



**K.P. VASUDEVAN, FCA**  
**CHARTERED ACCOUNTANT**

Mini Towers, S.R.M. Road, Cochin - 18., Ph : - 2401787, 2401509, Mob : 98460 44130

### CHARTERED ACCOUNTANT'S CERTIFICATE

I have audited the account of...**SANTHI MEDICAL INFORMATION CENTRE, KOTTAPADI P.O, GURUVAYOOR, THRISSUR DISTRICT, KERALA-686505 ,NO.052900372,..Dtd-05-07-2012.**(Name of association and its full address including State, District and Pin Code, if registered society, its registration No. and state of registration) for the year ending **31-03-2013..** and examined all relevant books and vouchers and certify that according to the audited account:

- i) The brought forward foreign contribution at the beginning of the year **1-4-2012.....**was **Rs.0..Ps..0..**
- ii) Foreign Contribution of /worth **Rs. Nil** was received by the Association during the year **1-4-2012... to...31-03-2013..**
- iii) The balance of unutilized foreign contribution with the Association at the end of the year **31-03-2013** was **Rs..0..Ps..0...**
- iv) Certified that the Association has maintained the accounts of foreign contribution and records relating thereto in the manner specified in Section 13 of the Foreign Contribution (Regulation) Act, 1976, read with sub rule(1) of rule 8 of the Foreign Contribution(Regulation) Rules, 1976.
- v) The information furnished in this certificate and in the enclosed Balance – Sheet and Statement of Receipt and Payment is correct as checked by me.

Place **Cochin-18**  
Date **26-09-2013**



*[Signature]*  
**K. P. VASUDEVAN B. Com, FCA**  
(M. No. 29681)  
**CHARTERED ACCOUNTANT**  
**MINI TOWERS, S. R. M. ROAD**  
**COCHIN - 682 018**

Form FC-6  
[See rule 17(1)]

To

**The Secretary to the Government of India**  
**Ministry of Home Affairs, NDCC-II Building, Jai Singh Road,**  
**New Delhi - 110001**

Account of Foreign Contribution for the year ending on 31 st March, 2013

1. Association details  
(i) Name and address

SANTHI  
MEDICAL  
INFORMATION  
CENTRE  
KOTTAPADI  
POST  
GURUVAYOOR  
THRISSUR  
Thrissur  
(Trichur)(Dist)  
Kerala -  
686505

(ii) Registration number and date [under the Foreign Contribution (Regulation) Act, 2010] (42 of 2010) 052900372

(iii) Prior permission number and date, if not registered

Social

(iv) Nature of association

(v) Denomination in case of religious association

0.00

- 2 (i) Total number of foreign contribution received during the year

(ii) Interest earned on the foreign contribution during the year

0.00

(a) In the designated bank account

0.00

(b) On investments made (Fixed Deposit Receipt etc) during the year or in the preceding years

3. Purpose(s) for which foreign contribution has been received and utilized	Sl.No.	Purpose	Previous balance		Receipt during the year				Total	Utilised		Balance	
					As first receipt		As Second receipt			In cash	In kind	In cash	In kind
			In cash	In kind	In cash	In kind	In cash	In kind					
			-- NIL --										

(in rupees)

3A. Purpose(s) for which foreign contribution has been received and utilized - Places with addresses of specific activities	Sl.No.	Purpose	Specific Activity	Address
	Places with addresses of specific activities ----- NIL -----			

**Caution:** Submission of false information or concealment of material facts shall attract the relevant provisions of the Foreign Contribution (regulation) Act, 2010 (42 of 2010), warranting appropriate action

4. Name and address of the designated branch of the bank and account number (as specified in the application for registration/prior permission or permitted by the Central Government)

A/c No 500  
Bank name Canara Bank  
Guruvayoor Branch  
Thrissur  
Address Thrissur (Trichur)(Dist)  
Kerala - 680101

for Santhi Medical Information Centre

*Umayal*  
Secretary



5. Donor wise receipt of foreign contribution	Sl.No	Donor Name	Address	Purpose	Receipt date	Amount
	<b>Institutional donors(A):- --- NIL ---</b>					
	<b>Individual donors(B):- --- NIL ---</b>					

(in rupees)

6. Country wise receipt of foreign contribution	Sl.No	Country Name	Amount
	<b>-- NIL --</b>		

(in rupees)

**Declaration**

I hereby declare that the above particulars furnished by me are true and correct. I also affirm that the foreign contribution has been utilised for the purpose(s) for which the association has been registered / prior permission obtained, to the best of my knowledge. I have not concealed or suppressed any fact.

for Santhi Medical Information Centre

Signature of the Chief Functionary  
(Name of the Chief Functionary  
and Seal of the Association)



Place:

Date:

Returns submitted to the ministry: Thursday, September 26, 2013  
Application printed on: Thursday, September 26, 2013

for Santhi Medical Information Centre

Secretary

K. P. VASUDEVAN B. Com, FCA  
(M. No. 29681)  
CHARTERED ACCOUNTANT  
MINI TOWERS, S. R. M. ROAD  
COCHIN - 682 018