

श्री. सुरेंद्र सिंग गुजरा
 रा. खो.क्र. १, जागीर सिंग चाळ,
 योगीराज आश्रम, कालिना,
 सांताक्रुझ (पूर्व), मुंबई-४०० ०९८
 मो. ९०२९०२३२४०
 दिनांक : २/११/१८

प्रति,
 मा. पोलीस उपायुक्त,
 वाहतुक विभाग,
 ठाणे शहर वाहतुक नियंत्रण विभाग,
 तीन हात नाका, ठाणे.

विषय: कर्षित वाहन मुदतवाढबाबत.

महोदय,

ठाणे शहर विभाग वाहतुक विभागाच्या अधिपत्याखाली मी गेले एक वर्षापासुन कर्षित वाहन सेवेत कार्यरत असुन माझे कर्षित वाहन क्र. MH ०४ B ९५२३ हे उल्हासनगर वाहतुक विभाग येथे कार्यरत आहे. माझ्याकडे १४ वर्षांचा कर्षित वाहन सेवेचा अनुभव आहे. (१३ वर्षे मुंबई शहर व १ वर्ष उल्हासनगर) मी आपणांस सदर वाहनास मुदत वाढ देवुन उपकृत करण्याची विनंती करीत आहे.

ठाणे शहर वाहतुक नियंत्रण विभागाच्या अटी / नियम / सुचना यांचे तंतोतंत पालन करण्याची मी हमी देत आहे.

धन्यवाद !

आपला नम्र,

S.S. g

(सुरेंद्र सिंग गुजरा)

Office of The D.C.P. Traffic, Thane City	
D.C.P.	
Reader	
Sr. Clerk	
Inward No.	6066
Date	2/11/18
Branch	

MTN / B. 9523.

Transferred to RTO Mumbai @ 101 Addcha

Address ... HPA Cony ... 1517 bus

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Chief of Police ... 20/370
C.A. 2120 + C.A. 11001 - 133566/2637
Signature of Registering Authority
13/11/2015

Transferred to ...
Address ...
Room no. 3. Kachhoni - 3

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Signature of Registering Authority

Sr. No. 2115/03
Transferred to ...
Address ...

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Tr. Noted Vide ARTQ'S Order ...
Signature of Registering Authority

Transferred to ...
Address ...

Jagjit Singh Chahal Opp. Abdu
Chahal, Yograj Ashram -
C.S.T. Rd. Kalina, Santacruz (E), 400098

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Signature of Registering Authority

Detailed Description

1. Class of vehicle LCV

The motor vehicle is—

(a) a new vehicle

(b) Ex-army vehicle

(c) Imported vehicle

(d) Migration from other States

2. Maker's Name Tata Motors3. Type of body Towing Van4. Month and year of manufacture 20045. Number of cylinders Four (4)6. Chassis number CVZ 8077237. Engine number CVZ 8752828. Fuel used in the engine Diesel9. Horse power (B.H.P.) 2956 C.C.

10. Cubic capacity

11. Maker's classification

12. Wheel-base

13. Seating capacity (including driver) 14/2214. Unladen weight 2250 kg15. Colour or colours of body, wings and front and additional particulars in the case of all transport vehicles other than motor cabs. Green

16. Gross vehicle weight—

(a) as certified by the manufacturer Kgms.

(b) as registered Kgms.

17. Number, description and size of tyre—

(a) Front axle

(b) Rear axle

(c) Any other axle

(d) Tandem axle

18. Registered axle weight—

(a) Front axle Kgms.

(b) Rear axle Kgms.

(c) Any other axle Kgms.

(d) Tandem axle Kgms.

Additional particulars of alternative or additional trailer or semi-trailers registered with an articulated vehicle—

19. Type of body

20. Unladen weight

REG + HPA
300 + 120 657640 / 54
at 31/3/2004

31/3/2004 / 330 / 4168815/12
to 28/2/2005 at 31/3/2004

21. Number, description and size of tyres on (each) axle

22. Registered axle weight (in respect of each axle) Kgms.

This certificate is valid from 31/3/2004 to 30/3/2014

Date 31/3/2004 Signature of Registering Authority

Note.—The motor vehicle above described is HPA Cons subject to a hire purchase agreement with HPA Cons with CTA

(ii) Subject to a lease agreement with Finance Ltd

Signature of Registering Authority

VIDE ANTI-CORROSION (iv) is not held under hire purchase agreement / lease

253001-221494/52-30/138

22/11/08

Signature of Registering Authority

This certificate is hereby renewed from

to the day of 19
the day of 19
the day of 19
the day of 19

Dated 19 Signature of Registering Authority

mar 12 6001-

to 121-

Transferred Feb 13

Address 22198/2224/2421

13/3/12

13/3/11

Specimen Signature / Thumb Impression of the Registering Authority (Pasted and attested by Registering Authority)

Signature of Registering Authority

1999.13

Transferred to

Address

Feb-14

600f 682300 / 682309

241

431

161412

[Signature]

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Signature of Registering Authority

1999.14

Transferred to

Address

600f 04449 / 245A

241

532

161412

[Signature]

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Signature of Registering Authority

1999.15

Transferred to

Address

600f

74-079533

15916/631

11/12/15

[Signature]

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Signature of Registering Authority

Transferred to

Address

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Signature of Registering Authority



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office
Address

KALINA MICRO OFFICE (140404)
Shop No. 2, Ground Floor, Navdeep B CHSL, St Anthony Street, Kalina, Santacruz(E), Mumbai-400098
Phone : 400098
MUMBAI
Email : 9920914589
Fax : beladhar.bangera@newindia.co.in

Phone

Email

Fax

Collection Number

Collection Date

Business Source Code

PAN No of Payer

1404048118000000418

19/10/2018

D100001777

Received with thanks from SURENDRA SINGH MELISINGH GUJRA

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
14040431180200000428	Bank-140404	8219.00	9100.140404	BA00018394-140404-9100
Total = ₹ 8219.00				

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cash	8219.00	N.A.	N.A.	N.A.	N.A.	1404041810001038	N.A.
Total = ₹ 8219.00							

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
6965.00	1254.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00000921	DEVDA S ALIAN	31

For The New India Assurance Company Limited
Revenue Stamp

Date of Issue: 19/10/2018

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence.
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax invoice No : 14040418E0000018

IRDA Registration Number: 190

Validity unknown

Digitally signed
by Srinivasan
Vaidyanathan
Date: 2018.10.19
12:06:53 IST

Policy No. : 14040431180200000428 Document generated by 25065 at 19/10/2018 12:06:53 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Page 1 of 1

री लघु कार्यालय - 140404, शॉप नं. २, नवदीप को.ऑप.हौ.सोसायटी, सेंट अँथोनी स्ट्रीट, मथुरादास कॉलनी के बाजुमें, सांताक्रुस (पूर्व), मुंबई - 400 098.
Micro Office - 140404, Shop No. 2, Navdeep Co.op. Hsg. Society, St. Anthony Street, Near Mathuradas Colony, Santacruz (E), Mumbai - 400 098.

फोन / Phone : 022-26657006 फैक्स / Fax : 022-26657006

Service Tax No.: AAACN4165CST178 / IRDA Registration No.: 190 / CIN No.: U99999 MH1919 GOI 000526 R.P. 5,000-04/2017

इस पॉलिसी के तहत राकेश स्टैव ड्यूटी
ए. भुगवान GRAS GRN
क्र. MH004451020151M दिनांक २७/१०/२०१५
य रसीद GRAS DEFACE क्र. 0002859213201516
दि. ०५/११/२०१५ द्वारा किया गया है।



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE
Commercial Vehicle Liability Only Policy

UIN Number -

Insured's Name:		Insured's Details		Policy Details	
Customer ID:	SURENDRA SINGH MELISINGH GUJRA	Policy number:	14040431180200000428	Period of cover:	20/10/2018 12:00:01 AM to 19/10/2019 11:59:59 PM
Insureds Address:	JAGIR SINGH CHAWL, OPP ABDUL CHAWL, YOGIRAJ ASHRAM KALINA SANTACRUZ EAST, MUMBAI, MAHARASHTRA, 400098	Registration no.	MH-04-B-9523	Make/Model:	TATA/LPK 407 EX (FBV/BO)
Prev. Policy no.	14040431170200000605	Receipt no.	14040481180000000418 - 19/10/18	Fax Number :	NA / NA
Email:	/ / 9029023240				
Phone Number :	/ / 9029023240				
GSTIN/UIN	NA / NA				
Address		Issuing office		New India Contact	
KALINA MICRO OFFICE (140404), Shop No. 2, Ground Floor, Navdeep B CHS, St Anthony Street, Kalina, Santacruz(E), Mumbai-400098, MAHARASHTRA, 400098.		Agent / Corp. Agent / Broker / Banc Assurance / Referral Code - Name / POS/IMP/SPECIFIED PERSON		Mr. Devdas Anchan Salian - (NIAAG00000921)	
Phone no	9920914589	Phone no	/ / 9867965615	Fax no.	/
Fax no.	NA / NA	Email	/	Development officer level Name/Code	Mr. MICRO OFFICE KALINA - (DI00001777)
Email	lleladhar.bangera@newindia.co.in	Claim Contact Detail	2nd floor, Jeevan Seva Bldg, Santacruz, West, Mumbai 400054, 02226633247//		
Claim Contact	MRO-II (140001)				
GSTIN	27AAACN4165C3ZP				
SAC	997139 (Other non-life insurance services excl RI)				

Geographical Area / Zone:		India/A	Year of manufacture:		2004
Type of Commercial Vehicles:		D - Misc-Special Type	Sub Type:		BREAKDOWN VEHICLES
Name of the Financier:			Chassis no./Engine no.:		CVZ807723/CVZ875282
Type of fuel:		Diese:	Cubic capacity (cc):		0
Type of body:		Closed	Gross Vehicle Weight (GVW):		0
Seating capacity including Driver:		2	Variant:		tata 407 towing van
Automobile Association membership:			Colour:		green
Cover Note No/Cover Note Issue Date:		/	Name of registration authority:		Thane - MH 04
Transit From	NA	Transit To	NA	Distance Covered	NA

IDV(In ₹) Based on annexure-I					
Vehicle	Trailer	Non-Elec Acc	Electrical Acc	BI-fuel kit	Total Value
0	0	N/A	N/A	N/A	0

Schedule of Premium		Liability	
Own Damage		Basic TP Cover	
Basic OD Cover		Compulsory PA cover for Owner Driver (Sum Insured ₹15,00,000), LL to paid driver	
OD Premium in ₹		TP Premium in ₹	6965
Net Premium in ₹:			6965
GST In ₹:			1254
Total Payable In ₹:			8219
Total Payable In ₹(in words):			RUPEES EIGHT THOUSAND TWO HUNDRED NINETEEN ONLY

Validity unknown

Digitally signed by Srinivasan Vaideharan Date: 2018.10.19

Policy No. : 14040431180200000428 Document generated by 25065 at 19/10/2018 12:06:53 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.
For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.





Limitations as to use	Limits of Liability
The policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub-section (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover use for: a) Organized racing b) Speed testing	Limit of the amount the Company's Liability Under Section 11(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section 11(ii) in respect of any one claim or series of claims arising out of one event: Up to ₹ 7,50,000
	For Individual covers (OD) in ₹: 0
	Imposed excess in ₹: 0
	Voluntary excess in ₹: 0
	Compulsory excess in ₹: NA

Persons or classes of persons entitled to drive
Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

PA cover for Owner Driver				
Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
NA	NA	NA	N	N

PA cover for named persons			
Name	CSI Opted(₹)	Nominee	Relationship
NA	NA	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 6965.00
SGST	9	627
CGST	9	627
IGST	0	0

In witness where of this policy has been signed at Mumbai on this 19/10/2018
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO
This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site
<http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 17,21,28.

Important notice:

The insured is not indemnified, if, the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

I/We hereby certify that the policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988. NIA S.T.REGN
No: AAACN4165CST178.

Date of Issue: 19/10/2018

For and on behalf of The New India Assurance Company Limited.



Tax Invoice No : 14040418E0000018

IRDA Registration Number: 190

Policy No. : 14040431180200000428 Document generated by 25065 at 19/10/2018 12:06:53 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.

Customer Copy

Printed On: 03-Mar-2018 14:06:44

GOVERNMENT OF MAHARASHTRA

Motor Vehicle Department

MUMBAI (WEST), MH

MH2R180300001055/MH18030368749322

Tow Truck

SURENDRASINGH M GUJARA

03-Mar-2018

MH04B9523

31-Mar-2004

Chassis No:

CVZ807723

RECEIPT/APPL No:

Vehicle Class:

Received From:

Receipt Date:

Vehicle No:

Regn Date:

Particular	Amount	Penalty	Total
MV Tax(29-Feb-2016 to 31-Jan-2019)	1800	504	2304

GRAND TOTAL (in Rs): 2304/- (TWO THOUSAND THREE HUNDRED AND FOUR ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

AKSHAY RAMAKANT KALYANKAR

FORM ITR-V	INDIAN INCOME TAX RETURN VERIFICATION FORM		Assessment Year 2016-17
	[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-7 transmitted electronically without digital signature] . (Please see Rule 12 of the Income-tax Rules, 1962)		

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name SURENDRA MAILISINGH GUJRA		PAN AJLPG2166R	
	Flat/Door/Block No JAGIR SINGH CHAWL	Name Of Premises/Building/Village YOGIRAJ ASHARM,		Form No. which has been electronically transmitted ITR-4
	Road/Street/Post Office CST ROAD,	Area/Locality KALINA, SANTACRUZ(E)		
	Town/City/District MUMBAI	State MAHARASHTRA	Pin 400098	Status Individual
	Designation of AO (Ward / Circle) WARD 22(3)(4), MUMBAI		Original or Revised ORIGINAL	
	E-filing Acknowledgement Number 386081810050816		Date(DD-MM-YYYY) 05-08-2016	

COMPUTATION OF INCOME AND TAX THEREON	1	Gross Total Income	1	354772
	2	Deductions under Chapter-VI-A	2	84786
	3	Total Income	3	269990
	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	7a	0
	a	Advance Tax	7b	0
	b	TDS	7c	0
	c	TCS	7d	0
	d	Self Assessment Tax	7e	0
	e	Total Taxes Paid (7a+7b+7c +7d)	8	0
	8	Tax Payable (6-7e)	9	0
9	Refund (7e-6)	10		
10	Exempt Income	Agriculture		
		Others		

VERIFICATION

I, **SURENDRA MAILISINGH GUJRA** son/ daughter of **MAILISINGH GUJRA**, holding Permanent Account Number **AJLPG2166R** 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 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 chargeable to income-tax for the previous year relevant to the assessment year 2016-17. I further declare that I am making this return in my capacity as _____ and I am also competent to make this return and verify it.

Sign here S. S. Q Date **05-08-2016** Place **MUMBAI**

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 **114.143.96.111**

CERTIFIED TRUE COPY

Date

Seal and signature of receiving official



AJLPG2166R0438608181005081631E8E72863AF0D8B5B6741CB959517C41BDA2795

Please send the duly signed Form ITR-V to "Income Tax Department - CPC, Post Bag No - 1, Electronic City Post Office, Bengaluru - 560100, Karnataka", 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 confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address office@masassociates.in

Name: SURENDRA MAILSINGH GUJRA
 Father's Name: MAILSINGH GUJRA
 Address(O): JAGIR SINGH CHAWL, YOGIRAJ ASHARM, CST ROAD, KALINA, SANTACRUZ(E), MUMBAI, MAHARASHTRA-400095, Email id: office@maassassociates.in
 Code: 59

Permanent Account No: AJLPG2166R Date of Birth: 01/05/1973

Sex: Male
 Status: Individual
 Previous year: 2016-2017
 Ward/Circle: TRANSPORTERS - 712
 Nature of Business or Profession: Resident
 Assessment Year: 2016-2017
 Return: ORIGINAL

Computation of Total Income

Income Heads	Income Before Set off	Income After Set off
Income from Salary	0	0
Income from House Property	0	0
Income From Business or Profession	351436	351436
Income from Capital Gains	0	0
Income from Other Sources	3336	3336
Gross Total Income		354772
Less : Deduction under Chapter VIA		84786
Total Income		269986
Rounding off u/s 288A		269990
Income Taxable at Normal Rate	269990	
Income Taxable at Special Rate	0	

TAX CALCULATION

Basic Exemption Limit Rs.	250000	
Tax at Normal Rates	1999	1999
Total Tax	1999	
Less : Tax Rebate u/s 87A		0
Tax Payable		0
Amount Payable		
Tax Rounded Off u/s 288 B	0	

COMPREHENSIVE DETAIL

Income from Business & Profession Details

BUS
 Net Profit As Per P&L A/c
 Add: Items Inadmissible/for Separate Consideration
 Depreciation Separately Considered
 Sub Total
 Less: Items Admissible/for Separate Consideration
 Depreciation Allowed as Per IT Act
 Total of Business & Profession

CERTIFIED TRUE COPY



	351436
	351436
	94703
94703	446139
	94703
94703	351436

Income From Other Sources

3336

MR. SURENDRA SINGH

JHAGIRSINGH CHAWAL, OPP AFZAL CHAWL, YOGIRAM ASHRAM
CST ROAD KALINA, SANTRACRUZ (EAST) MUMBAI 400098

PREVIOUS YEAR	2015-2016	ASSESSMENT YEAR	2016-2017
PAN	AJLPG2166R	STATUS	INDIVIDUAL
WARD	-	RESIDENT STATUS	Resident
SEX	Male	DOB	01/06/1973

ACCOUNTING YEAR : 1.4.2015 TO 31.3.2016

BALANCE SHEET AS ON 31.3.2016

Liability	Amt	Amt	Assets	Amt	Amt
Capital Account:			Fixed Assets		
As per Capital A/c		658,675	Fort Icon	68,924	
			Less: Dep.	10,339	58,585
Current Liability			Mobile	3,046	
Sundry Creditors		69,482	Less: Dep.	457	2,589
Outstanding Exp.		39,056	Motor Bike		48,000
			Furniture		25,896
			Towing Car	310,000	
			Less: Depreciation	46,500	263,500
			Towing Car	249,386	
			Less: Depreciation	37,408	211,978
			Cash & Bank Balance		
			Bharat Co-op Bank		42,203
			SBI Bank		103,132
			Cash in Hand		11,330
		767,213			767,213

Capital Account for the year ended 31.3.2016

Particulars	Amount	Particulars	Amount
To Mediciam	21,122	By Opening Balance	484,116
To LIC Paid	18,328	By Net Profit	351,436
To Personal withdrawals	98,762	By Interest on SB A/c	3,336
To Tution Fees	42,000		
Balance c/d	658,675		
	838,888		838,888

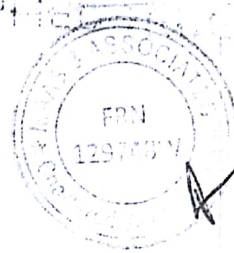


MR. SURENDRA SINGH**JHAGIRSINGH CHAWAL , OPP AFZAL CHAWL, YOGIRAM ASHRAM
CST ROAD KALINA , SANTRACRUZ (EAST) MUMBAI 400098**

PREVIOUS YEAR	2015-2016	ASSESSMENT YEAR	2016-2017
PAN	AJLPG2166R	STATUS	INDIVIDUAL
WARD	-	RESIDENT STATUS	Resident
SEX	Male	DOB	01/06/1973

ACCOUNTING YEAR : 1.4.2015 TO 31.3.2016**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.3.2016**

Petrol & Fuel	319,858	By Receipts	1,476,834
Driver Salary	401,500		
Printing & Stationary	2,716		
Conveyance	38,594		
Professional Fees Paid.	5,000		
Inspection Charges	35,000		
Sundry Expenses	39,056		
Bank Charges	1,354		
Repairs & Maintenance	108,056		
Refreshment Charges	37,593		
Telephone Charges	29,482		
Electricity Charges	12,486		
Depreciation	94,703		
Net Income	351,436		
	1,476,834		1,476,834



MR. SURENDRA SINGH**JHAGIRSINGH CHAWAL , OPP AFZAL CHAWL, YOGIRAM ASHRAM
CST ROAD KALINA , SANTRACRUZ (EAST) MUMBAI 400098**

PREVIOUS YEAR	2015-2016	ASSESSMENT YEAR	2016-2017
PAN	AJLPG2166R	STATUS	INDIVIDUAL
WARD	-	RESIDENT STATUS	Resident
SEX	Male	DOB	01/06/1973

ACCOUNTING YEAR : 1.4.2015 TO 31.3.2016**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.3.2016**

Petrol & Fuel	319,858	By Receipts	1,476,834
Driver Salary	401,500		
Printing & Stationary	2,716		
Conveyance	38,594		
Professional Fees Paid	5,000		
Inspection Charges	35,000		
Sundry Expenses	39,056		
Bank Charges	1,354		
Repairs & Maintenance	108,056		
Refreshment Charges	37,593		
Telephone Charges	29,482		
Electricity Charges	12,486		
Depreciation	94,703		
Net Income	351,436		
	1,476,834		1,476,834



FORM ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature]

Assessment Year

2017-18

(Please see Rule 12 of the Income-tax Rules, 1962)

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name SURENDRA MAILISINGH GUJRA		PAN AJLPG2166R	
Flat/Door/Block No JAGIR SINGH CHAWL	Name Of Premises/Building/Village VOGIRAJ ASHARM,	Form No. which has been electronically transmitted	ITR-3
Road/Street/Post Office CST ROAD,	Area/Locality KALINA, SANTACRUZ(E)	Status	Individual
Town/City/District MUMBAI	State MAHARASHTRA	Pin/Zip Code 400098	Aadhaar Number/ Enrollment ID XXXX XXXX 8230
Designation of AO (Ward / Circle) WARD 22(3)(4), MUMBAI		Original or Revised	ORIGINAL
E-filing Acknowledgement Number 494320890240318		Date(DD-MM-YYYY)	24-03-2018

COMPUTATION OF INCOME AND TAX THEREON

1	Gross Total Income	1	382670
2	Deductions under Chapter-VI-A	2	83694
3	Total Income	3	298980
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	0
c	TCS	7c	0
d	Self Assessment Tax	7d	0
e	Total Taxes Paid (7a+7b+7c +7d)	7e	0
8	Tax Payable (6-7e)	8	0
9	Refund (7e-6)	9	0
10	Exempt Income		
	Agriculture		
	Others		
		10	

VERIFICATION

I, SURENDRA MAILISINGH GUJRA son/ daughter of MAILISINGH GUJRA, holding Permanent Account Number AJLPG2166R 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 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 chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as _____ and I am also competent to make this return and verify it.

Sign here

Date 24-03-2018

Place MUMBAI

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 121.245.164.122

Date

Seal and signature of receiving official



AJLPG2166R03494320890240318319DC14C29CDA26777A8D34F4AEC96D448CA9B4

CERTIFIED TRUE COPY

Please send the duly signed 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 confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address office@masassociates.in

Name :

Father's Name :

Address(O) :

SURENDRA MAILISINGH GUJRA

MAILISINGH GUJRA

JAGIR SINGH CHAWL, YOGIRAJ ASHARM, CST ROAD , KALINA, SANTACRUZ(E), MUMBAI,

MAHARASHTRA-400098

EMail Id :office@masassociates.in

Code :- 59

Permanent Account No :

AJLPG2166R

Date of Birth :

01/06/1973

Sex :

Male

Status :

Individual

Previous year :

2016-2017

Ward/Circle :

Resident Status

Resident

Nature of Business or Profession

TRANSPORTERS - 712

Assessment Year :

2017-2018

Return :

ORIGINAL

Computation of Total Income**Income Heads**Income
Before Set offIncome After
Set off

Income from Salary

0

0

Income from House Property

0

0

Income From Business or Profession

260208

260208

Income from Capital Gains

0

0

Income from Other Sources

122462

122462

Gross Total Income

382670

Less : Deduction under Chapter VIA

83694

Total Income

298976

Rounding off u/s 288A

298980

Income Taxable at Normal Rate

298980

Income Taxable at Special Rate

0

TAX CALCULATION

Basic Exemption Limit Rs.

250000

Tax at Normal Rates

4898

Total Tax

Less : Tax Rebate u/s 87A

4898

4898

Tax Payable

0

Amount Payable

0

Tax Rounded Off u/s 288 B

0

COMPREHENSIVE DETAIL**Income from Business & Profession Details**

BUS

Net Profit As Per P&L A/c

Add: Items Inadmissible/for Separate

Consideration

Depreciation Separately Considered

Sub Total

CERTIFIED TRUE COPY

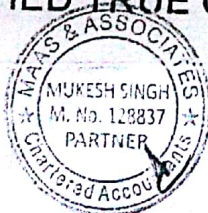
260208

260208

80498

80498

340706



Consideration
Depreciation Allowed as Per IT Act
Total of Business & Profession

80498

260208

Income From Other Sources

122462

Interest on Bank Savings
sb interest

9462

9462

Other Interest
OTHER INCOME

113000

113000

Total Income

122462

Total of Other Sources

122462

Deductions Under Chapter VIA

83694

Description

Gross
Amount

Deductable
Amount

u/s 80C In Respect of Investments

18328

Life Insurance Premium

Tuition Fees

40000

u/s 80D Medical Insurance Premium

15904

15904

u/s 80TTA (Interest on deposit in saving
account)

9462

9462

Return Filing Due Date : 31/07/2017

Due Date Extended upto : 05/08/2017

Interest Calculated Upto : 24/03/2018

Return Filing Section :

Notification No :

Verified By : SURENDRA MAILISINGH GUJRA

CERTIFIED TRUE COPY



MR. SURENDRA SINGH			
JHAGIRSINGH CHAWAL , OPP AFZAL CHAWL, YOGIRAM ASHRAM CST ROAD KALINA , SANTRACRUZ (EAST) MUMBAI 400098			
PREVIOUS YEAR	2016-2017	ASSESSMENT YEAR	2017-2018
PAN	AJLPG2166R	STATUS	INDIVIDUAL
WARD	-	RESIDENT STATUS	Resident
SEX	Male	DOB	01/06/1973
ACCOUNTING YEAR : 1.4.2016 TO 31.3.2017			
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.3.2017			
Petrol & Fuel	320,564	By Receipts	1,412,534
Driver Salary	412,365		
Printing & Stationary	4,456		
Conveyance	43,564		
Professional Fees Paid	5,000		
Inspection Charges	45,679		
Sundry Expenses	49,658		
Bank Charges	1,354		
Repairs & Maintenance	99,364		
Refreshment Charges	34,562		
Telephone Charges	32,698		
Electricity Charges	22,564		
Depreciation	80,498		
Net Income	260,208		
	1,412,534		1,412,534

CERTIFIED TRUE COPY



FORM ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature].

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year

2018-19

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name SURENDRA MAILISINGH GUJRA			PAN AJLPG2166R	
Flat/Door/Block No JAGIR SINGH CHAWL	Name Of Premises/Building/Village YOGIRAJ ASHARM,		Form No. which has been electronically transmitted ITR-3	
Road/Street/Post Office CST ROAD,	Area/Locality KALINA, SANTACRUZ(E)		Status Individual	
Town/City/District MUMBAI	State MAHARASHTRA	Pin/Zip Code 400098	Aadhaar Number/ Enrollment ID XXXX XXXX 8230	
Designation of AO (Ward / Circle) WARD 22(3)(4), MUMBAI			Original or Revised	REVISED
E-filing Acknowledgement Number 967785580310718		Date(DD-MM-YYYY) 31-07-2018		

COMPUTATION OF INCOME AND TAX THEREON

1	Gross Total Income	1	501805
2	Deductions under Chapter-VI-A	2	91712
3	Total Income	3	410090
a	Current Year loss, if any	3a	0
4	Net Tax Payable	4	8244
5	Interest and Fee Payable	5	0
6	Total Tax, Interest and Fee Payable	6	8244
7	Taxes Paid		
a	Advance Tax	7a	0
b	TDS	7b	0
c	TCS	7c	0
d	Self Assessment Tax	7d	8244
e	Total Taxes Paid (7a+7b+7c+7d)	7e	8244
8	Tax Payable (6-7e)	8	0
9	Refund (7e-6)	9	0
10	Exempt Income		
	Agriculture		0
	Others		0
		38	38

VERIFICATION

I, SURENDRA MAILISINGH GUJRA son/ daughter of MAILISINGH GUJRA, holding Permanent Account Number AJLPG2166R 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 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 chargeable to income-tax for the previous year relevant to the assessment year 2018-19. I further declare that I am making this return in my capacity as Individual and I am also competent to make this return and verify it.

Sign here

Date 31-07-2018

Place MUMBAI

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 114.143.171.114

Date

Seal and signature of receiving official

CERTIFIED TRUE COPY

AJLPG2166R0396778558031071828039677855803CD4F7C2ADCA81C840085862C984F

Please send the duly signed 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 confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address office@masassociates.in

Father's Name
Address(O)

SURENDRA MAILSINGH GUJRA
MAILSINGH GUJRA
JAGIR SINGH CHAWL, YOGIRAJ ASHARM, CST ROAD, KALINA, SANTACRUZ(E),
MUMBAI, MAHARASHTRA-400098
EMail Id : office@masassociates.in

Code :- 59

Permanent Account No. AJLPG2166R Date of Birth 01/06/1973
Sex : Male
Status : Individual
Previous year : 2017-2018 Resident Status : Resident
Ward/Circle : 2018-2019 Assessment Year : 2018-2019
Nature of Business or Profession : OTHER TRANSPORT AND LOGISTICS SERVICES N.E.C - 11015 Return : REVISED

Computation of Total Income

Income Heads	Income Before Set off	Income After Set off
Income from Salary	0	0
Income from House Property	0	0
Income From Business or Profession	374343	374343
Income from Capital Gains	0	0
Income from Other Sources	127462	127462
Gross Total Income		501805
Less : Deduction under Chapter VIA		91712
Total Income		410093
Rounding off u/s 288A		410090
Income Taxable at Normal Rate		410090
Income Taxable at Special Rate		0

TAX CALCULATION

Basic Exemption Limit Rs.	250000	
Tax at Normal Rates	8004	
Total Tax		8004
Add : Education Cess		160
Total		8164
Add : Secondary & Higher Education Cess		80
Total		8244
Less : Tax Deposited u/s 140A		8244
Amount Payable		0
Tax Rounded Off u/s 288 B		0

COMPREHENSIVE DETAIL

Exempted Income
Dividend

Section 10 (34) Amount 38

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Income from Business & Profession
Details

BUS-1
Net Profit As Per P&L A/c
Add: Items Inadmissible for Separate Consideration



374343
68423

374343

MR. SURENDRA SINGH
JHAGIRSINGH CHAWAL , OPP AFZAL CHAWL, YOGIRAM ASHRAM
CST ROAD KALINA , SANTRACRUZ (EAST) MUMBAI 400098

PREVIOUS YEAR PAN WARD SEX	2017-2018 AJLPG2166R Male	ASSESSMENT YEAR STATUS RESIDENT STATUS DOB	2018-2019 INDIVIDUAL Resident 01/06/1973
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ACCOUNTING YEAR : 1.4.2017 TO 31.3.2018

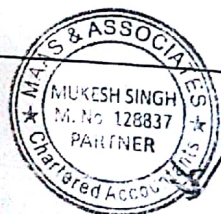
BALANCE SHEET AS ON 31.3.2018

Liability	Amt	Amt	Assets	Amt	Amt
Capital Account:			Fixed Assets		
As per Capital A/c		1,024,900	Fort Icon	49,797	
			Less: Dep.	7,470	42,327
Current Liability			Mobile	2,201	
Sundry Creditors		14,608	Less: Dep.	330	1,871
			Motor Bike		48,000
			Furniture		25,896
			Towing Car	223,975	
			Less: Depreciation	33,596	190,379
			Towing Car	180,181	
			Less: Depreciation	27,027	153,154
			Current Assets		
			Loans & Advances		350,000
			Cash & Bank Balance		
			Bharat Co-op Bank		60,950
			SBI Bank		19,981
			Cash in Hand		146,950
		1,039,508			1,039,508

Capital Account for the year ended 31.3.2018

Particulars	Amount	Particulars	Amount
To Mediciam	21,922	By Opening Balance	901,635
To LIC Paid	18,328	By Net Profit	374,343
To Personal withdrawals	296,328	By Interest on SB A/c	9,462
To Tution Fees	42,000	By Other Interest	118,000
Balance c/d	1,024,900	By Dividend	38
	1,403,478		1,403,478

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MR. SURENDRA SINGH**JHAGIRSINGH CHAWAL , OPP AFZAL CHAWL, YOGIRAM ASHRAM
CST ROAD KALINA , SANTRACRUZ (EAST) MUMBAI 400098**

PREVIOUS YEAR	2017-2018	ASSESSMENT YEAR	2018-2019
PAN	AJLPG2166R	STATUS	INDIVIDUAL
WARD	-	RESIDENT STATUS	Resident
SEX	Male	DOB	01/06/1973

ACCOUNTING YEAR : 1.4.2017 TO 31.3.2018**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.3.2018**

Petrol & Fuel	362,316	By Receipts	1,623,210
Driver Salary	474,145		
Printing & Stationary	4,230		
Conveyance	56,634		
Professional Fees Paid	5,000		
Inspection Charges	43,168		
Sundry Expenses	68,631		
Bank Charges	737		
Repairs & Maintenance	107,917		
Refreshment Charges	33,568		
Telephone Charges	12,630		
Electricity Charges	11,468		
Depreciation	68,423		
Net Income	374,343		
	1,623,210		1,623,210

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Bank of Baroda Internet Banking Services

Taxpayers counterfoil

Date: 31/07/18 4:49 PM

Taxpayers Counterfoil - Challan No. 280			
PAN	AJLPG2166R		
Received from (Name)	SURXXXXASINGH MAILISINGH GUJRA		
Address	MUMBAI MAHARASHTRA 400055		
Debit to A/c No.	04130200001334	For Rs.	8,244.00
Tax	8,244.00		
Surcharge	0.00		
Education Cess	0.00		
Fee under sec. 234E	0.00		
Fee	0.00		
Interest	0.00		
Penalty	0.00		
Others	0.00		
Total Amount	8,244.00		
Rs.(in words)	RUPEES EIGHT THOUSAND TWO HUNDRED FORTY FOUR ONLY		
With	Bank of Baroda, SANTACRUZ(EAST),MUMBAI		
(Name of the Bank and Branch)			
on account of	(0021)Income-tax (Other than companies)		
Type of Payment	Self Assessment Tax (300)		
for the Assesement Year	2018-19		
Transaction Date and Time	31-07-2018 04:49:00		

For use in Receiving Bank

Debit to a/c on: 31-07-18

Bank of Baroda
Law Garden Branch,
Ahmedabad

BSR CODE:0202976
Date Of
Tender:31072018
Challan Serial No:04874

Challan Identification
No:
02029763107201804874

RUPEES EIGHT THOUSAND TWO HUNDRED FORTY FOUR ONLY

CERTIFIED TRUE COPY





OW/DCP TRFF/REDR/CRAIN/APPOINT/BHW/ 4669 /2018
पोलीस उप आयुक्त, वाहतूक विभाग, ठाणे शहर
तीन हात नाका, एल.बी.एस.मार्ग, नौपाडा, ठाणे
दिनांक :- 07122018
दुरध्वनी क्रमांक :- 022-25401056

प्रति,

सुरेंद्रसिंग गुजरा,
जागीर सिंग चाळ,
कलिना विद्यानगरी मार्ग,
सरदारनगर, सांताक्रुझ ४०००९८.

विषय :- कर्षित वाहनाच्या नियुक्तीबाबत.

मोटर वाहन कायदा - १९८८ चे कलम १२७ अन्वये आपल्या कर्षित वाहन क्रमांक **MH 04 B 9523** ची सेवा ठाणे वाहतूक विभागाच्या भिवंडी उपविभागाकरिता उपलब्ध करून घेणेत येत असून सदरचे वाहन हे दि. ३०/०३/२०१९ पर्यंत म्हणजे त्यांच्या फिटनेस दिनांका पर्यंतच कार्यरत राहील. नमुद तारखेपूर्वी वाढीव मुदतीचे फिटनेस प्रमाणपत्र सादर न केल्यास नमूद कर्षित वाहनाची सेवा खंडीत करण्यात येईल.

२) कर्षित वाहनांच्या नियुक्ती संदर्भातील अटी व शर्ती खालीलप्रमाणे आहेत.

प्रशासकीय अटी/शर्ती

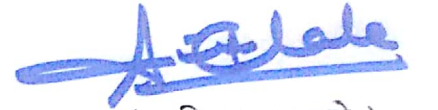
१. वाहतूक विभाग, ठाणे शहर यांना पुरविण्यात येणारी कर्षित वाहनांचे संपूर्ण कागदपत्र (उदा. रजिस्ट्रेशन, पी. यु. सी., इन्शुरन्स, फिटनेस इ.) वेळोवेळी परीपूर्ण केलेले असावेत.
२. कर्षित वाहन मालकाने कर्षित वाहनाचे सर्व प्रकारचे कर (उदा. जकात कर, सेवा कर व आयकर, जी. एस. टी. इ.) नियमित भरावे व कर भरलेबाबतचे विवरणपत्राची प्रत या कार्यालयात सादर करावे.
३. खाजगी कर्षित वाहन मालकाने त्यांच्या वाहनावरील सर्व कर्मचा-यांचे फोटो व चारित्र्याबाबत दाखला कर्मचारी वास्तव्य करीत असलेल्या स्थानिक पोलीस ठाण्यावरून प्राप्त केलेला असावा.
४. कर्षित वाहनावरील कर्तव्यावर असलेले कर्मचारी हे नीटनेटक्या व निळ्या रंगाच्या स्वच्छ गणवेशात हजर राहतील. सदर गणवेशावर पांढ-या रंगामध्ये 'ON POLICE DUTY' अशी अक्षरे लिहिलेली असावीत. त्यांचे केस व्यवस्थित कापलेले असावेत. त्यांची वयोमर्यादा १८ वर्षे पूर्ण व सुदृढ बांध्याचे असावेत. ड्युटीवर कोणीही कर्मचारी व्यसन करणार नाही व नागरिकांशी उध्दट वर्तन करणार नाही याची दक्षता घ्यावी.
५. कर्षित वाहनावरील कर्मचारी रात्रीचे वेळी स्वयंप्रकाशी गणवेश (फ्लुरोसेन्ट जॅकेट इ.) वापरतील. या बाबतची खबरदारी प्रत्येक कर्षित वाहन मालक घेतील. तसेच अशा गणवेशाच्या खर्चाची खबरदारी संबंधित कर्षित वाहन मालकाची राहिल.

६. कर्षित वाहन मालकाने कर्षित वाहनावरील कर्मचा-यांना ओळखपत्र पुरविणे आवश्यक आहे. त्यावर प्रभारी पोलीस निरीक्षक, वाहतूक उपविभाग हे प्रतिस्वाक्षरी करतील.
७. प्रत्येक कर्षित वाहनांवर स्वखर्चाने मोठ्या आकाराची विजेरी (JUMBO TORCH) ठेवणे आवश्यक आहे. जेणेकरून रात्रीचे वेळी वाहन कर्षित करताना गफलत होणार नाही.
८. कर्षित वाहनाच्या चालकास कमीतकमी तीन वर्षे गाडी चालविण्याचा अनुभव असावा. अशा चालकाकडे एल. एम. व्ही. व्यावसायिक/माल वाहतूक (ट्रान्सपोर्ट) वाहनचालक परवाना आवश्यक आहे.
९. कर्षित वाहनावर HANDY CAM असावा. तसेच HANDY CAM बॅकअप १० दिवसाचा असावा. सदर वाहनावरील कॅमेरेद्वारे करण्यात आलेले चित्रीकरण वाहनमालकाने संग्रहित करून दर महिन्याला संबंधित प्रभारी अधिकारी यांच्याकडे अभिलेखावर ठेवतील.
१०. कर्षित वाहनावर घोषणा करण्यासाठी बॅटरीच्या सहाय्याने चालणारी मेगाफोन/PA सिस्टम उपलब्ध करावी.
११. कर्षित वाहन मालकाने कर्षित रक्कम भरलेबाबत दिल्या जाणा-या पावतीवर तो राहत असलेल्या निवासस्थानाचा पत्ता तसेच त्याचे कार्यालयाचा पत्ता, दुरध्वनी/मोबाईल नंबर ज्यावर तो सहज उपलब्ध होईल असाच दुरध्वनी/मोबाईल नंबर द्यावा. त्याचप्रमाणे कसूरदार वाहन चालक/मालकास पावती देताना त्यावर कर्षित वाहन क्रमांका बरोबरच कसूरदार वाहनचालकांकडून घेण्यात येणारे शुल्काची रक्कम वाहन मालक स्वतः किंवा त्यांचा प्रतिनिधी वाहतूक शाखेने विहीत केलेल्या नमुन्याप्रमाणे पावती अदा करून करतील.
१२. कर्षित वाहनांच्या अंतर्गत वाहतूक विभागीय बदल्या नियमित स्वरूपात होतील. याची नोंद घ्यावी.
१३. कर्षित वाहनामध्ये जर अचानक तांत्रिक बिघाड निर्माण झाला तर सदर कर्षित वाहन मालकाने तात्काळ संबंधित प्रभारी अधिकारी वाहतूक उपविभाग अथवा संबंधित सहाय्यक पोलीस आयुक्त यांचे परवानगी शिवाय मूळ कर्षित वाहनाचे बदली दुस-या कर्षित वाहनाची परस्पर नेमणूक करू नये. जर दुस-या कर्षित वाहनाची नेमणूक करावयाची झाल्यास नेमणूक करावयाच्या गाडीचे सर्व कागदपत्रे अधिकृत हवीत अन्यथा सदर कर्षित वाहनाची सेवा वाहतूक शाखेच्या पटलावरून कायमस्वरूपी खंडीत करण्यात येईल.
१४. पोलीस अधिकारी/कर्मचारी व शासकीय कर्मचारी यांचे नातेवाईकांनी कर्षित वाहन सेवा देणे बाबत अर्ज करू नयेत. अशा अर्जाचा विचार केला जाणार नाही.
१५. वाहन कर्षित करताना वाहनाचे नुकसान झाल्यास त्याची संपूर्ण जबाबदारी संबंधित कर्षित वाहन मालकाची राहिल व नुकसाण भरपाई कर्षित वाहन मालकास करावी लागेल.
१६. तात्काळ प्रसंगी रात्रीच्या वेळी कर्षित वाहनास कर्तव्य बजवावे लागल्यास त्यावेळी कर्षित वाहनाच्या पाठीमागे फोकस लाईट/हेड लाईट/टेललाईट सुस्थितीत असाव्यात.
१७. कर्षित वाहनाद्वारे चारचाकी वाहन टो करण्यात येणा-या वाहनाची पुढील दोन्ही चाके अधांतरीत उचलून कोणतेही नुकसान न होता कारवाई करणे अपेक्षित आहे. वाहनांचे नुकसान झाल्यास नुकसान भरपाई कर्षित वाहन मालकांकडून वसूल केले जाईल.
१८. कर्षित वाहनाद्वारे टोईंग करण्यात येणा-या वाहन चालक/मालकांकडून भरून घेण्यात येणारे टोईंग चार्जेस हे मा. पोलीस आयुक्त, ठाणे शहर यांचेकडून निर्गमित करणेत आलेल्या अधिसूचना क्र. ठआ/पशा/वाहतूक/३८१/८/२०१०, दि. ०४/०३/२०१० नुसार निश्चित करण्यात आलेले आहेत. सदर दर खालीलप्रमाणे आहेत.

अ.क्र.	वाहनांचा प्रकार	टोईंग चार्जेस (रु.)
१	दोनचाकी वाहन	१००/-
२	तीन चाकी (ऑटो रिक्षा)	१००/-
३	कार, जीप	२००/-
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६	मोठी लॉरी, ट्रक, टॅकर, ट्रेलर व बसेस	६००/-

१९. कर्षित वाहनाच्या नियुक्ती संदर्भातील प्रशासकीय/कार्यकारी अटी व शर्तीचे उल्लंघन आपण केल्यास तसेच कर्षित वाहनाच्या सेवेबाबत अथवा वाहनावर काम करण्या-या कर्मचा-यांच्या वर्तनाबाबत कोणतीही तक्रार प्राप्त झाल्यास कोणतीही पुर्वसूचना न देता आपल्या कर्षित वाहनाची सेवा खंडीत करण्यात येईल, याची कृपया नोंद घ्यावी.

२०. नमूद अटी व शर्ती मध्ये बदल/सुधारणा करण्याचे संपूर्ण अधिकार या कार्यालयाकडे राखीव आहेत.



(अमित का. काळे)

पोलीस उप आयुक्त,
वाहतूक शाखा, ठाणे शहर

कर्षित वाहन मालक या नात्याने वाहतूक विभाग, ठाणे शहर या ठिकाणी कसूरदार वाहन चालक यांच्या वाहनावर कारवाई करताना घालण्यात आलेल्या वरील अटी व शर्ती या मी वाचलेल्या असून त्या मला मान्य आहेत. नमूद अटी व शर्तीचा भंग केल्यामुळे माझी सेवा खंडीत झाल्यास त्यास मी स्वतः जबाबदार असेन.



सही

नाव :- सुरेंद्रसिंग गुजरा.

दिनांक :- ८/१२/२०१८

प्रत माहिती व कार्यवाहीसाठी.

१) सपोआ भिवंडी वाहतूक विभाग, ठाणे शहर.

२) प्रभारी अधिकारी भिवंडी वाहतूक उपविभाग, ठाणे शहर.

२/- प्रभारी अधिकारी यांनी कर्षित वाहनाचे सर्व अद्यावत कागदपत्रे, कर्षित वाहन चालकाचा अद्यावत वाहन परवाना, वाहनचालकाचे तसेच कर्षित वाहनावर काम करणा-या मुलांचे चारित्र्य पडताळणी अहवाल संबंधित कर्षित वाहन मालकाकडून प्राप्त करून घेवून ते आपले कार्यालयीन अभिलेखावर ठेवावेत. तसेच सदर कर्षित वाहन आपले उपविभागात नियुक्त केले दिनांकापासून दरमहा केलेल्या कारवाईचा आपल्या कार्यालयीन अभिलेखाशी ताळमेळ घ्यावा. सदरचा ताळमेळ बरोबर असलेबाबतचे प्रभारी अधिकारी यांचे प्रमाणपत्र संबंधित सपोआ. वाहतूक विभाग यांना सादर करावे. सपोआ. वाहतूक विभाग, ठाणे शहर यांनी सदरचे प्रमाणपत्र पडताळणी करून त्यांचे अभिलेखावर ठेवावे.