

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 31 st March, 2013

1. Association details

- (i) Name and address QUALITY MEDICAL KNOWLEDGE FOUNDATION
A 3 SHUBHAM CENTRE CARDINAL GRACIOUS
ROAD CHAKALA ANDHERI EAST
MUMBAI
Mumbai(Dist)
Maharashtra - 400099
- (ii) Registration number and date[under the Foreign Contribution (Regulation) Act, 2010] (42 of 2010) 083781318
- (iii) Prior permission number and date, if not registered
- (iv) Nature of association Educational
- (v) Denomination in case of religious association

2.(i) Total amount of foreign contribution received during the year 0.00

- (ii) Interest earned on the foreign contribution during the year
- (a) In the designated bank account 0.00
- (b) On investments made (Fixed Deposit Receipt etc.) 0.00
- during the year or in the preceding years

3. Purpose(s) for which foreign contribution has been received and utilised

(in rupees)

Sl.No.	Purpose	Previous balance		Receipt during the year					Utilised		Balance	
				As first receipt		As Second receipt		Total	In cash	In kind	In cash	In kind
		In cash	In kind	In cash	In kind	In cash	In kind					

-- NIL --

3A. Purpose(s) for which foreign contribution has been received and utilized - Places with addresses of specific activities

Sl.No.	Purpose	Specific Activity	Address
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Places with addresses of specific activities ----- NIL -----

Caution:Submission of these 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 number(as specified in the applicationfor registration/prior permission or permitted by the Central Government).

A/c No: 911010051341167

Bank: AXIS BANK

Ahura Centre, Ground Floor, 28, Mahakali Caves Road, Andheri(E)

Address: Mumbai
Mumbai(Dist)

Maharashtra - 400093

5. Donor wise receipt of foreign contribution

(in rupees)

Sl.No	Donor Name	Address	Purpose	Receipt date	Amount
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Institutional donors(A):- --- NIL ---

Individual donors(B):- --- NIL ---

6. Country wise receipt of foreign contribution

(in rupees)

Sl.No	Country Name	Amount
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-- NIL --