

FORM NO. 10G

[See rule 11AA]

Application for grant of approval to fund or institution under clause (vi) of sub-section (5) of section 80G
of the Income-tax Act, 1961

| | | | | | | | | | | | |
|--|--|--|---------------------------|---------------------------|---------------------|---|---------|---------------|-------------------------------|-----------------|-----------------|
| A. Details of Registered Office | | | | | | | | | | | |
| PAN | AACTD1711F | | | | | | | | | | |
| Name of the Fund/Institution | DARUA HELP LINE SOCIETY | | | | | | | | | | |
| Flat/ Door/ Block No. | 0 | | | | | | | | | | |
| Name of Premises/Building/Village | | | | | | | | | | | |
| Road/ Street | DARUA | | | | | | | | | | |
| Pincode | 721401 | | | | | | | | | | |
| Post Office | Darua B.O | | | | | | | | | | |
| Area/ Locality | Darua | | | | | | | | | | |
| Town/City/District | EAST MIDNAPORE | | | | | | | | | | |
| State | WEST BENGAL | | | | | | | | | | |
| Country | INDIA | | | | | | | | | | |
| Office Phone No. with STD Code | | | | | | | | | | | |
| Mobile No. 1 | 9830068658 | | | | | | | | | | |
| Fax No. with STD Code | | | | | | | | | | | |
| Mobile No. 2 | | | | | | | | | | | |
| Email Address 1 | incometax32017@rediffmail.com | | | | | | | | | | |
| Email Address 2 | | | | | | | | | | | |
| B. Legal Status | | | | | | | | | | | |
| Please specify whether the Fund/ Institution is - | | | | | | Registered under the Societies Registration Act, 1860 (21 of 1860) or under any law corresponding to that Act in force in any part of India | | | | | |
| Please specify name of the law under which registered | | | | | | WBSR ACT 1961 | | | | | |
| C. Purpose | | | | | | | | | | | |
| Sl.No. | Purpose | | | | | | | | | | |
| 1 | Relief of the poor | | | | | | | | | | |
| 2 | Education | | | | | | | | | | |
| 3 | Medical relief | | | | | | | | | | |
| 4 | Preservation of environment (including watersheds, forests and wildlife) | | | | | | | | | | |
| 1a. In case of advancement of any other object of general public utility, please provide following: | | | | | | | | | | | |
| (i) Whether it involves the carrying on of any activity in the nature of trade, commerce or business, or any activity of rendering any service in relation to any trade, commerce or business, for a cess or fee or any other consideration? - | | | | | | | | | | | |
| (ii) Whether the activity is undertaken in the course of actual carrying out of such advancement of any other object of general public utility; and | | | | | | | | | | | |
| (ii) Details of receipts from such activity: | | | | | | | | | | | |
| Sl.No. | Total Receipts (₹) | Aggregate Receipts from the Activity (₹) | | | | Percentage to Total Receipts | | | Remarks, if any | | |
| D. In case of a Trust | | | | | | | | | | | |
| Details of Author (s)/ Founder (s)/ Settlor (s): | | | | | | | | | | | |
| S. No. | Name | PAN | Aadhaar No. (if allotted) | Address | | | | | | | |
| | | | | Country | Flat/Door/Block No. | Road/Street/Block/Sector | Pincode | Area/Locality | Post Office | District City | State |
| 1 | HUN ES F ATM A | AAWPF8 663N | 63846695 8242 | INDIA | 67 | DILKHU SA STRE ET | 700017 | Kolk ata | Circu s Ave nue S .O | KOL KAT A | WEST BEN GAL |
| E. In case of a Trust/ Society/Company/ Other Institutions | | | | | | | | | | | |
| Details of Trustee (s)/ Members of the Governing Council/ Director (s)/ Office Bearer (s): | | | | | | | | | | | |
| S. No. | Name | Designation | PAN | Aadhaar No. (if allotted) | Address | | | | | | |
| | | | | | Country | Flat/ | Road/ | Pincode | Area/ | Post | District |
| | | | | | Door/ | Street/ | Block/ | | Locality | Office | City |
| | | | | | Block/ | Sector | No. | | | | |

| | | | | | | Block No. | Block/ Sector | | | | | |
|---|-------------|-----------|-----------------|------------------|-------|-----------|---------------------|------------|---------|-----------------------|---------|-------------|
| 1 | HUNES FATMA | SECRETARY | AAW PF86 63N | 6384669582 42 | INDIA | 67 | DILKHUSA STRE ET | 7000 17 | Kolkata | Circus Ave nue S.O | KOLKATA | WEST BENGAL |

F Exemption/ Approval/ Registration Details

| | | | | | | | |
|--------|--|--|---|--|--|---|--|
| S. No. | Please provide the relevant provision under which the income of the applicant would not be liable to inclusion in its total income | | | Status of approval or registration of the fund or institution: | | | |
| 1 | 11 | | | Applied for registration under section 12A/ 12AA | | | |
| 2b | | | | | | | |
| S. No. | Section | | Registration/ Application Number | | | Date of Registration/ Approval/ Application | |
| 1 | 12A/12AA | | CIT (EXEMPTION), KOLKATA/2019- 20/ 12AA/11230 | | | 26/10/2019 | |

G Details of Business

| | | |
|----|--|-----|
| 1 | Whether the applicant derives any income being profits and gains of business? | NO |
| 1a | If yes, please provide the nature of business | |
| 2 | Whether the applicant maintains separate books of account in respect of such business? | - |
| 3 | Whether the donations received are used, directly or indirectly, for the purposes of such business? | - |
| 4 | Whether the instrument under which the institution or fund is constituted, or the rules governing the institution or fund, contains any provision for the transfer or application at any time of the whole or any part of the income or assets of the institution or fund for any purpose other than a charitable purpose? | NO |
| 5 | Whether institution or fund is expressed to be for the benefit of any particular religious community or caste? | NO |
| 6 | Whether the institution or fund maintains regular accounts of its receipts and expenditure? | YES |

H Details of Demand

| | | | | |
|--|--|------------|------------------|-----------------------------|
| 1 | Whether any demand is outstanding for any assessment year (s)? | NO | | |
| 1a If yes, please provide the following details: | | | | |
| S. No. | Assessment Year | Demand (₹) | Nature of Demand | Penalty imposed, if any (₹) |

I Details of Religious Expenses

| | | | | |
|--|---|------------------|-------------------------------------|----------------------------|
| 1 | Whether the fund or the institution has incurred any expenditure of religious nature? | NO | | |
| 1a If yes, please provide the following details: | | | | |
| S. No. | Assessment Year | Total Income (₹) | Expenditure of Religious Nature (₹) | Percentage to Total Income |

J Miscellaneous

| | | | | | |
|---|---|---|-----------|------------|-----------------------------|
| 1 | Whether the trust deed contains clause that the trust is irrevocable? | YES | | | |
| 2 Details of, approval under sub-clause (iv), sub-clause (v), sub-clause (vi) or sub-clause (via) of clause (23C) of section 10, registration under section 12A or 12AA, rejection of application for approval/ cancellation of approval under section 80G: | | | | | |
| S. No. | Section/Clause/Subclause etc | Approval/Registration/ Rejection of application for approval/Cancellation of approval etc | Order No. | Order date | Authority issuing the order |

I HUNES FATMA , Daughter of IMAMUDDIN KHAN hereby declare that the details given in the application are true and correct to the best of my knowledge and belief. I undertake to communicate forthwith any alteration in the terms of the trust/ society/non-profit company, or in the rules governing the Institution, made at any time hereafter. I further declare that I am making this application in my capacity as SECRETARY (designation) and that I am competent to make this application and verify it.

10/07/2020

SECRETARY

esignation

| Address | |
|--------------------------|-------------------|
| Country | INDIA |
| Flat/ Door/ Block No. | 67 |
| Road/Street/Block/Sector | DILKHUSA STREET |
| Pincode/Zipcode | 700017 |
| Area/ Locality | Kolkata |
| Post Office | Circus Avenue S.O |
| District/ City | KOLKATA |
| State | WEST BENGAL |

This form has been digitally signed by HUNES FATMA having PAN AAWPF8663N from IP Address 49.37.14.20 on 10/07/2020 .

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CENTER,ST=DELHI,2,5,4,17=#1306313130303932,OU=Certifying Authority,O=Capricorn Identity Services Pvt Ltd.,C=IN

