FORM NO.12BB

(See rule 26C)

	ne and address of the employee:	RANJAM GUPTA			
	manent Account Number of the employee:		1882 L		
3. Fina	ncial year:	18-19			
- 17	Details of claims and e	vidence thereo	f		
SI No.	Nature of claim	Amount (Rs.)	Evidence / particulars		
(1)	(2)	(3)	(4)		
1	House Rent Allowance:	1			
	(i) Rent paid to the landlord	432000	Kecept		
	(ii) Name of the landlord	432000 Madhulibo Katiyan	Keceipt		
	(iii) Address of the landlord cause of bay	1 600.3	V • • •		
	(iv) Permanent Account Number of the landlord	AMTPK	'		
		98612			
	Note: Permanent Account Number shall be				
	furnished if the aggregate rent paid during the				
	previous year exceeds one lakh rupees				
2	Leave travel concessions or assistance	99060	Boarday Pass & Tickel		
3	Deduction of interest on borrowing:)		
	(i) Interest payable/paid to the lender				
	(ii) Name of the lender	8			
	(iii) Address of the lender				
	(iv) Permanent Account Number of the lender		34		
	(a) Financial Institutions(if available)		8		
	(b) Employer(if available)	ε			
4	(c) Others				
4	Deduction under Chapter VI-A	¥	25		
	(A) Section 80C,80CCC and 80CCD (i) Section 80C				
	(a)	20312	Heath insurance		
	(b)		ustiliate 6		
	(c)		2 1 75 4		
	(d)		Heath is made cutificate & Policy detail provided.		
	(e)		provided		
	(f)				
	(g)				
	(ii) Section 80CCC				
	(iii) Section 80CCD		v.		
	(B) Other sections (e.g. 80E, 80G, 80TTA, etc.)				
	under Chapter VI-A.				
	(i) section	15			
	(ii) section				
	(iii) section				
	(iv) section				
	(v) section				
-	Verificatio	n			
	son/daughter of Awind yant do	hereby certify t	that the information given above is		
Place	Munical				
Date	91612018	(Signature of the	employee)		
	C Pa	_	MJAN GUPTA		
	0		430/11 0101/11		

L&T Crescent Bay 1605, Tower No. 61, Jerbai Wadia Road, , Bhoiwada, Parel, Mumbai, Maharashtra 400012

Dated: Sep 5, 2018

RENT PAID RECEIPT

(HRA declaration 2018-19)

Period: 1st July 2018 to 30th September 2018 (3 months)

Received with thanks from Mr. Ranjan Gupta a sum of Rupees Two lakh sixteen thousand (Rs.216,000) only towards rent for the captioned period of 3 months during the financial year 2018-19 (AY 2019-20) for following premises:

L&T Crescent Bay 1605, Tower No. 61, Jerbai Wadia Road, Bhoiwada, Parel, Mumbai, Maharashtra 400012

Method of payment: Bank Transfer

TOOL STATE

Signature of the Landlord

MADHULIKA KATIYAR PAN: AMTPK9861E

L&T Crescent Bay 1605, Tower No. 61, Jerbai Wadia Road, , Bhoiwada, Parel, Mumbai, Maharashtra 400012

Dated: July 10, 2018

RENT PAID RECEIPT

(HRA declaration 2018-19)

Period: 1st April 2018 to 30th June 2018 (3 months)

Received with thanks from Mr. Ranjan Gupta a sum of Rupees Two lakh sixteen thousand (Rs.216,000) only towards rent for the captioned period of 3 months during the financial year 2018-19 (AY 2019-20) for following premises:

L&T Crescent Bay 1605, Tower No. 61, Jerbai Wadia Road, Bhoiwada, Parel, Mumbai, Maharashtra 400012

Method of payment: Bank Transfer

Woodhuk
RVENUE
LOPENUE

Signature of the Landlord

MADHULIKA KATIYAR

PAN: AMTPK9861E

STEEDER THE ST. INCOME TAX DEPARTMENT

MADHULIKA KATIYAR

VIRENDRA PRATAPSINGH KATIYAR

02/08/1971
Permanent Account Number
AMTPK9861E

मारत सरकार GOVT. OF INDIA



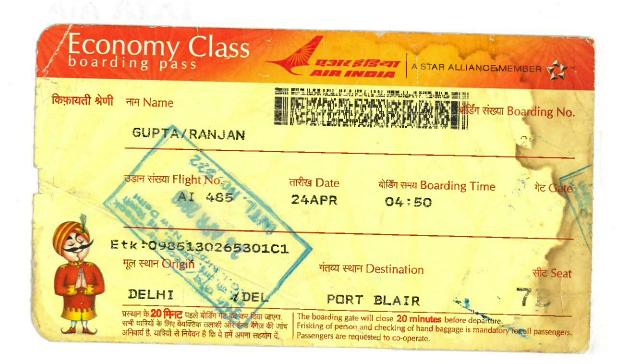
18092004

A. Valorie



TATA AIA LIFE INSURANCE COMPANY LTD. Application for claiming Leave Travel Allowance (LTA)

Date:	6 Sep 2018	-		э Х					
Emp.	Code: 39687	232	Emp. I	Name:	RANJAN (1 U PTA			
Depa	rtment: ERM		Design	nation:	SENIOR M	PMAGER			
Locat	tion: numb	mi	Date o	f Joining:	5 Dec 17				
Department: CRM Designation: SENIOR MANAGER Location: Date of Joining: Sec 17 I have been granted 14 days Vacation Leave from 16 April 2018 to 30 April 2018 and I hereby submit my claim towards Leave Travel Allowance of Rs. for the financial year 18 - 19									
To be	filled in case trav	el bills are	available , hereby of Mumbai	for claiming educations to the decision of the	exemption on LTA: during the aforesa	id period I had			
moun	ieu actuai traveiiii	ig expense	es of Rs		(fare only), as	s per the details			
given	below:-								
Sr. No.	Name of the Perso travelled (including		ationship employee	Dependent (Yes/No)	Mode & Class of Travel	Amount spent			
1	RANJAN GOD	TA Self		AX	AIR.	51922.5			
2	NHYAMI AGA	RWAL W	1F2	495	AIR	47137.5			
				and the					
(*) Fam	ily means spouse, chi	ldren, depend	lent parents	and dependent b	prothers and sisters.	99060			
1. 2. 3.	ortings enclosed tow		,		ırred: vel agents bill/original	fuel bills.			
Emplo	vee's Declaration:								
I, hereby, declare that I have not claimed LTA exemption for more than 2 times in the block period from 1-1-2014 to 31-12-2017 (2014-2017) during my past/present employment.									
I, also, declare that the bills submitted by me are true & subject to verification by Tata AIA Life Insurance Co. Ltd.									
Emple	oyee's Signature:	62	7	91					
					ar				
Eligib	D BE UPDATED B' le Amount:		7 PAYRO		Four Years Bloc During the year	2014 - Yes/No			
	ole Amount Paid: axable Amount Pa	nide			During the year During the year	2016 - Yes(No			
ПОП	axable Amount Pa	aid:			During the year	2017 - Yes/No			
Supp	ortings Verified By	/ (Signatur	e):		_				











Tax Invoice



Invoice Details

Invoice No.: 1000000023543165

Invoice Date: 2018-03-12 PAN No.: AADCM5146R

GSTIN No.: 06AADCM5146R1ZZ

Service Category: Reservation services for air

transportation, SAC Code: 998551

Customer Details

Place of Supply: Haryana

Booked by	Booked ID	Booked Date
NAYANI AGARWAŁ (gupta.ranjan777@gmail.co m) (9920021502)	NF72995133163750	Mon Mar 12 23:49:11 IST 2018

Flight Details

В					
В	**	٧.	:		
В			Ħ.		
а			ĸ.	•	

Indigo Airlines

6E-6616

IXZ

Port Blair Sun Apr 29 10:20:00 2018

CCU

Kolkata

Sun Apr 29 12:35:00 2018

Flight Details



Indigo Airlines 6E-326

CCU

Kolkata Sun Apr 29 14:45:00 2018 **BOM**

Mumbai

Sun Apr 29 17:30:00 2018

Passengers:

1.NAYANI AGARWAL	2.RANJAN GUPTA	
------------------	----------------	--

Fare Details

Fare/Charges	Passenger ₁	Passenger 2			
Base Fare	20640.0	20640.0			
Airline Fuel Charge	3600.0	3600.0			
CUTE Charge	150.0	150.0			
Tax and Other Charges:					
Passenger Service Fee	735.0	735.0			
Airline GST	309.0	309.0			
Other Surcharge	1227.0	1227.0			
Total Fare	26661.0	26661.0			

*Total Fare (All Passenger):	INR 53322.0
Convenience Fee (a):	INR 1535.34
Reversal of Convenience Fee:	- INR 1065.0
CGST @9% on (a):	INR 42.33
SGST @9% on (a):	INR 42.33
Grand Total:	INR 53877.0

*The credit, for GST charged by the Airline and included in the airfare, would be available against a separate GST invoice/e-ticket issued by the Airline.

Support Details

MakeMyTrip Address

18th Floor - Tower A,B and 19th Floor-Tower A,B,C Building No. 5, DLF Cyber City, DLF Phase III

Gurgaon, Haryana 122002

Support

1-800-102-8747(Tollfree) +91-124-4628747(Fixed Line)

https://supportz.makemytrip.com/login

Note: This is a computer generated invoice and does not require a signature/stamp. Please do not reply to this email. It has been sent from an email account that is not monitored.

Name

MakeMyTrip (India) Private Limited

Registered Office

UG - 07, Front Side, TDI Shopping Mall, Rajouri Garden, New Delhi - 110027, India

Tel No.

91 124 439 5000

Fax No.

91 124 439 5000

Corporate Identity No.(CIN)

U63040DL2000PTC105210

Website Address

www.makemytrip.com

Tax Invoice

make Wy trip

Invoice Details

Invoice No.: 1000000022219579

Invoice Date: 2018-02-27 PAN No.: AADCM5146R

GSTIN No.: 06AADCM5146R1ZZ

Service Category: Reservation services for air

transportation. SAC Code: 998551

Customer Details Place of Supply: Haryana

Booked by	Booked ID	Booked Date
NAYANI AGARWAL (gupta.ranjan777@gmail.co m) (9920021502)	NF72697120674323	Tue Feb 27 22:10:57 IST 2018

Flight Details

1

AIR INDIA AI-485 DEL

Delhi Tue Apr 24 05:30:00 2018 IXZ

Port Blair

Tue Apr 24 09:15:00 2018

Passengers:

01. NAYANI AGARWAL			02. RANJAN GUPTA
Fare Details	Passenger ₁	Passenger 2	
Base Fare	18150.0	18150.0	
Tax and Other Charges:			
Passenger Service Fee	462.0	462.0	
Airline GST	918.0	918.0	
Other Surcharge	246.0	246.0	
Total Fare	19777.	0 19777.0	
*Total Fare (All Passe	nger):		INR 39552.0
Donation Amount:			INR 15.0
Convenience Fee (a):			INR 1493.22
Reversal of Convenie	nce Fee:		- INR 789.0
CGST @9% on (a):			INR 63.39

SGST @9% on (a):

INR 63.39

Grand Total:

INR 40398.0

*The credit, for GST charged by the Airline and included in the airfare, would be available against a separate GST invoice/eticket issued by the Airline.

- The amount received as donation will be used for the specified charitable causes. MakeMyTrip will donate the collected amount to MakeMyTrip Foundation (a public trust registered with charitable objects) or similar charitable organizations to help create a social impact.
- The contributions once made will not be refunded or cancelled.
- You voluntarily choose to contribute to the social cause and by proceeding to donate the money, you do so at own risk and expressly waive any and all claims, rights of action and/or remedies (under law or otherwise) that you may have against MakeMyTrip arising out of or in connection with the aforesaid transaction.
- No certificate under section 80G of the Income Tax Act, 1961 will be issued.
- By proceeding to donate the money, you understand and confirm that this donation is not from any foreign source as defined under Foreign Contribution Regulation Act, 2010.

Sup	port	Detai	ls
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MakeMyTrip Address

Support

18th Floor - Tower A,B and 19th Floor-Tower A,B,C Building No. 5, DLF Cyber City, DLF Phase III Gurgaon, Haryana 122002

1-800-102-8747(Tollfree) * **+91-124-4628747**(Fixed Line)

https://supportz.makemytrip.com/login

Note: This is a computer generated invoice and does not require a signature/stamp. Please do not reply to this email. It has been sent from an email account that is not monitored.

Name

MakeMyTrip (India) Private Limited

Registered Office

UG - 07, Front Side, TDI Shopping Mall, Rajouri Garden, New Delhi - 110027, India

Tel No.

91 124 439 5000

Fax No.

91 124 439 5000

Corporate Identity No.(CIN)

U63040DL2000PTC105210

Website Address

www.makemytrip.com

b.: 1000000023376300 Invoice Date: 2018-03-11

PAN No.: AADCM5146R GSTIN No.: 06AADCM5146R1ZZ

Service Category: Reservation services for air transportation.

SAC Code: 998551



Place of Supply: Haryana

This is not a valid E-Ticket for Travel. Please refer to attached E-Ticket for PNR, departure time, terminal information etc

Booked by	Booked ID	Booked Date
RANJAN GUPTA (gupta.ranjan777@gmail.com) (919920021502)	NF72695121990719	Sun Mar 11 12:42:17 IST 2018

Flight Details

BOM Mumbai	DEL Delhi

Passengers:

01. RANJAN GUPTA

Fare Details

Fare/Charges	Passenger 01		
Base Fare	4000.0		
CUTE Charge	50.0		
Tax and Other Charges:			
Passenger Service Fee	154.0		
Airline GST	206.0		
Other Surcharge	192.0		
Total Fare	4602.0		

*Total Fare (All Passenger):	INR 4602.0
Other Charges and fees (a):	INR 294.08

INR 139.0

SCST 99% on (a):

INR 13.96

INR 13.96

INR 4785.0

*The credit, for GST charged by the Airline and included in the airfare, would be available against a separate GST invoice/e-ticket issued by the Airline.

Support Details

MakeMyTrip Address

18th Floor - Tower A,B and 19th Floor-Tower A,B,C Building No. 5, DLF Cyber City, DLF Phase III Gurgaon, Haryana 122002

Support

1-800-102-8747(Tollfree) +91-124-4628747(Fixed Line)

https://supportz.makemytrip.com/login

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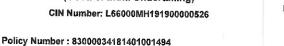
Name MakeMyTrip (India) Private Limited

Registered Office UG - 07, Front Side, TDI Shopping Mall, Rajouri Garden, New Delhi - 110027,

India

Tel No.91 124 439 5000Fax No.91 124 439 5000

THE NEW INDIA ASSURANCE CO. LTD. (Govt. of India Undertaking)





The New India Assurance Company Ltd. DIGITAL HUB, MUMBAI 830000, 41B, Maker Tower "E", Cuffe Parade, Mumbai 400 005.

Email ID:- nia.830000@newindia.co.in Toll Free No. :- 1800-209-1415

Land line No.:- 022-22150330

PREMIUM RECEIPT

Family Floater Mediclaim Policy for Institute of Chartered Accountants of India

Received with thanks from CA. Ranjan Gupta, PO01034580 a sum of ₹20,312.00 (twenty thousand three hundred twelve only) towards premium for Family Floater Mediclaim Policy for the period 22/05/2018 to 21/05/2019

Policy No

: 83000034181401001494

Receipt Number

: 8300008118XX00040915

Receipt Date

19/05/2018

C.S.AH MM

Authorized Signatory For & on behalf of

The New India Assurance Company Ltd

THE NEW INDIA ASSURANCE CO. LTD. (Govt. of India Undertaking) CIN Number: L66000MH191900000526

TOP A SEURING

CIN Number: L66000MH191900000526

Policy Number: 83000034181401001494

Land line No.:- 022-22150330
Email ID:- nia.830000@newindia.co.in

The New India Assurance Company Ltd.

41B, Maker Tower "E", Cuffe Parade, Mumbai 400 005.

DIGITAL HUB, MUMBAI 830000,

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986
Family Floater Mediclaim Policy for Institute of Chartered Accountants of India

This is to certify that CA. Ranjan Gupta, P001034580 has paid ₹ 3,748.00 (three thousand seven hundred forty-eight only) towards premium for Family Floater Mediclaim Policy for the period 22/05/2018 to 21/05/2019.

Policy No

83000034181401001494

Receipt Number

8300008118XX00040915

Receipt Date

19/05/2018

C.S.AH MM

Authorized Signatory

For & on behalf of

The New India Assurance Company Ltd

(Note: This certificate must be surrendered to the Insurance company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the insurance affecting the premium).

THE NEW INDIA ASSURANCE CO. LTD. (Govt. of India Undertaking)

CIN Number: L.66000MH191900000526

Policy Number: 83000034181401001494



The New India Assurance Company Ltd. DIGITAL HUB, MUMBAI 830000,

41B, Maker Tower "E", Cuffe Parade, Mumbai 400 005.

Land line No.:- 022-22150330

Email ID:- nia.830000@newindia.co.in

PREMIUM CERTIFICATE FOR THE PURPOSE OF DEDUCTION UNDER SECTION 80 D OF INCOME TAX (AMENDMENT) ACT 1986

Family Floater Mediclaim Policy for Institute of Chartered Accountants of India

This is to certify that CA. Ranjan Gupta, P001034580 has paid $\stackrel{?}{\sim}$ 16,564.00 (sixteen thousand five hundred sixty-four only) towards premium for Family Floater Mediclaim Policy of the parents for the period 22/05/2018 to 21/05/2019.

Policy No

83000034181401001494

Receipt Number

8300008118XX00040915

Receipt Date

19/05/2018

C. S. A. H. My

Authorized Signatory For & on behalf of

The New India Assurance Company Ltd

(Note: This certificate must be surrendered to the Insurance company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the insurance affecting the premium).

THE NEW INDIA ASSURANCE CO. LTD. (Govt. of India Undertaking)

CIN Number: L66000MH191900000526

Policy Number: 83000034181401001494



The New India Assurance Company Ltd.

DIGITAL HUB, MUMBAI 830000,

41B, Maker Tower "E", Cuffe Parade, Mumbai 400 005.

Land line No.:- 022-22150330

Email ID:- <u>nia.830000@newindia.co.in</u>
Toll Free No. :- 1800-209-1415
GSTIN: 27AAACN4165C3ZP

POLICY SCHEDULE

Family Floater Mediclaim Policy for Institute of Chartered Accountants of India

Policyholder Details		Policy Details			
Name CA. Ranjan Gupta		Policy Number	83000034181401001494		
		Tax Invoice Number	8300003401001494		
Customer ID	PO01034580	SAC Code (Description)	997133 (General Insurance)		
PAN Number	AOUPG4882L	Period of Insurance	From: 22/05/2018 Time: 00:00:00 To: 21/05/2019		
GSTIN		Date of Proposal	19/05/2018		
Address	2745\ B-34,, rajesh nagar, habowail kalan, near tubewell, Ludhiana, Chander Nagar, Ludhiana, Punjab, India, 141001	Receipt Number	8300008118XX00040915 Receipt Date: 19/05/2018		
		Zone Opted	Zone 1 (Any where in India)		
		Floater Sum Insured(Rs)	500000.00		
		Zone Opted for Parents	Zone 1 (Any where in India)		
		Floater Sum Insured for the Parents(Rs)	500000.00		
		Total Basic Premium	₹ 17213.00		
Mobile Number	+91-9920021502	SGST (@9%)	₹ 0.00		
Email ID	gupta.ranjan777@gmail.com	CGST (@9%)	₹ 0.00		
Assignee Name	Mr. Arvind Gupta	IGST (@18%)	₹ 3099.00		
Ássignee Relationshíp	Father	Gross Total Premium	₹ 20312.00		

Details of TPA

Name

: MD India Healthcare Services Pvt. Ltd.

Telephone

: 91-9325220523

Address

S.No.46/1, E-space, A-2 Building, 4th floor,

Fax

: 020-25300030

Pune Nagar Road, Vadgaonsheri, Pune-411014.

Toll Free No

: 1800-233-1166, 1800-233-4505

www.mdindiaonline.com

Email ID

: <u>customercare@mdindia.com</u> ; <u>icai@mdindia.com</u>

SI. No	Name of Insured	Age	Sex	Occupation	Relation	Date of Issuance of First Policy	Details of Pre-existing Diseases
1	CA. Ranjan Gupta	28	Male	Chartered Accountant	Self	22/05/2016	None
2	Mr. Arvind gupta	54	Male	None	Father	22/05/2016	None
3	Mrs. ANU GUPTA	54	Female	None	Mother	22/05/2016	None

^{*} The Policy is subject to Family Floater Medicialm Policy Clause as attached.

In the event of death of the insured person(s) due to an insured person(s) due to an insured person (s) due to an insured person (s)

Authorized Signatory For & on behalf of

C.S.AHT

Consolidated stamp duty paid vide Mudrank-2004/4125/CR/690/M-1

The New India Assurance Company Ltd

(Note: This policy must be surrendered to the Insurance Company for issuance of fresh certificate in case of cancellation of the policy or any alteration in the Insurance affecting the premium.)