## Government of India



## **INCOME-TAX DEPARTMENT**

ACKNOWLEDGEMENT

Received with thanks from THE INSTITUTE OF HEALTH SYSTEMS a return of income and/or return of fringe benefits in Form No. ITR 7 for assessment year 2010-11, having the following particulars.

Na	Name							PAN								
TH	IE II	NS	TITUTE OF HEALTH SYSTEMS				А	А	А	Т	I C	6	7	9	Ρ	
Fla	at/D	001	r/Block No	Name Of Premises/Building/Village												
				HACA Bhavan												
Ro	ad/	Str	eet/Post Office	Area/Locality												
				Opp Public Gardens												
То	wn/	Cit	y/District	State												
Ну	/de	rat	bad	ANDHRA PRADESH									1	6		
De			-	Original					inal	or Revised ORIGINA			INAL	-		
1	G	ros	ss total income							1					0	
2	_	Deductions under Chapter-VI-A							2					0		
3	T	Total Income							3					0		
38	C	Current Year loss (if any)							3a				19	120		
4	N	Net tax payable							4					0		
5	5 Interest payable							5					0			
6	Total tax and interest payable							6					0			
7	Taxes Paid															
	6	a /	Advance Tax		7a											
	k	5 <sup>-</sup>	TDS		7b											
	0	c	TCS		7c											
	0	d	Self Assessment Tax		7d											
	e	e Total Taxes Paid (7a+7b+7c +7d)								7e					0	
8	8 Tax Payable (6-7e)									8					0	
9										9					0	
No.			ADIT / ADDL / T (Exemptions) 2 9 SEP 20 HYDERAB	Sea SNO			e of re		-		69					
	TI- Fla Ro To Hy De 1 2 3 3 a 4 5 6 7 7 8	THE II     Flat/D     Road/     Town/     Hyde     Desig     1     2     3a     2     3a     4     N     5     6     7     a     0     0     0     0     0     8     9	THE INS Flat/Door Road/Str Town/Cit Hyderat Designat 1 Gros 2 Dedi 3 Tota 3 Tota 3 Curr 4 Net 5 Inter 6 Tota 7 Taxe b c d e 8 Tax 9 Refu	THE INSTITUTE OF HEALTH SYSTEMS   Flat/Door/Block No   Road/Street/Post Office   Town/City/District   Hyderabad   Designation of Assessing Officer   1 Gross total income   2 Deductions under Chapter-VI-A   3 Total Income   3a Current Year loss (if any)   4 Net tax payable   5 Interest payable   6 Total tax and interest payable   7 Taxes Paid   a Advance Tax   b TDS   c TCS   d Self Assessment Tax   e Total Taxes Paid (7a+7b+7c +7d)   8 Tax Payable (6-7e)   9 Refund (7e-6)	THE INSTITUTE OF HEALTH SYSTEMS   Flat/Door/Block No Name Of Pre   HACA Bhava   Road/Street/Post Office Area/Locality   Opp Public O   Town/City/District State   Hyderabad ANDHRA F   Designation of Assessing Officer ANDHRA F   1 Gross total income   2 Deductions under Chapter-VI-A   3 Total Income   3a Current Year loss (if any)   4 Net tax payable   5 Interest payable   6 Total tax and interest payable   7 Taxes Paid   a Advance Tax   b TDS   c TCS   d Self Assessment Tax   e Total Taxes Paid (7a+7b+7c +7d)   8 Tax Payable (6-7e)   9 Refund (7e-6)	THE INSTITUTE OF HEALTH SYSTEMS   Flat/Door/Block No Name Of Premise HACA Bhavan   Road/Street/Post Office Area/Locality Opp Public Garde   Town/City/District State   Hyderabad ANDHRA PRAI   Designation of Assessing Officer 1   1 Gross total income   2 Deductions under Chapter-VI-A   3 Total Income   3a Current Year loss (if any)   4 Net tax payable   5 Interest payable   6 Total tax and interest payable   7 Taxes Paid   a Advance Tax 7a   b TDS 7b   c TCS 7c   d Self Assessment Tax 7d   e Total Taxes Paid (7a+7b+7c +7d) 8   8 Tax Payable (6-7e) 9 Refund (7e-6)   No.	THE INSTITUTE OF HEALTH SYSTEMS   Flat/Door/Block No Name Of Premises/Buildin HACA Bhavan   Road/Street/Post Office Area/Locality   Opp Public Gardens   Town/City/District State   Hyderabad ANDHRA PRADESH   Designation of Assessing Officer 1   Gross total income 2   2 Deductions under Chapter-VI-A   3 Total Income   3a Current Year loss (if any)   4 Net tax payable   5 Interest payable   6 Total tax and interest payable   7 Taxes Paid   a Advance Tax   b TDS   c TCS   d Self Assessment Tax   e Total Taxes Paid (7a+7b+7c +7d)   8 Tax Payable (6-7e)   9 Refund (7e-6)	THE INSTITUTE OF HEALTH SYSTEMS A   Flat/Door/Block No Name Of Premises/Building/Vi HACA Bhavan   Road/Street/Post Office Area/Locality   Opp Public Gardens Opp Public Gardens   Town/City/District State   Hyderabad ANDHRA PRADESH   Designation of Assessing Officer 1   Gross total income 2   2 Deductions under Chapter-VI-A   3 Total Income   3a Current Year loss (if any)   4 Net tax payable   5 Interest payable   6 Total tax and interest payable   7 Taxes Paid   a Advance Tax   b TDS   c TCS   d Self Assessment Tax   e Total Taxes Paid (7a+7b+7c +7d)   8 Tax Payable (6-7e)   9 Refund (7e-6)   No.	THE INSTITUTE OF HEALTH SYSTEMS A A A   Flat/Door/Block No Name Of Premises/Building/Village HACA Bhavan   Road/Street/Post Office Area/Locality   Opp Public Gardens   Town/City/District State   Hyderabad ANDHRA PRADESH   Designation of Assessing Officer Orig   1 Gross total income   2 Deductions under Chapter-VI-A   3 Total Income   3a Current Year loss (if any)   4 Net tax payable   5 Interest payable   6 Total tax and interest payable   7 Taxes Paid   a Advance Tax   b TDS   c TCS   d Self Assessment Tax   e Total Taxes Paid (7a+7b+7c +7d)   8 Tax Payable (6-7e)   9 Refund (7e-6)   No. Applic Appli	THE INSTITUTE OF HEALTH SYSTEMS A	THE INSTITUTE OF HEALTH SYSTEMS A A A T   Flat/Door/Block No Name Of Premises/Building/Village HACA Bhavan Road/Street/Post Office Area/Locality   Road/Street/Post Office Area/Locality Opp Public Gardens Opp Public Gardens   Town/City/District State State State   Hyderabad ANDHRA PRADESH Original or Red   Designation of Assessing Officer Original or Red 1   2 Deductions under Chapter-VI-A 2 3   3 Current Year loss (if any) 3a 4   4 Net tax payable 4 5   6 Total tax and interest payable 6 6   7 Taxes Paid 4 6   a Advance Tax 7a 6   b TDS 7b 7   c TCS 7c 7   d Self Assessment Tax 7a 7   e Total Taxes Paid (7a+7b+7c +7d) 7e 8   g Refund (7e-6) 9 9   No. ADIT_LADDL_OIT Se	THE INSTITUTE OF HEALTH SYSTEMS A A T I C   Flat/Door/Block No Name Of Premises/Building/Village HACA Bhavan Road/Street/Post Office Area/Locality Opp Public Gardens   Town/City/District State Status (fill Status (fill the code)   Hyderabad ANDHRA PRADESH Original or Revised 1 the code)   Designation of Assessing Officer Original or Revised 1 2   2 Deductions under Chapter-VI-A 2 3   3 3a Current Year loss (if any) 3a   4 Net tax payable 4 5   6 Taxes Paid 6 7   a Advance Tax 7a 6   b TDS 7b 7c   d Self Assessment Tax 7d 7e   e Total Taxes Paid (7a+7b+7c +7d) 7e 8   3 Refund (7e-6) 9 No	THE INSTITUTE OF HEALTH SYSTEMS A A T I 0 6   Flat/Door/Block No Name Of Premises/Building/Village HACA Bhavan Road/Street/Post Office Area/Locality Opp Public Gardens   Road/Street/Post Office Area/Locality Opp Public Gardens Status (fill the code)   Town/City/District State Status (fill the code) the code)   Pesignation of Assessing Officer Original or Revised 1 2   Designation of Assessing Officer 1 2 2 3   1 Gross total income 1 2 2 3   3 Current Year loss (if any) 3a 3a 4 4 5   6 Total tax and interest payable 5 6 6 7 7a   a Advance Tax 7a 7a 7a 7a 7a 7a   b TDS 7c 7c 7a 7a 7a 7a 7a   a Advance Tax 7a 7a 7a 7a 7a 7a 7a 7a 7a	THE INSTITUTE OF HEALTH SYSTEMS A A T I 0 6 7   Flat/Door/Block No Name Of Premises/Building/Village HACA Bhavan Area/Locality Physical Street/Post Office Area/Locality Opp Public Gardens   Town/City/District State Status (fill the code) 1   Hyderabad ANDHRA PRADESH Iterace Original or Revised ORIG   1 Gross total income 1 2 3 3 3 3   2 Deductions under Chapter-VI-A 2 3 4 4 5 5 6 6 7 7 4 4 5 5 6 6 7 7 4 4 5 5 6 6 7 7 6 7 7 7 6 7 7 6 7 7 6 7 7 6 7 7 7 <	THE INSTITUTE OF HEALTH SYSTEMS A A T I 0 6 7 9   Flat/Door/Block No Name Of Premises/Building/Village HACA Bhavan Area/Locality 0pp Public Gardens Area/Locality 0pp Public Gardens I I 6 7 9   Town/City/District State Status (fill Ite code) I 6 7 9   Hyderabad ANDHRA PRADESH Original or Revised ORIGINAL 1 6 7 9   2 Deductions under Chapter-VI-A 2 3	

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