



# ASHADIP MEDICAL AND SOCIAL WELFARE ASSOCIATION

Registration No : SO131387 OF 2005-2006 under Govt. of W.B

Website : www.ashadip.org ❖ Email : ashadipmedical@gmail.com ❖ Phone : 03222356535 ❖ Mobile/WhatsApp : 9732612485

## Registered Office

At+P.O+P.S-Sabang  
Dist-Paschim Medinipur  
W.B,Pin-721144

## Regional cum Communication Office

At.- Peerbaba Tower, 1st Floor  
OT Road Inda, P.O- Inda, P.S- Kharagpur Town  
Dist.- Paschim Medinipur, West Bengal- 721305

## Donation Receive

FORM NO. 10BE  
(See rule 18AB)

Certificate of donation under clause (ix) of sub-section (5) of section 80G of the Income-tax Act, 1961

Donee	1	PAN of reporting person	A A B A A 4 1 1 2 B
	2	Name of the reporting person	ASHADIP MEDICAL AND SOCIAL WELFARE ASSOCIATION
	3	Address of the reporting person	AT+PO+PS-SABANG, DIST-PASCHIM MEDINIPUR,PIN-721144
	4	Order number granting approval under section 80G (Unique Registration Number)	AABAA4112BF20217
	5	Date of approval/Notification	31-08-2021
Donor and donations	6	Unique Identification Number	PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Aadhar <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	7	Name of Donor	
	8	Address of Donor	
	9	Amount of donation received	
	10	Financial year in which such donation was received	
	11	Type of donation	Corpus <input type="checkbox"/> Specific grants <input type="checkbox"/> Others <input type="checkbox"/>
	12	Section under which donation is eligible for deduction	Section 80G(5)(vi)

## VERIFICATION

I, **Gopal Bera** son of **Matilal Bera** solemnly declare that to the best of my knowledge and belief, the information given in the certificate is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961. I further declare that I am making this certificate in my capacity as **Secretary** and I am also competent to issue this certificate. I am holding permanent account number **AMDPB1543J**

Date :

Seal & Signature

1. Inserted by the Income-tax (Sixth Amendment) Rules, 2021, w.e.f. 1-4-2021