Employee Id: 236	62
	RENT RECEIPT
Received a sum of Rs. 8300 -	P.M (in words
- Eighty three	hundred only
from Mr./Ms/Mrs. ANKI	TT YADAU towards rent
of the premises occupied by him fo	or the month of October
Address of the House for which Rent is paid	Name & Landlord Address
st No. 43,	Banoth Venbanna
Property No. 12/3,	
kumbena Agrahara	<u>tumbera Agrahara</u>
<u>kumbena</u> Agrahara <u>hadugadi</u> , Ranglore	<u>tadyodi</u> , Banylore
560067	560067
	PAN No of Landlord (If the rent exceed Rs.8,333/-PM)
	Signalize the Land Lord

Annual Company of the
B
towards rent
<u>-x</u> _
Landlord Address
Venbanna
No. 2
ng Agrahara
i, Boung loss
067
resetthe Land Lord
The second secon

Employee Id: 23662
RENT RECEIPT
Received a sum of Rs. 8300 P.M (in words
Eighty three hundred only
from Mr./Ms/Mrs. ANKIT YADAV towards rent
of the premises occupied by him for the month of <u>December</u>
Address of the House for which Rent is paid Name & Landlord Address
St No. 43, Banoth Ventanna
2-mty No. 12/2 St No. 2,
<u>kumbera Agrahara</u> <u>kumbera Agrahara</u>
kadyodi, Baylose badyodi, Baylose
360067
PAN No of Landlord (If the rent exceed Rs.8,333/-PM)
Signature of the Land Lord

Employee Id: 23662 RENT RECEIPT Received a sum of Rs. 8300/- P.M (in words_ from Mr./Ms/Mrs. ANDIT YADAV towards rent Address of the House Name & Landlord Address for which Rent is paid St No. 43 Banoth Ventanna St. No. 2 badugodi, Bong bre 560067 PAN No of Landlord_ (If the rent exceed Rs.8,333/-PM) the Land Lord

DECLARATION FOR THE RENT PAYABLE FOR THE MONTH OF FEB & MAR 2023

fure of the employee	23662 Employee Code		ANKIT	YADAV
DEC	LARATION FOR THE RENT AGE	REEMENT FOR THE M	ONTH OF FEB & MAR	2023
by declare that I will be ext	lending my rental agreement for F	eb & Mar 2023 In addit	ion to the house rent ag	reement shown in the receip
ature of the employee	Employee Code	de Employee Name		
r	DECLARATION FOR INSURANCE	PREMILING FALLING	DUE AFTER 01 Jan 20	23
-	premiums that are due for payment			
	ns payable for the tax benefit in the			ore the financial year-end 202
SI No I Insurance	Policy Policy No	Due Date	Amount	
1				
2 3				
4 5				
-3				
			0 00	
Mater Commentered	year paid receipt to be attached	,		
Note: Copy of previous				
			solely responsible for a	ny taxes liability arising out of
Employee Declaration	information provided above is true	and correct and will be		
Employer Declaration I here by declare that the	information provided above is true e premiums before 31st Mar 2023	and correct and will be	sociy responsible for a	, and a good of
Employer Declaration I here by declare that the	information provided above is true e premiums before 31st Mar 2023	e and correct and will be	assay responsible for a	
Employer Declaration I here by declare that the	information provided above is true e premiums before 31st Mar 2023	e and correct and will be	addy responsible for a	
Employer Declaration I here by declare that the	information provided above is true e premiums before 31st Mar 2023 Employee Code		oployee Name	
Emphare Declare that the non-payment of the above	e premiums before 31st Mar 2023			
Emphare Declare that the non-payment of the above	e premiums before 31st Mar 2023			