3000/-
9. December 2023	97,000/-	3000/-
10. January 2024		
11. February 2024		
12. March 2024		

[Copy of PAN card & Form 16 (downloaded from TRACES) for FY 2022-23 (Assessment Year 2023-24) to be attached]

19. Number of Research articles in Indexed Journals:

a. International Journals: -----

b. National Journals: -----

c. State / Institutional Journals: -----

20. Details of other publications:

a. Number of Books published:

b. Number of Chapters in books:

DECLARATION

1. I, Dr. Amruta Mahadev shinde am working in the capacity of Assistant Professor in the Department of OR&U at PAH GMC-Baramati Medical College and do hereby give an undertaking that I am employed as a full time teaching faculty, working from ___ : ___ A.M. to ___ P.M. daily at this Institute.
2. I have not made myself available to any other Medical College/Institution in any discipline, in the capacity of a teaching faculty, administrator or advisor in the current academic year for the purpose of NMC/MCI assessments.
3. I do hereby solemnly declare that (tick the applicable clause):
 - a. I state that I am not doing any Private Practice or working in any other hospital during college hours.
 - b. I practice at _____ Nursing Home / Clinic / Hospital in the city of _____ in _____ State and my hours of private practice are from ___ : ___ AM/PM to ___ : ___ AM/PM.
4. I am not working in any other medical/dental college in or outside the State in any capacity: Regular/Contractual/Ad-hoc or Full time/Part time/Honorary.
5. I declare that I have provided all details with regard to my work and teaching experience and no information has been concealed by me.
6. I do solemnly declare that all the details/information furnished by me in this declaration form is absolutely true and correct, and all the documents/certificates that were made available by me for verification or have been submitted by me along with this declaration form are authentic. In the event of any information furnished or statement made in this declaration subsequently turning out to be false/incorrect or any document/s or certificate/s is/are found to be out of order, or it comes to light that there has been suppression of any material information, I understand and accept that it shall be considered as gross misconduct thereby rendering me liable to disciplinary and/or legal proceedings. It might also lead to suspension/cancellation of my Registration with the State Medical Council and/or removal of my name from the Indian Medical Register.

Date:

Place:


Amruta
(Signature of the Faculty)

ENDORSEMENT


1. This endorsement is the certification that the undersigned has satisfied herself/himself about the correctness, authenticity and veracity of the content of this declaration form in its entirety and endorsed the above declaration as true and correct. I have personally verified all the certificates/documents submitted by the teaching faculty with the original certificates and documents that were submitted by her/him to the Institute and confirmed the same with the concerned Institute and have found them to be correct and authentic.
2. I also confirm that Dr. Amruta shinde is not indulging in private practice of any kind or carrying out any other professional or other commercial activity during college working hours, from ___:___ AM to ___:___ PM, since she/he has joined the Institute.
3. In the event of this declaration turning out to be false or incorrect or any part of this declaration subsequently turning out to be false or incorrect or it comes to light that there has been suppression of any material information, it is understood and accepted that the undersigned shall also be equally responsible besides the declarant herself/himself, for the misdeclaration or misstatement.

Date:

Place:


Signature (Head of Dept.)
with official seal

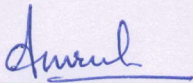
Professor Head
Department of Obstetrics & Gynecology
Govt. Medical College & General Hospital
Baramati, Dist. Pune


Signature (Head of Institute)
with official seal

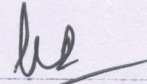
Dean
Government Medical College, Baramati

CHECKLIST

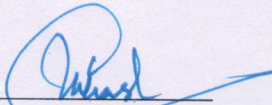
Sl	Documents	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college	✓ Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	✓ Yes / No
3.	Certified copy of Appointment order of the present Institute.	✓ Yes / No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	✓ Yes / No
5.	Joining report at the present institute.	✓ Yes / No
6.	Copies of MBBS, PG, PhD degrees (as applicable).	✓ Yes / No
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	✓ Yes / No
8.	Copy of experience certificates of all teaching appointments before joining present post.	✓ Yes / No
9.	Relieving order from the previous institution/posting.	Yes / No
10.	Copy of PAN Card	✓ Yes / No
11.	Form 16 (downloaded from TRACES) for FY 2012-23 (Assessment Year 2023-24)	Yes / No
12.	Letter head (in case of teachers who are practicing)	Yes / No
13.	Copy of letter from affiliating University recognizing as UG teacher	Yes / No
14.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes / No
15.	Copy of Aadhar Card	Yes / No



Signature of Faculty
Date:



Signature of the HoD,
Date:
Professor & Head
Department of Obstetrics & Gynecology
Govt. Medical College & General Hospital
Baramati, Dist. Pune



Signature of Head of Institute
Date:
Dean
Government Medical College, Baramati

Signed & Verified (Assessor)
Date:

NOTE

- I) This Declaration Form will not be accepted and the Faculty member will not be considered as a Teaching Faculty in case any of the documents listed above are not enclosed/attached with the Declaration Form.
- II) The Faculty member will not be considered as a Teaching Faculty if the original Appointment letter, Relieving order, Experience certificates, Government Photo ID, Degrees, Registration Certificates, PAN Card, Aadhar Card, State Medical Council ID (if issued) are not produced for verification at the time of assessment.
- III) Faculty members must submit the revised Declaration form in this format only. Submissions in the old format will be rejected and Faculty members will not be considered as Teaching Faculty.

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भारत सरकार
Government of India



अमृता महादेव शिंदे
Amruta Mahadev Shinde
जन्म तारीख / DOB : 19/03/1992
स्त्री / Female



4503 6892 6682

आधार - सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता मु अंदोरा पोस्ट खासापुरी न 2,
अन्धोरा, परंडा, उस्मानाबाद, महाराष्ट्र,
413502

Address: at andora post khasapuri no 2,
Andhora, Paranda, Osmanabad,
Maharashtra, 413502

4503 6892 6682

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



महाराष्ट्र शासन



3

शासकीय वैद्यकीय महाविद्यालय व सर्वोपचार रुग्णालय, बारामती

प्लॉट पी - १०७ एम.आय.डी.सी.आवार, महिला रुग्णालयासमोर, बारामती पिन नं. ४१३१३३

Email-admgmcbaramati@gmail.com

Ph : ०२११२-२४४१७२

जा.क्र.पुअहोशावैमबा/राजप/ता.नि.सहा.प्रा./५२७१/२०२३

दि. ०१ /१२/२०२३

कार्यालयीन आदेश

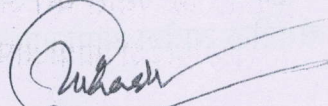
विषय :- स्त्रीरोग व प्रसुतीशास्त्र विषयातील सहाय्यक प्राध्यापक पदावर तात्पुरते नियुक्तीचे आदेश मिळणेबाबत- डॉ. अमृता शिंदे, सहाय्यक प्राध्यापक.

संदर्भ :- दिनांक. २३/११/२०२३ रोजी झालेली मुलाखत.

स्थानिक निवड मंडळाच्या शिफारशीनुसार सहाय्यक प्राध्यापक या पदावर स्त्रीरोग व प्रसुतीशास्त्र या विभागात पु.अ. होळकर, शासकीय वैद्यकीय महाविद्यालय, बारामती येथे दि. ०२/१२/२०२३ ते ३०/०५/२०२४ पर्यंत तात्पुरत्या स्वरूपात नियुक्ती करण्यात येत आहे. सदर नियुक्ती दरमहा एकत्रित ठोक मानधन रु. १,००,००० (अक्षरी -एक लाख रुपये फक्त) या अटीवर नियुक्ती करण्यात येत आहे. आपण ७ दिवसांत सदरील पदावर रुजू व्हावे. आपण रुजू न झाल्यास सदरील आदेश आपोआप संपुष्टात येतील.

१. सदरील नियुक्ती निव्वळ तात्पुरत्या स्वरूपात करण्यात आलेली आहे. सदरील नियुक्ती ही यानंतर भविष्यात जाहिरातीद्वारे सहाय्यक प्राध्यापक हे पद पुढील निवड मंडळामार्फत अथवा म.लो.आ. मार्फत अथवा बदलीन शासन मार्फत मान्यता प्राप्त उमेदवाराची नियुक्ती होईपर्यंत आपणास नियुक्तीचे आदेश निर्गमित करण्यात येत आहे. आपण आदेश संपताच त्या पदाचा कार्यभार विभाग प्रमुखांकडे सोपवावा. सदर नेमणुकीचा कालावधी संपल्यावर आपली नेमणुक आपोआप संपुष्टात येईल. त्यासाठी वेगळे आदेश दिले जाणार नाहीत.
२. आपला चारित्र्यतपासणी/ शासकीय सेवा करण्यासाठी शारीरिक पात्रता तपासणी अहवाल अवैध ठरल्यास आपली नियुक्ती समाप्त करण्यात येईल.
३. प्रशासकीय आवश्यकतेनुसार आपली सेवा संपण्याअगोदर देखील केव्हाही व कोणतीही पुर्व सूचना न देता किंवा कोणतेही कारण न दाखवता समाप्त करण्यात येईल.
४. या पदावर कार्यरत असताना आपणास खाजगी व्यवसाय करता येणार नाही. तसेच आपणास बायोमॅट्रीक हजेरी बंधनकारक राहिल. बायोमॅट्रीक हजेरीच्या अहवालाशिवाय आपणास वेतन अदा करण्यात येणार नाही.
५. सदर नियुक्ती सहाय्यक प्राध्यापक पदाच्या सेवाप्रवेश नियमावलीतील तरतुदीनुसार करण्यात येत आहे.

६. पदग्रहण करण्यासाठी आपणास कोणताही प्रवास भत्ता अनुज्ञेय राहणार नाही.
७. आपली सहाय्यक प्राध्यापक पदावरील नियुक्ती ही पुर्णतः नविन असल्याने यापुर्वीचा कोणताही नियुक्तीचा कालावधी जेष्ठता व इतर सेवा विषयक बाबीसाठी विचारात घेतला जाणार नाही. या तात्पुरत्या नियुक्तीमुळे आपण कायम नियुक्तीसाठी हक्कदार होऊ शकणार नाही.
८. सदर नियुक्तीचा कालावधी पुर्ण होण्याआगोदर आपण सदरील पदाचा राजीनामा द्यावयाचा असल्यास आपणास शासन नियमाप्रमाणे नोकरी सोडण्याबाबत एक महिन्याची पुर्व सूचना देणे आवश्यक आहे. न दिल्यास आपणाकडून एक महिन्याचे वेतन शासनास ठरविलेल्या इतर भत्त्यासह वसूल करण्यात येईल.
९. आपणास उन्हाळी/हिवाळी सुट्टी अनुज्ञेय असणार नाही.
१०. आपण कार्यभार स्विकारल्याचे प्रमाणपत्र द्विप्रतीत विभागप्रमुखामार्फत कार्यालयास सादर करावे.
११. सदरील पदावर नियमित आदेश मिळण्यासाठी आपणास न्यायाधिकरणात याचिका दाखल करण्यात येणार नाही. या बाबत हमीपत्र १००/- रुपये स्टॅम्पपेपरवर या कार्यालयास सादर करावे.


अधिष्ठाता,

पुअहोळकर, शासकीय वैद्यकीय
महाविद्यालय, बारामती.

प्रति,

डॉ. अमृता शिंदे, सहाय्यक प्राध्यापक, स्त्रीरोग व प्रसुतीशास्त्र विभाग, पु.अ.होळकर,
शा.वै.म.बारामती.

प्रत माहितीकरीता सादर/प्रेषित/ अग्रेषित

१. प्राध्यापक व विभाग प्रमुख, स्त्रीरोग व प्रसुतीशास्त्र विभाग यांना माहितीस्तव अग्रेषित.
२. वेतन देयक विभाग (वर्ग १ व २) पु.अ.होळकर, शा.वै.म. बारामती.
३. उप-कोषागार अधिकरी, उप-कोषागार कार्यालय, बारामती.
४. अधिष्ठाता यांचे स्विय सहाय्यक, पु.अ.होळकर, शासकीय वैद्यकीय महाविद्यालय, बारामती.

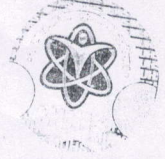
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2016107572



MUHS



20AA0308517

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik, India
(ISO 9001:2008)

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु
आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य
वैद्यक आणि शल्यचिकित्सा स्नातक
ही पदवी उन्हाळी-२०१५ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल
परेल, मुंबई येथील सेठ गोर्धनदास सुंदरदास वैद्यकीय महाविद्यालया चे/च्या
शिंदे अमृता महादेव
यांना

०२ मे २०१७ च्या दीक्षांत समारंभात प्रदान करित आहोत

*We, the Chancellor, Pro-Chancellor, Vice-Chancellor
and Members of the Management Council, Academic Council
confer the Degree of*

Bachelor of Medicine & Bachelor of Surgery

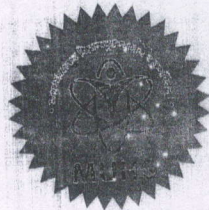
on

Shinde Amruta Mahadev

(PRN 0111180372)

of

Seth Gordhandas Sundardas Medical College, Parel, Mumbai
for the examination held in Summer-2015
at the Convocation held on 02nd May 2017



Shinde Amruta Mahadev

VICE-CHANCELLOR

6



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महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik, India

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु
आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य
मास्टर ऑफ सर्जरी (स्त्रीरोग व प्रसुतीशास्त्र)

ही पदवी उन्हाळी-२०२१ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल
मिरज येथील शासकीय वैद्यकीय महाविद्यालया चे/च्या

शिंदे अमृता महादेव

यांना

०२ मार्च २०२२ च्या दीक्षांत समारंभात प्रदान करित आहोत

We, the Chancellor, Pro-Chancellor, Vice-Chancellor
and Members of the Management Council, Academic Council
confer the Degree of
Master of Surgery (Obstetrics & Gynaecology)

on
Shinde Amruta Mahadev

(PRN 2221117008)

of
Government Medical College, Miraj

for the examination held in Summer-2021
at the Convocation held on 02nd March 2022



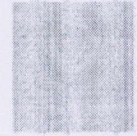
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Amruta Shinde

VICE-CHANCELLOR
कुलगुरु

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MAHARASHTRA MEDICAL COUNCIL, MUMBAI

E Digital Certificate

Registration No. : 2017/09/4433

Dated: 22/09/2017

ADDITIONAL MEDICAL QUALIFICATION E DIGITAL REGISTRATION CERTIFICATE

Certificate No. : 3127/2022

Dated: 02/08/2022



I hereby certify that the following qualification has been duly registered in the Medical Register of the council.

NAME	ADDITIONAL QUALIFICATION
DR. (Ms.) SHINDE AMRUTA MAHADEV	M.S.(Obst. & Gynae.) MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK, 2021



Signature Valid
 Digitally Signed by **SANJAY BALASAMBER DESHMUKH**
 (REGISTRAR OF MAHARASHTRA MEDICAL COUNCIL)
 Date: 22/09/2022 11:17:59

REGISTRAR

NOTE: - THIS IS DIGITAL CERTIFICATE. ANY PERSON CAN VERIFY AUTHENTICITY FROM QR CODE & MMC WEBSITE.



Maharashtra Medical Council, Mumbai

Certificate of Registration

Registration No. 2017/09/4433

This is to certify that the withinsigned

Amruta



Doctor (Ms.) SHINDE AMRUTA MAHADEV

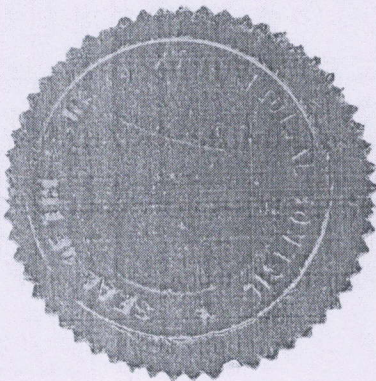
D/o. MAHADEV SHINDE possessing the qualification M.B.B.S. of MAHARASHTRA

UNIVERSITY OF HEALTH SCIENCES, NASHIK, 2017 has been duly registered in part

I of the register under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 22/09/2022.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council,
Mumbai & the Signature of the Registrar.



Dated the 22/09/2017

Amruta
Registrar



Govt. of Maharashtra

Government Medical College and General Hospital, Baramati

Plot No. P-909, Baramati MIDC Area, Opposite women's Hospital, Baramati - 431933,

Taluka § Baramati, District § Pune. Maharashtra, India.

e-mail: deangmcbaramati@gmail.com

No. GMCHB/Experience cert/ 4055 /22

Dated: 03 /11 /2022

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Amruta Mahadev Shinde** was working as Senior Resident in the department of **OBGY** at Government Medical College and General Hospital, Baramati.

Her total experience is as follows:-

Sr No	Post	From	To	Duration
1	Senior Resident	18/10/2021	17/10/2022	365 days


Dean

Government Medical College and General Hospital
Baramati, Dist -Pune

DEAN,
GOVERNMENT MEDICAL COLLEGE, BARAMATI

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SHINDE AMRUTA MAHADEO

MAHADEO SURYABHAN SHINDE

19/03/1992

Permanent Account Number

FHKPS3760R

Amruta
Signature



15112013

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FORM NO. 16A

[See rule 31(1)(b)]

Certificate under section 203 of the Income-tax Act, 1961 for tax deducted at source

Certificate No. WUBTYGA		Last updated on 09-May-2023	
Name and address of the deductor		Name and address of the deductee	
ADHISHTHATA SHASSKIY VAIDYAKIY MAHAVIDYALAY BARAMATI 01, MIDC, MIDC, BARAMATI, BARAMATI - 413102 Maharashtra +(91)2112-227800 maheshdv15@gmail.com		AMRUTA MAHADEO SHINDE B 7 GOVT QUARTER, GOVT MILK SCHEME, PARANDA ROAD BHOOM, BHOOM, OSMANABAD - 413504 Maharashtra	
PAN of the deductor	TAN of the deductor	PAN of the deductee	
AAAGA1878F	PNEA318201	EEDPS3760R	
CIT (TDS)	Assessment Year	Period	
The Commissioner of Income Tax (TDS) 4th Floor, .A. Wing, PMT Commercial Complex, Shankar Sheth Road , Swargate, Pune - 411037	2023-24	From 01-Jan-2023	To 31-Mar-2023

Summary of payment

Sl. No.	Amount paid/ credited	Nature of payment**	Deductee Reference No. provided by the Deductor (if any)	Date of payment/ credit (dd/mm/yyyy)
1	10000.00	194JB		31-03-2023
2	30000.00	194JB		31-03-2023
Total (Rs.)	40000.00			

Summary of tax deducted at source in respect of Deductee

Quarter	Receipt Numbers of Original Quarterly Statements of TDS Under sub-section (3) of Section 200	Amount of Tax Deducted in respect of Deductee	Amount of Tax Deposited/ Remitted in respect of Deductee
Q4	FFXBEXO	4000.00	4000.00

I. DETAILS OF TAX DEDUCTED AND DEPOSITED IN THE CENTRAL GOVERNMENT ACCOUNT THROUGH BOOK ADJUSTMENT
(The deductor to provide payment-wise details of tax deducted and deposited with respect to the deductee)

Sl. No.	Tax deposited in respect of deductee (Rs.)	Book Identification Number (BIN)			
		Receipt Numbers of Form No. 24G	DDO serial number in Form No. 24G	Date of Transfer voucher (dd/mm/yyyy)	Status of Matching with Form No. 24G
1	1000.00	1062250	00345	31-03-2023	F
2	3000.00	1062250	00345	31-03-2023	F
Total (Rs.)	4000.00				

II. DETAILS OF TAX DEDUCTED AND DEPOSITED IN THE CENTRAL GOVERNMENT ACCOUNT THROUGH CHALLAN
(The deductor to provide payment-wise details of tax deducted and deposited with respect to the deductee)

Sl. No.	Tax deposited in respect of the deductee (Rs.)	Challan Identification Number (CIN)			
		BSR Code of the Bank Branch	Date on which tax deposited (dd/mm/yyyy)	Challan Serial Number	Status of matching with OI/TAS*
Total (Rs.)					

Section Code	Description
193	Interest on Securities
194	Dividends
194A	Interest other than 'Interest on securities'
194B	Winning from lottery or crossword puzzle
194BB	Winning from horse race
194C	Payments to contractors and sub-contractors
194D	Insurance commission
194E	Payments to non-resident sportsmen or sports associations
194EE	Payments in respect of deposits under National Savings Scheme
194F	Payments on account of repurchase of units by Mutual Fund or Unit Trust of India
194G	Commission, price, etc. on sale of lottery tickets
194H	Commission or brokerage
194I	Rent
194I(a)	Payment of Rent for the use of any machinery or plant or equipment
194I(b)	Payment of Rent for the use of land or building or land appurtenant or furniture or fittings
194J(a)	Fees for technical services
194J(b)	Fees for professional services or royalty etc
194K	Income payable to a resident assessee in respect of units of a specified mutual fund or of the units of the Unit Trust of India
194LA	Payment of compensation on acquisition of certain immovable property
194LB	Income by way of Interest from Infrastructure Debt fund
194LC	Income by way of interest from specified company payable to a non-resident
194LBA	Certain income from units of a business trust
194LBB	Income in respect of units of investment fund
194LBC	Income in respect of investment in securitization trust
194N	Payments of certain amounts in cash
194NF	Payments of certain amounts in cash to non-filers
194O	Payment of certain sums by e-commerce operator to e-commerce participant
194P	Deduction of tax in case of specified senior citizen
194Q	Deduction of tax at source on payment of certain sum for purchase of goods
194R	Benefits or Perquisites in Business or Profession
194S	Payment of consideration for transfer of virtual digital asset by persons other than specified persons.

Section Code	Description
195	Other sums payable to a non-resident
196A	Income in respect of units of non-residents
196B	Payments in respect of units to an offshore fund
196C	Income from foreign currency bonds or shares of Indian company payable to non-residents
196D	Income of foreign institutional investors from securities
196DA	Income of specified fund from securities
206CA	Collection at source from alcoholic liquor for human consumption
206CB	Collection at source from timber obtained under forest lease
206CC	Collection at source from timber obtained by any mode other than forest lease
206CD	Collection at source from any other forest produce (not being tendu leaves)
206CE	Collection at source from any scrial
206CF	Collection at source from contractors or licensee or lease relating to parking lots
206CG	Collection at source from contractors or licensee or lease relating to toll plaza
206CH	Collection at source from contractors or licensee or lease relating to mine or quarry
206CI	Collection at source from tendu Leaves
206CJ	Collection at source from on sale of certain Minerals
206CK	Collection at source on cash case of Bullion and Jewellery
206CL	Collection at source on sale of Motor vehicle
206CM	Collection at source on sale in cash of any goods (other than bullion/jewelry)
206CN	Collection at source on providing of any services (other than Ch-XVII-B)

Verification

I, NANDKUMAR NANASO KOKARE, son / daughter of NANASO KOKARE working in the capacity of ADMINISTRATIVE (designation) do hereby certify that a sum of Rs. 4000.00 [Rs. Four Thousand Only] has been deposited to the credit of the Central Government. I further certify that the information given above is true, complete and correct and is based on the books of account, documents, TDS statements, TDS deposited and other available records.

Place	PUNE	(Signature of person responsible for deduction of tax)
Date	05-Jul-2023	
Designation: ADMINISTRATIVE		Full Name: NANDKUMAR NANASO KOKARE

Notes:

- Form 16A contains the latest transaction reported by the deductor in the TDS / TCS Statement. For further details please view your 26AS for same AY on the website <https://www.tdscpc.gov.in>
- To update the PAN details in Income Tax Department database, apply for 'PAN change request' through NSDL or UTITSL.
- In items I and II, in column for tax deposited in respect of deductee, furnish total amount of TDS, surcharge (if applicable) and education cess (if applicable).

Legend used in Form 16A

Status of matching with 26AS

Legend	Description	Definition
I	Unmatched	Deductors have not deposited taxes or have furnished incorrect particulars of tax payment in the TDS/TCS statement.
P	Provisional	Provisional tax credit is effected only for TDS / TCS Statements filed by Government deductors. "P" status will be changed to Final (F) on verification of payment details submitted by Pay and Accounts Officer (PAO)
F	Final	In case of non-government deductors, payment details of TDS / TCS deposited in bank by deductor have matched with the payment details mentioned in the TDS / TCS statement filed by the deductors. In case of government deductors, details of TDS / TCS booked in Government account have been verified by Pay & Accounts Officer (PAO)
O	Overbooked	Payment details of TDS / TCS deposited in bank by deductor have matched with details mentioned in the TDS / TCS statement but the amount is over claimed in the statement. Final (F) credit will be reflected only when deductor reduces claimed amount in the statement or makes new payment for excess amount claimed in the statement

** Nature of Payment