



T5002909420 Dec 2023 FY2024101437691

Tax Proof FY 23-24

RefNo:50029094

| | | | |
|---------------|-----------|------|------------|
| Employee Code | 101437691 | Name | Rahul . |
| Department | | PAN | CKJPR3393A |

| Life Insurance Premium | | | |
|------------------------|-------|---------|---------|
| Declared | Proof | Cleared | Remarks |
| 15400 | 27973 | | |

| Name of the Insurance Company | Policy No. | Date of Commencement (dd/mm/yyyy) | Sum Assured | Premium Amt | Frequency | Number of Installment Paid on or after 1st Apr 23 Count | Number of Installment Payable on or before 31st Mar 24 Count | Amount Paid on or after 1st Apr 23(Amt) | Amount Payable on or before 31st Mar 24Amt | Total Amount FY 23-23 (Paid Amt+Payable Amt) | Relationship |
|---|------------|-----------------------------------|-------------|-------------|-----------|---|--|---|--|--|--------------|
| ICICI Prudential Life Insurance Company Limited | G9732045 | 28/09/2023 | 20000000 | 1784 | Monthly | 2 | 5 | 3568 | 8920 | 12488 | Self |
| Life Insurance Corporation of India | 238767263 | 27/06/2018 | 500000 | 15485 | Yearly | 1 | 0 | 15485 | 0 | 15485 | Self |

| Medical insurance premium paid for Parent | | | |
|---|-------|---------|---------|
| Declared | Proof | Cleared | Remarks |
| 9000 | 23523 | | |

| Category | Name of the Insurance Co / Institution | Policy/Bill No | Date (dd/mm/yyyy) | Premium / Bill Amt | Frequency | Number of Installment Paid on or after 1st Apr 23 (Count) | Number of Installment Payable on or before 31st Mar 23 (Count) | Amount Paid on or after 1st Apr 23(Amt) | Amount Payable on or before 31st Mar 23(Amt) | Total Amount FY 23-23 (Paid Amt+Payable Amt) | Age Group | Relationship | Mode |
|-------------------|--|----------------|-------------------|--------------------|-----------|---|--|---|--|--|---------------|--------------|--------|
| Medical Insurance | Star Health and | 11240292967108 | 24/05/2023 | 19367 | Yearly | 1 | 0 | 19367 | 0 | 19367 | Below 60 Year | Parents | Others |



| | | | | | | | | | | | | | |
|-------------------|---|----------------------|------------|------|--------|---|---|------|---|------|----------------|---------|--------|
| | Allied insurance Company Limited | | | | | | | | | | s | | |
| Medical Insurance | The New India Assurance Company Limited | 14160034220400000064 | 24/08/2023 | 4156 | Yearly | 1 | 0 | 4156 | 0 | 4156 | Below 60 Years | Parents | Others |

| Rent | | | | | | | | | | | |
|------------|-----------------|----------------|---------------|------------------------------|------------------|----------------|------------------------------|-----------------|----------------|--------------------|--|
| Rent Month | Rental Location | Other Location | Rental Amount | Rental Address | Landlord Name 1 | Landlord PAN 1 | Landlord Address 1 | Landlord Name 2 | Landlord PAN 2 | Landlord Address 2 | |
| July | | | 0 | | | | | | | | |
| August | Delhi | | 25000 | C-18 SECTOR 48, NOIDA 201303 | Shikha Bhatnagar | BPZPB4512F | C-18 SECTOR 48, NOIDA 201303 | | | | |
| September | Delhi | | 25000 | C-18 SECTOR 48, NOIDA 201303 | SHIKHA BHATNAGAR | BPZPB4512F | C-18 SECTOR 48, NOIDA 201303 | | | | |
| October | Delhi | | 25000 | C-18 SECTOR 48, NOIDA 201303 | Shikha Bhatnagar | BPZPB4512F | C-18 SECTOR 48, NOIDA 201303 | | | | |
| November | Delhi | | 25000 | C-18 SECTOR 48, NOIDA 201303 | SHIKHA BHATNAGAR | BPZPB4512F | C-18 SECTOR 48, NOIDA 201303 | | | | |
| December | Delhi | | 25000 | C-18 SECTOR 48, NOIDA 201303 | SHIKHA BHATNAGAR | BPZPB4512F | C-18 SECTOR 48, NOIDA 201303 | | | | |
| January | | | 0 | | | | | | | | |
| February | | | 0 | | | | | | | | |
| March | | | 0 | | | | | | | | |



FORM NO. 12BB

(See rule 26C)

Statement showing particulars of claims by an employee for deduction of tax under section 192

| | | |
|----|---|-------------|
| 1. | Name and address of the employee: | Rahul . |
| 2. | Permanent Account Number of the employee: | CKJPR3393A |
| 3. | Financial year: | 2023 - 2024 |

Details of claims and evidence thereof

| Sl.No | Nature of claim | Amount (Rs.) | Evidence / particulars |
|-------|---|-----------------|------------------------------------|
| (1) | (2) | (3) | (4) |
| 1. | House Rent Allowance: | | |
| | (i) Rent paid to the landlord | 125000 | |
| | (ii) Name of the landlord | | 1. Shikha Bhatnagar |
| | (iii) Address of the landlord | | 1. C-18 SECTOR 48, NOIDA 201303 |
| | (iv) Permanent Account Number of the landlord | | 1. BPZPB4512F |
| | 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 | | |
| 3. | Deduction of interest on borrowing: | | |
| | (i) Interest payable/paid to the lender | | |
| | (ii) Name of the lender | | |
| | (iii) Address of the lender | | |
| | (iv) Permanent Account Number of the lender | | |
| | (a) Financial Institutions(if available) | | |
| | (b) Employer(if available) | | |
| | (c) Others | | |
| 4. | Deduction under Chapter VI-A | | |
| | (A) Section 80C, 80CCC and 80CCD | | |
| | (i) Section 80C | | |



| | | | |
|--|---|-------|--|
| | Life Insurance Premium | 27973 | |
| | (ii) Section 80CCC | | |
| | (iii) Section 80CCD | | |
| | (B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A. | | |
| | (i) Sec 80D - Medical Insurance | 23523 | |

Verification

I, **Rahul** , son/daughter of _____ do hereby certify that the information given above is complete and correct.

Place : GURUGRAM
 Date : **21/12/2023**
 Designation : **Associate**

(Signature of the employee)
 Full Name: Rahul .