MSD PHARMACEUTICALS PRIVATE LIMITED

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: SIDDHARTHA SANDILYA (51471109)
- 2. Permanent Account Number of the employee: FHYPS9391L
- 3. Financial year: 2024-25

	Details of claims and evi	dences there	eof	
SI. No.	Nature of claim		Amount (Rs.)	Evidence / particulars
(1)	(2)		(3)	(4)
1.	House Rent Allowance: (i) Rent paid to the landlord : 54,800 per month from 01-Apr-2024 to 31-Mar-2025 APuram ,Bangalore (NON-METRO)	Address : Kr	6,57,600	Rent Receipts/Rent Agreement
	(ii) Name Of the landlord : Rekha Jha			
	(iii) Address of the landlord : Motihari India			
	(iv) Permanent Account Number of the landlord : AZMPJ2675H			
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			Investment Proof Copy
	(i) Section 80C			
	PF_VPF		2,22,756	Automatic benefit through salary
	(ii) Section 80CCC			
	(iii) Section 80CCD			
	(B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A.			Investment Proof Copy
	Medical Ded		3 544	Automatic benefit through salary
	Verification Verification			
	I, SIDDHARTHA SANDILYA , son/daughter ofdo hereby certify that the information given above is complete and correct.			
	Place : MAHARASHTRA	,		1
	Date : 18-Jan-2025 (S	Signature of the emp	ployee)	
	Designation : SENIOR MANAGER - DATA SPECIALIST Fr	Full Name : SIDDHARTHA SANDILYA (51471109)		