FORM **ITR-V**

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Benefits in Form (ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4, ITR-4S (SUGAM), ITR-5, ITR-6 transmitted electronically without digital signature] . (Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year 2011 - 12

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name			PAN
KARNATAKA UROLOGY ASSOCIATION			AABAK1545J
Flat/Door/Block No	**Name Of Premises/Building/Village**		**Form No. which has been electronically transmitted** *(fill the code)*: ITR-5
144,A TYPE			
Road/Street/Post Office	**Area/Locality**		
	K M C QUARTERS		
Town/City/District	**State**	**Pin**	**Status** *(fill the code)*: Plc Company
MANIPAL	Karnataka	576104	

Designation of AO (Ward / Circle): UDUPI I — **Original or Revised**: ORIGINAL

E-filing Acknowledgement Number: 372130490300312 — **Date(DD/MM/YYYY)**: 30-03-2012

COMPUTATION OF INCOME AND TAX THEREON

1	Gross total income				1	59903
2	Deductions under Chapter-VI-A				2	0
3	Total Income				3	59900
	a	Current Year loss, if any			3a	0
4	Net tax payable				4	0
5	Interest payable				5	0
6	Total tax and interest payable				6	0
7	Taxes Paid					
	a	Advance Tax	7a	0		
	b	TDS	7b	7986		
	c	TCS	7c	0		
	d	Self Assessment Tax	7d	0		
	e	Total Taxes Paid (7a+7b+7c +7d)			7e	7986
8	Tax Payable (6-7d)				8	0
9	Refund (7e-6)				9	7990

VERIFICATION

I, **ARUN KUMAR CHAWLA** son/ daughter of **INDER MOHAN CHAWLA**, holding permanent account number

solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income/ fringe benefits and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income and fringe benefits chargeable to income-tax for the previous year relevant to the assessment year 2011-12. I further declare that I am making this return in my capacity as REPRESENTATIVE MEMBER and I am also competent to make this return and verify it.

Sign here **Date** 30-03-2012 **Place** MANIPAL

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only
Receipt No

Filed from IP address: 117.198.104.87

Date

Seal and signature of receiving official

AABAK1545J05372130490300312 0A1B3B3E4DC0BD8200D96A1C8E54FE483377889B

Please furnish Form ITR-V to **"Centralized Processing Centre, Income Tax Department, Bengaluru 560500",** by **ORDINARY POST ONLY,** within 120 **days** from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The receipt of this ITR-V at ITD-CPC will be sent to you at this e-mail address urologyarun@yahoo.com