

[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)

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name KARNATAKA UROLOGY ASSOCIATION			PAN AABAK1545J		
	Flat/Door/Block No 144,A TYPE	Name Of Premises/Building/Village		Form No. which has been electronically transmitted ITR-5		
	Road/Street/Post Office	Area/Locality K M C QUARTERS				
	Town/City/District MANIPAL	State Karnataka	Pin 576104	Status	Plc Company	
	Designation of AO (Ward / Circle) UDUPI I			Original or Revised	ORIGINAL	
	E-filing Acknowledgement Number 848060000131213			Date(DD-MM-YYYY)	13-12-2013	
COMPUTATION OF INCOME AND TAX THEREON	1	Gross Total Income			1	243684
	2	Deductions under Chapter-VI-A			2	0
	3	Total Income			3	243680
	a	Current Year loss, if any			3a	0
	4	Net Tax Payable			4	6559
	5	Interest Payable			5	0
	6	Total Tax and Interest Payable			6	6559
	7	Taxes Paid				
	a	Advance Tax	7a			
	b	TDS	7b	17936		
	c	TCS	7c	0		
	d	Self Assessment Tax	7d			
e	Total Taxes Paid (7a+7b+7c +7d)			7e	17936	
8	Tax Payable (6-7e)			8	0	
9	Refund (7e-6)			9	11380	

VERIFICATION

I, ARUN KUMAR CHAWLA son/ daughter of INDER MOHAN CHAWLA , holding permanent account number AFFPC4271H

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 2012-13. 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 13-12-2013

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

117.235.4.140

Date

Seal and signature of
receiving official



AABAK1545J058480600001312134EAAEFEEFA0A6731DEEA0355237ECE2141563E32

Please furnish Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by **ORDINARY POST OR SPEED 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 e-mail address

urologyarun@yahoo.com