CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S, DENTAL COLLEGE & HOSPITAL ALUMNI ASSOCIATION, CHHATRAPATI SAMBHAJINAGAR

Kanchanwadi, Paithan Road, Chh. Sambhajinagar

Receipt & Payment A/C For F.Y. 2023-24

Receipts	Amount (Rs.)	Payment	Amount (Rs.)
Opening Balance	-		
Donation from Student	92,700.00	Bank Charges	620.00
		Expenses Against Alumini Meet	÷)
		i) Xerox & Stationery Rs.	F
		ii) Canteen Bill Rs. (Breakfast & Lunch)	
		iii) Banner Printing Rs.	
		Closing Balance	92,080.00
Total (Rs.)	92,700.00	Total (Rs.)	92,700.00
Note- Bank Statement as on 31.03.20	24 is attached.	^	18 .
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Treasurer	Sec	Secretary Pres	

Treasurer

Secretary Secretary

President

Chhatrapati Shahu Maharaj Shikshan Sanstha College & Hospital College Rospital

Public Trust Registration Office Accounting Year Chhatrapati Sambhajinagar 2023-2024 Trust Accounts Submission Verification Form Acknowledgement No: ARN/154533/TA/24 Date: 11-10-2024 Trust Name of Trust: CSMSS DENTAL COLLEGE & HOSPITAL ALUMNI ASSOCIATION Information CHHATRAPATI SAMBHAJINAGAR Address of Trust: Trust Number: CSMSS DENTAL COLLEGE & HOSPITAL PAITHAN ROAD F-0026844(ARN) KANCHANWADI Aurangabad Aurangabad Chhatrapati Sambhajinagar - 431005, 1. Funds and Liabilities Total (Schedule VIII) 92080.00 2. Property and Assets Total (Schedule VIII) 92080.00 3. Total Expenditure (Schedule IX) 620.00 Accounts Details 4. Total Income (Schedule IX) 92700.00 5. Gross Annual Income Chargeable To Contribution (Schedule 0.00 6. Amount of Contribution Computed At the Rate Fixed Under 0.00 the Subsection (1) Of Section 58 and Payable VERIFICATION We, Trustees and Auditor of above mentioned trust, declare to the best of our knowledge and belief, the information given in the financial statements, audit report and schedules which have been transmitted electronically by us vide ARN/154533/TA/24 is correct and complete and that the amounts and particulars shown above are truly stated and are in accordance with Maharashtra Public Trust Act, 1950. Trustee 1 (Name): Dr. Lata Madhuka Kalo Signature : Sarode Trustee 2 (Name) : Dr Signature: Kadam Trustee 3 (Name): Signature: Auditor (Name): Place: Aurangerbad Date: 11 0 2024 Aurangabea

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