

**DECLARATION FOR INSURANCE PREMIUM, INVESTMENTS & RENT DUE
AFTER 1st JANUARY 2025**

Employee Name:

Employee Code:

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Particulars	Policy No. / Folio No. / Account No.	Amount	Remarks
Medical Insurance Premium Paid For Parent *	Care Health Insuranc & 18249344		

	January 25	February 25	March 25
Rent payable	Rs.42000	Rs.42000	Rs.42000

I hereby confirm that the following investments are due for payment after the cut off dates laid out by you for proof submission and therefore request you to consider the same for the tax computation purpose for the financial year 2024-2025. I undertake that I will be depositing these premium /investment/rent payments and obtain the receipts as per the due dates or by 31st March 2025. I will be held responsible for any consequences of not remitting these payments and any liabilities arise out of this.

Declaration: I certify that all the above details are true and correct and I am fully aware of the relevant income tax laws in force regarding the nature of proof required to claim exemption under the above heads.

Signature of the employee

Date:

[*Encl:](#) For all investments, please attach the relevant receipt of previous (FY 23-24) financial year / premium notice to prove that the policy is in force. Exemption will be provided only in case of the premium receipt provided for the previous year and not otherwise.