

IE ENGINEERING & MANAGEMENT TRUST
120, SDF Building, Sector - V, Salt Lake Electronics Complex
Kolkata - 700 091, India

Fax : 033-2357-8302/6082
Phone : 033-2357-7649/8189

Ref: IEMT/IDBI/2021-2022

Date: 21.10.2021

To
The Chief Manager,
IDBI Bank Ltd.
Sector-V, D I Branch
Saltlake
Kolkata - 700091

Sir,

Sub: Outward Remittance via Swift

Name of Applicant	Institute of Engineering & Management
Account No. and Name of Base Branch	0184651100000064 and IDBI Bank Ltd.
Amount to be Remitted	EURO 1470
Name of Beneficiary	Docoloc UG & Co.KG
IBAN	DE09-4401-0046-0329-1354-63
BIC	PBNKDEFF
Name of beneficiary bank	DEUTSCHE POSTBANK
UST-IDNR:	DE269775384
Branch Code	
Purpose of remittance	Membership for software licence

We request you to make the payment against above mentioned details by debiting our account with you. We are also providing the following undertakings:-
We undertake that we have not routed this remittance through other bank
We undertake that we have not invested any amount by the joint venture agreement.
We undertake to submit all necessary documents on demand of IDBI Bank Ltd. from time to time.
We undertake that we will bear all charges of correspondent bank out side India. Please transfer the amount inclusive of the charges.

Thanking you,

Yours truly,
For Institute of Engineering & Management Trust

B. Chakrabarti

(Mrs. Banani Chakrabarti)
Trustee



TE

ENGINEERING & MANAGEMENT TRUST

OF Building, Sector - V, Salt Lake Electronics Complex
Kolkata - 700 091, India

E-mail : director@iemcal.com
Webpage : www.iemcal.com
Fax : 033-2357-8302/6082
Phone : 033-2357-7649/8189

Ref: IEMT/IDBI/2021-2022

Date: 21.10.2021

To
The Chief Manager,
IDBI Bank Ltd.
Sector-V, D I Branch
Saltlake
Kolkata - 700091

Sir,

Sub: Declaration regarding Outward Remittance via Swift

We would like to inform you that Institute of Engineering & Management of Saltlake Electronics Complex, Sector-V, Kolkata-700091 an educational institute approved by AICTE and affiliated to MAKAUT. We are sending the EURO 1470 (One Thousand Four Hundred Seventy) only relating to membership fees for software licence for one year provided by Docoloc UG & Co.KG.

Thanking you,

Yours truly,
For Institute of Engineering & Management Trust

B. Chakrabarti

(Mrs.Banani Chakrabarti)
Trustee

Docoloc - Payment Reminder

Satyajit Chakrabarti <csatyajit@gmail.com> Tue, Oct 19, 2021 at 8:10 PM
Reply-To: csatyajit@gmail.com
To: akdatta_iem2003 <akdatta_iem2003@yahoo.co.uk>, Kartik Ghosh <kartik.ghosh@iemcal.com>, INSTITUTE OF ENGINEERING & MANAGEMENT MANAGEMENT <iem.accounts@gmail.com>

Docoloc Payment Approved for Euro 1470.

----- Forwarded message -----
From: **Docoloc License Service** <lizenz@docoloc.de>
Date: Tue, Oct 19, 2021 at 1:11 PM
Subject: Docoloc - Payment Reminder
To: Prof. Satyajit Chakrabarti <csatyajit@gmail.com>

Dear Mr. Chakrabarti,
this is a payment reminder concerning our invoice DA22549 from 18 Sep 2021 to which we could not find any payment from you until today. Therefore, we sent you a payment reminder message on 11 Oct 2021 to which we neither received any response or payment from you. Thus, we kindly ask you again to catch up the missing payment within the next 7 days. You can find a copy of the invoice attached to this message.

We would like to thank you in advance for your payment and if you have any questions, please let us know.

Kind Regards,
Docoloc License Service

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Docoloc UG (haftungsbeschränkt) & Co. KG <http://www.docoloc.de>
Methfesselstraße 2 info@docoloc.de
38106 Braunschweig, Germany Amtsgericht Braunschweig HRA 200859
Telefon: +49 531 3495570 USt-IdNr.: DE269775384
Persönlich haftende Gesellschafterin: Ifalt UG (haftungsbeschränkt)
Sitz Braunschweig Amtsgericht Braunschweig HRB 201951
Geschäftsführer: Dr.-Ing. Jens Brandt

Invoice_DA22549.pdf
4K

INSTITUTE OF ENGINEERING & MANAGEMENT TRUST
B. Chakrabarti
TRUSTEE

Docoloc

Docoloc KG * Methfesselstraße 2 * 38106 Braunschweig * Germany

Institute of Engineering & Management
Kolkata Y - 12
Salt Lake Electronics Complex
Sector - V
Kolkata - 700064
India

Rechnung / Invoice

Ihre Bestellung / Order Date: Jul, 19th 2014 / E-
Your Order: Mail

Bei Bezahlung bitte angeben / Please specify on payment:

Datum / Date: Sep, 18th 2021
Rechnungsnummer / Invoice number: DA22549
Kunden-ID / Customer-ID: nD4w-Kwas-l8bb-gKcM
Buchungskonto / Booking-ID: DocolocAbo

For our services we allow us to bill the following positions. Please meet the bill within 14 days of invoice date using money transfer to the bank account given in the footer.

Pos. / ID	Menge / Quantity	Einheit / Unit	Leistung / Purpose	Einzelpreis / Unit price €	Gesamtpreis / Price €
1	12,00	Months	Docoloc plagiarism finder software license for 25 accounts and 25000 pages per year. Available for use with web browsers. Accounting period start date: Jul, 21st 2021.	122,50	1.470,00

Rechnungsbetrag / Invoice Total: EUR 1.470,00

Der Leistungsempfänger schuldet gemäß § 13b UStG die Umsatzsteuer (Reverse-Charge-Verfahren)
The recipient is liable for VAT according to the reverse charge mechanism.

INSTITUTE OF ENGINEERING & MANAGEMENT TRUST

B. Chakrabarti
TRUSTEE

Docoloc UG (haftungsbeschränkt) & Co. KG
Amtsgericht Braunschweig HRA 200859
Persönlich haftende Gesellschafterin:
Italt UG (haftungsbeschränkt)
Amtsgericht Braunschweig HRB 201951
Geschäftsführer: Dr. Jens Brandt

Anschrift: Methfesselstraße 2,
38106 Braunschweig, Germany

Telefon: 0531 - 3495570
Telefax: 0531 - 3495571
E-Mail: info@docoloc.de

Bankverbindung / Bank Account:
Deutsche Postbank
BIC: PBNKDEFF
IBAN: DE09 4401 0046 0329 1354 63

USt-IdNr.: DE269775304

AGBs / Terms and Conditions:
<http://www.docoloc.de/agb.html>

PayPal:
pay@docoloc.com

FORM A2 CUM APPLICATION FORM
FOR OUTWARD REMITTANCE ABROAD
 (Payments other than imports)



TFD Sol	CIF Sol	CIF ID	Blotter Deal No.
Currency	Amount (FCY)	OR Amount INR Eqvl.	
Case ID	Finacle Ref No		

(TO BE FILLED BY APPLICANT IN CAPITAL LETTERS)

DETAILS OF APPLICANT (REMITTER)

Name of the Applicant	INSTITUTE OF ENGINEERING & MANAGEMENT		
Address	120 SDF BUILDING, SALT LAKE, SECTOR - 4, KOL-91		
Email id			
Contact No	98309 56423	*PAN No	AAAT1142E
Residential Status of the Remitter			
✓ Tick the correct one			
Resident in India	<input checked="" type="checkbox"/>	Foreign National resident in India	
Non Resident Indian		Foreign National not resident in India	
Person of Indian Origin		Any Other, Pls specify _____	

*PAN mandatory for remittances under Liberalised Remittance Scheme (LRS)

REMITTANCE DETAILS

Remittance of Fixed Amount of Foreign Currency (FCY)

Currency (FCY)	EURO	Amount (FCY)	1470
Amount in Words	One thousand four hundred seventy only		

OR

Remittance of FCY equivalent to Fixed INR Amount

INR	Amount in Words
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^Purpose Code	Name of Country Providing Ultimate Service
Whether under LRS (Yes/ No)	

^ Refer Annexure I for additional details under LRS and Annexure II for List of Purpose Codes

BENEFICIARY DETAILS

Beneficiary (F 59)	Name	DOCOLAC US & CO. KG
	Address	GERMANY
	Country	GERMANY
	Account No/ IBAN	DE. 89-4401-0046-0229-254-03

Signature

INSTITUTE OF ENGINEERING & MANAGEMENT TRUST

B. Chakrabarti

TRUSTEE

Stamp & Seal mandatory for Non-Individuals/ Companies

Beneficiary Bank (F57)	Bank Name	DEUTSCHE POST BANK	
	Bank Address	GERMANY	
	SWIFT Code	PBNKDE33	@
	Other Code@		
- IBAN - Mandatory for remittances to Middle-East countries and Europe (34 digit) - BSB - Only for remittances to Australia and New Zealand (6 digits) - Transit Code - For remittance to Canada (9 digits)			
Intermediary Bank (F56)	Bank name		
	SWIFT Code		
Remittance Information (F70)	MEMBERSHIP FEE FOR SOFTWARE LICENSE		
Foreign Bank Charges (F71)	All local and overseas charges to be borne by (Select Any One)		
	<input checked="" type="checkbox"/> Remitter (OUR)	<input type="checkbox"/> Sharing (SHA)	

INSTRUCTIONS

We authorize you to debit our account for the amount of remittance and charges:

Saving A/c No. _____

BEFA A/c No. _____

Current A/c No. _____

Cash Credit A/c No. 0484 65110000 0067

We hereby authorize you :

To take conversion rate on our behalf

To utilize Forward Contract booked as per details below

Fx Contract No. & Date/ Blotter No

Amount to be utilized

DECLARATIONS

(UNDER FEMA 1999)

I/ We, SARVJIT CHAKRABARTI (Name), declare that the total amount of foreign exchange purchased from or remitted through all sources in India, during the financial year including this application is within the overall limit of the Liberalised Remittance Scheme prescribed by the Reserve Bank of India and certify that the source of funds for making the said remittance belongs to me and the foreign exchange will be not be used for prohibited purposes.

If under LRS, please provide details of remittance in the current Financial Year (April - March) 20__ - 20__

Sl. No	Date	Amount	Name and address of the AD Bank through which the transaction has been effected

*if additional remittances, please attach annexure

2. The total amount of foreign exchange purchased from or remitted through all sources in India during this financial year including this application is within USD _____ (USD _____) the annual limit prescribed by Reserve Bank of India for the said purpose.

3. I confirm that I have not availed any loan/ credit/ borrowings for remitting for Capital Account Transactions under LRS and have not clubbed remittance amount with any of my family members.

4. Foreign exchange purchased from you is for the purpose indicated above.

5. The remittance is not towards margin or margin calls to overseas exchanges/ overseas capital counterparty, purchase of FCCBs issued by Indian companies in overseas secondary market, trading in foreign exchange abroad or for capital account transactions, directly or indirectly to countries identified by the FATF as non-cooperative countries and territories from time to time.

SIGNATURE
INSTITUTE OF ENGINEERING & MANAGEMENT TRUST

B. Chakrabarti

Stamp & Seal mandatory for Non-Individuals/ Companies

Income-Tax Department	FORM NO. 15CA (See rule 37BB) Information to be furnished for payments to a non-resident not being a company, or to a foreign company	Ack. No.
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Part A

(To be filled up if the remittance is chargeable to tax under the provisions of the Income-tax Act, 1961 and the remittance or the aggregate of such remittances, as the case may be, does not exceed five lakh rupees during the financial year)

	Name of remitter	IFM TRUST
RE	PAN of the remitter (if available)	AAAT1143E
MI	TAN of the remitter (if available)	CAL10117PC
TT	Complete address, email and phone number of the remitter	1203DR BUILDING Sunder.KM 01
ER	Status of remitter ¹	TRUST
	Residential status of remitter ²	RESIDENT
RE	Name of recipient of remittance	DD CD LOC VGP CO-KG
MI	PAN of the recipient of remittance, if available ³	
TT	Complete address, email ⁴ and phone number ⁵ of the recipient of remittance	
EE	Country to which remittance is made	
RE	Amount payable before TDS (In Indian Currency)	
	Aggregate amount of remittances made during the financial year including this proposed remittance	
MI	Name of bank	
TT	Name of the branch of the bank	
AN	Proposed date of remittance	
CE	Nature of remittance	
	Please furnish the relevant purpose code as per RBI	
	Amount of TDS	
	Rate of TDS	
	Date of deduction	

VERIFICATION

I/We*, BANAN CHAKRABARTY (name in block letters), son/daughter of U.S. Chakraborty (name) in capacity of Tore Sir (designation) solemnly declare that the information given above is true to the best of my knowledge and belief and no relevant information has been concealed. I/We* further undertake to submit the requisite documents for enabling the income-tax authorities to determine the nature and amount of income of the recipient of the above remittance as well as documents required for determining my liability under the Income-tax Act as a person responsible for deduction of tax at source.

Place: Kolkata

B. Chakraborty
 Signature of the person responsible for paying to non-resident

Date: 23/10/2024

BANAN CHAKRABARTY
 Name and Designation of the person responsible for paying to non-resident

* Delete whichever is not applicable.

- 1 Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.
- 2 In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident
- 3 In case of non-availability of PAN, provisions of section 206AA shall be applicable
4. If available
5. If available

Part B

(To be filled up if the remittance is chargeable to tax under the provisions of the Income-tax Act, 1961 and the remittance or the aggregate of such remittances, as the case may be, exceeds five lakh rupees during the financial year and an order certificate u/s 195(2)/195(3)/ 197 of Income-tax Act has been obtained from the Assessing Officer.)

RE	Name of remitter	
	PAN of the remitter	
MI	TAN of the remitter ¹	
TT	Complete address, email and phone number of the remitter	
ER	Status of remitter ²	
	Residential status of remitter ³	
RE	Name of recipient of remittance	
MIT	PAN of the recipient of remittance, if available ⁴	
TEE	Complete address, email ⁵ and phone number ⁶ of the recipient of remittance	

Date:

Name and Designation of the person responsible for paying to non-resident

* Delete whichever is not applicable.

¹In case TAN is applied for, please furnish acknowledgement number of the application.

² Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

³ In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident.

⁴In case of non-availability of PAN, provisions of section 206AA shall be applicable.

⁵ Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

⁶Accountant shall have the meaning as defined in Explanation below sub-section (2) of section 288 of the Income-tax Act, 1961.

⁷Please fill the serial number as mentioned in the certificate of the accountant.

Part D

[To be filled up if the remittance is not chargeable to tax under the provisions of the Income-tax Act, 1961 (other than payments referred to in rule 37BB(3)) by the person referred to in rule 37BB(2)]

RE	Name of the remitter		IDM TRUST	
	PAN of the remitter, if available		AAATE1142B	
MI	TAN of the remitter, if available		CAL2011716	
TT	Complete address, email and phone number of the remitter		120 SDBRULDND	
ER	Status of remitter ¹		TRUST	
	Residential status of the remitter ²		RESIDENT	
RE	Name of recipient of remittance		DOCOLO VG SCO	
MI	PAN of the recipient of remittance, if available			
TT	Complete address, email ³ and phone number ⁴ of the recipient of remittance			
EE	Country to which remittance is made Country:		Currency:	
	Country of which the recipient of remittance is resident, if available			
RE	Amount payable	In foreign currency:	In Indian Rs.	
MI	Name of the bank	Name of the branch of the bank		
TT	BSR code of the bank branch (7 digit)			
AN	Proposed date of remittance		(DD/MM/YYYY)	
CE	Nature of remittance			
	Please furnish the relevant purpose code as per RBI			

2. I certify that I have reason to believe that the remittance as above is not chargeable under the provision of Income-tax Act 1961 and is not liable for deduction of tax at source.

VERIFICATION

I/We*, BANANI CHAKRA BARTI (full name in block letters), son/daughter of H.S.K. Chakrabarti in the capacity of TRUSTEE (designation) solemnly declare that the information given above is true to the best of my/our* knowledge and belief and no relevant information has been concealed. In a case where it is found that the tax actually deductible on the amount of remittance has not been deducted or after deduction has not been paid or not paid in full, I/We* undertake to pay the amount of tax not deducted or not paid, as the case may be, along with interest due. I/We* shall also be subject to the provisions of penalty for the said default as per the provisions of the Income-tax Act, 1961. I/We* further undertake to submit the requisite documents for enabling the income-tax authorities to determine the nature and amount of income of the recipient of the above remittance as well as documents required for determining my/our* liability under the Income-tax Act as a person responsible for deduction of tax at source.

INSTITUTE OF ENGINEERING & MANAGEMENT TRUST

Place: KOLKATA

Signature of the person responsible for paying to non-resident TRUSTEE

B. Chakrabarti

BANANI CHAKRA BARTI

Name and Designation of the person responsible for paying to non-resident

Date: 22/10/2021

* Delete whichever is not applicable.

1 Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

2 In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident.

3 If available.

4 If available.

For Office Use only

For Office Use Only

Receipt No.

Date

Seal and Signature of receiving official