

Form 12BB (See Rule 26C)				ORIGINAL
Statement showing particulars of claims by an employee for deduction of tax under section 182 for the period 1-4-2020 to 31-3-2021 (A.Y.: 2021-2022)				
GEID :	1010981781	Name :	Manojkumar Shishupalrao Cheulwar	
Emp. PAN :	AMXPC2813Q	SOE ID :	mc81781	
<b>1 House Rent Allowance</b>				
Name & Address of the Landlord		Rent Amount per month	PAN of Landlord * mandatory, if rent > Rs.8,333/- p.m.	Period of Lease (2nd / 3rd block to be filled only if there is any change in place / rent during the year)
		-		From : Upto :
		-		From : Upto :
		-		From : Upto :
		-		From : Upto :
		-		From : Upto :
		-		From : Upto :
<b>2 Deduction of Interest on borrowing</b>				
			Amount (INR)	
<b>A. Interest on Housing Loan (Loan on Self-occupied House Property [u/s 24(b)] =====&gt;</b>				
Whether possession taken:		Date of Possession Taken :		
Name of Lender :		PAN of Lender : *mandatory		
<b>B. Interest on Housing Loan (Second self occupied / vacant property [u/s 24(b)])</b>				
Date of Loan disbursal :		11-Jun-18		2,99,390.00
Name of Lender :		ICICI Bank		HSG.LN. INT.
		Date of Possession Taken :		30-Jun-18
		PAN of Lender :		AAACII195H
<b>C1. Interest on Housing Loan taken ONLY in F.Y. 2016-17 for self occupied property [u/s 80EE]</b>				
Date of Loan disbursal :		Date of Possession Taken :		
Name of Lender :		PAN of Lender : *mandatory		
<b>C-2. Interest on Housing Loan taken in F.Y. 2019-20 for self occupied property [u/s 80EEA]</b>				
Date of Loan disbursal :		Date of Possession Taken :		
Name of Lender :		PAN of Lender :		
<b>D. Let out / Deemed let out Property (Income/Loss on housing Property) [u/s 24(2)]</b>				
(a) Annual Rent receivable		1,22,000		-
(b) Municipal Taxes		4,298		<(a)-(b)-(d)-(c)
Name of Lender :		(c) Interest on Housing Loan		-
		(d) Standard Deduction Repairs @ 30%		35,311
		PAN of Lender : *mandatory		
<b>E. Interest on Loan taken in F.Y. 2019-20 for Electric Vehicle [u/s 80EEB]</b>				
Date of Loan disbursal :		Date of Possession Taken :		
Name of Lender :		PAN of Lender :		
I undertake that Interest on Housing Loan as claimed above is in respect of House Property, for which construction has been completed and the possession has already been taken by me OR is due to be taken in the current financial year.				
<b>3 A Deductions under Chapter VIA - Sec 80C, 80CCD, 80CCD</b>				
1 Contribution to Pension Plans		Amount (Rs.)		PROOF CODE
2 Payment of Life Insurance Premium (For self, spouse & children )... mention details below		15,767.00		LIP
Name of Beneficiary		Premium per Instalment	Policy Number	Total Amount
Manojkumar Shishupalrao Cheulwar		15,767	98,73,39,499	15,767
				Yearly
3 Deposit in Public Provident Fund (For self, spouse & children )				
4 Purchase of National Saving Certificates (VIII Issue)				
5 Contribution to Unit Linked Insurance Scheme (ULIP)... mention details below				
Name of Beneficiary		Premium per Instalment	Policy Number	Total Amount
				<<< TOTAL
				Frequency
6 Contribution to Equity Linked Savings Scheme (ELSS)				
7 Payment of Tuition fees to any School, College, University or Educational Institution		31,682.00		TUTION FEES
Number of school/college going children >>>>				
8 Repayment of Principal Amount of Housing Loan		81,951.00		HSG.LN. PRIN.
9 Fixed Deposit for 5 years with a Scheduled Bank				
10 Sukanya Samridhi Scheme				
<b>B Contribution to National Pension Scheme (NPS) u/s 80CCD (1B)</b>				
1 Contribution to National Pension Scheme (NPS) u/s 80CCD (1B) (restricted to 10% of basic Salary)		Amount (Rs.)		PROOF CODE
Additional benefit of Rs.50,000/- over and above limit of Rs.1.50 L u/s 80C				
<b>C Deductions u/s 80D, 80DD, 80DDB, etc.</b>				
1a Mediclaim Policy Premium [u/s 80D]-upto Rs. 25,000/- >> Self, spouse and children		Amount (Rs.)		PROOF CODE
1b Mediclaim Policy Premium for Parents [u/s 80D]-upto Rs. 25,000/-, (Rs.50,000/- in case of Senior Citizen)> (Indicate Senior Citizen "Y"/"N")				
1c Preventive health check up [u/s 80D]- (restricted to Rs.5,000/-, as part of overall limit of Rs.25,000/-)		12,497.00		
2 Medical treatment of handicapped dependent [u/s 80DD]- (upto Rs. 75,000/-, Rs.1,25,000/- for disability is 80% or more) Certificate in Form 10I required				
3 Medical treatment - specified diseases [u/s 80DDB]- (On actuals upto Rs. 40,000/-, Rs.1,00,000/- in case of Senior Citizen)				
4 Deduction in case of self being blind or physically handicapped [u/s 80U]- (Rs 75,000/-, Rs.1,25,000/- for disability is 80% or more)				
5 Payment of interest on loan taken for higher education for a full time course [u/s 80E]				
<b>4 Income from any previous employer in the current year 2020 - 21</b>				
Income from any previous employer in the current year 2020 - 21 (New Hire joined in FY 2020-21). Please submit your previous employer Final Tax Sheet/ Tax Certificate / Final Settlement showing annual income, Income Tax, Professional Tax and Provident Fund deduction.				
<b>Declaration:</b>				
I hereby confirm that I have invested/contributed the above amounts for the purpose of rebate/deduction to be considered in calculating my income tax for the F.Y. 2020-2021. I further undertake that wherever eligible investments are made in the name of spouse/children/dependent parents, the same have been made out of my income and claim thereof shall not be made elsewhere to get Income Tax benefit. I will produce the tenancy / lease agreement in respect of rents paid, or any other supporting documentation requested by the Company, in support of my claim.				
I hereby declare that all the information given by me is true and correct and I undertake to notify you immediately of any change in the above facts. I also confirm my understanding that I may be subject to disciplinary action, up to and including termination of my employment, for any false or tampered submission. Any Income Tax liability arising out of a wrong declaration will be my responsibility, and I undertake to indemnify the Company and its officers from all consequences, monetary and otherwise, arising out of any incorrect and/or incomplete information provided in this declaration.				
Place :	Pune	GEID :	1010981781	Signature :
Dated :	04-Jan-2021	Name :	Manojkumar Shishupalrao Cheulwar	
Note: Employee's contribution towards PF, VPF, NPS (Employer Part), Mediclaim, Insurance deduction in payroll will get automatically considered for exemption u/s 80.				

**TO WHOMSOEVER IT MAY CONCERN**

**PROVISIONAL STATEMENT FOR CLAIMING DEDUCTIONS UNDER SECTIONS 24  
(b) & 80C(2) (xviii) OF THE INCOME TAX ACT, 1961**

This is to state that Manojkumar Cheulwar & Sonia Pampattiwar has/have been granted Housing Loan for purchase/ construction of house property of Rs. 78,60,000.00/-, the details of which are given below:

Loan Account Number : LBPUN00004514914  
Application Form Number : 7722611771  
Address of the property : 503 5th Floor Bldg C3,Lake Town Chs,Katraj Pune,S No 11 H No 1 To 8,Pune-411037

The above loan is repayable in Equated Monthly Installments (EMIs) comprising of principal and interest.  
The break-up of the EMI amount for the above loan into principal and interest is as follows:

	Payable from April 2020 to March 2021 (in Rs.)
EMI Amount / Prepayment if any	762684.00
Principal Component	163903.00
Interest Component	598781.00
Pre-EMI Interest	0.00
Principal repayment during Pre-EMI	0.00

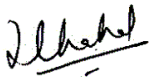
Please Note -

\*Deduction under section 24(b) of the Income-tax Act, 1961 in respect of the interest on the borrowed principal amount & under section 80C of the Income-tax Act, 1961 in respect of repayment of the principal amount can be claimed subject to fulfillment of the conditions as per the prevailing Income Tax provision.

\*The utilization/end use of the loan is as per the Borrower's discretion, and is required to be in accordance with the details provided in the loan application and the undertakings given, if any, in the Loan Agreement, which, where such details has been provided, has solely relied upon.

\*Calculation of Interest/additional interest and other charges are done on monthly basis, number of days in a month being 30. Broken Period Pre-EMI interest is apportioned on actual number of days for which interest is due as against 360 days in a year.

For ICICI Bank Limited,  
(Acting for itself and / or as duly constituted attorney on behalf of ICICI Home Finance Co. Limited)



Authorised Signatory

Address of borrower -  
Manojkumar Cheulwar  
Flat No 304 Building No B/11  
Chaitraban

Bibwewadi  
Pune-Pune-411043

Date: December 22, 2020

Regd Off: ICICI Bank Tower, Near Chakli Circle, Old Padra Road, Vadodara, Gujarat - 390 007. CIN:

L65190GJ1994PLC021012. PAN No: AAACI1195H

Corp Off: ICICI Bank Towers, Bandra Kurla Complex, Mumbai - 400051. India. Website: www.icicibank.com

You can access your loan details through ICICI Bank iMobile app. To download, SMS iMobile to 5676766.



Life Insurance Corporation of India  
PCMC Department, Central Office, Mumbai

For your LIC policy enquiries (24\*7), call on 022-68276827  
Email: pcmc.cbk1@licindia.com  
SMS: LICHELP "Policy Number" to 9222492224  
GST No.27AAACL0582H1ZM

## Renewal Premium Receipt

Manojkumar Shishupal Cheulwar

Receipt Number: 06907201

Paytm Order Id: 12116740584

Policy Number

987339499

Date & Time

27 Oct, 2020 09:28 AM

Amount (Paid Using Paytm)

₹ 15767.00

### Policy Details

Mudrank No.	CSD/113/2020/1936
Servicing LIC Branch Code	985
Installment Premium	₹ 15767.00
Mode/Number of Installments	Yearly/1
Due from - Due To	23/10/2020 - 23/10/2020
Total Premium	₹ 15767.00
CDA Charges	₹ 0.00
Late Fee	₹ 0.00
SGST/UTGST	₹ 0
CGST	₹ 0
X-Charge	₹ 0.00
State Cess	₹ 0.00
<b>Grand Total</b>	<b>₹ 15767.00</b>
Next Due	23/10/2021
GST borne by LIC of India	₹ 354.76
State Cess borne by LIC of India	₹ 0.00

In case of any concerns, please quote Paytm Order ID, Order Date, Receipt Number and Policy Number.

**NOTE:** Please note that this receipt is the only acknowledgement of this transaction. LIC will not send any separate acknowledgement or receipt. This is a computer generated receipt and does not require physical signature.



# HDFC ERGO General Insurance Company Limited



2828100869465200000

Dear MR MANOJKUMAR CHEULWAR

MAIN ROAD  
NEAR BUS STOP

PARBHANI, MAHARASHTRA, 431536  
Contact No. 7083739658

Date :22/09/2020

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family !  
Your Health insurance policy reference no 2828100869465200000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance.

As a measure of our customer convenience we have implemented a Lifetime Validity Health Card. For you, this simply means that your Health Card is valid for all subsequent renewals and as long as your policy is active with us. Hence, you need not replace your health card every year.

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!"

For HDFC ERGO General Insurance Company Ltd.

Ankur Bahorey  
Head - Retail Business Group

## HDFC ERGO General Insurance Company Limited

### TAX CERTIFICATE



Dear Manojkumar Cheulwar,

**Subject : Certificate for the purpose of deduction under section 80 D of Income Tax (Amendment) Act, 1986**

This is to certify that we have received an amount of ₹ 12,479.00 towards premium for my: Health Suraksha Policy, Policy No. 2828100869465200000 issued to MANOJKUMAR CHEULWAR for the period 22/09/2020 to 21/09/2021.

Note : This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.

Deduction under Section 80D can be claimed only on payment of the premium. In case where all the installment are not paid, the deduction to be claimed under section 80D will be restricted to the proportion of the premium actually paid. In case of free look cancellation or otherwise, the benefit under this section would be nullified or prorated, as applicable.

For HDFC ERGO General Insurance Company Ltd.

Date : 22/09/2020

Policy Issuing Office: Mumbai

  
Duly Constituted Attorney

# HDFC ERGO General Insurance Company Limited

## my:Health Suraksha Policy

(Silver Smart)



2828100869465200000

MR MANOJKUMAR CHEULWAR MAIN ROAD NEAR BUS STOP PARBHANIMAHARASHTRA, 431536 Contact No : 7083739658	Policy No. : 2828 1008 6946 5200 000	Issuance Date : 22/09/2020
	Period of Insurance : From 22/09/2020 10:37 hrs To 21/09/2021 Midnight	
	Invoice No. : 100869465200000	Premium Frequency : Yearly
	Proposer Name : Mr Manojkumar Cheulwar	Policy Type : Individual
	HSN Code : 997133	PAN No. :
EIA No. : Not provided		
Payment Details : MH2009021624, Date : 22/09/2020, Bank Name :BizDirect		
Email ID : cheulwar.manoj@gmail.com		

### my:health Suraksha - Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Basic Sum Insured (₹)	Tier	CB Amount (₹)	Pre Existing Disease
Sushila Cheulwar	Mother	Female	01/01/1965	Manojkumar Cheulwar	Child	12/09/2018	300000	2 Tier	20000	No

### Schedule of Coverage

Section	Covers	Details/ Applicability of Sum Insured	Limit
<b>Base Covers</b>			
A	Hospitalization Cover	up to Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
	Medical Expenses		Basic Sum Insured and CB
1B	Mental Healthcare		Basic Sum Insured and CB
2	Home Healthcare		Basic Sum Insured and CB
3	Domiciliary Hospitalization		Basic Sum Insured and CB
4	Pre-Hospitalization		60 Days
5	Post-Hospitalization		180 Days
6	Day Care Procedures		Basic Sum Insured and CB
7	Road Ambulance cover	Sub limited within the Basic Sum Insured including Cumulative Bonus	SI 1 to 5 L - 2000 SI 6 to 50 L - 3,500 Above 50 L - 15,000
8	Organ Donor Expenses	upto Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
9	Alternative Treatment	upto Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
C5	Recovery Benefit	over and above the Basic Sum Insured	5,000
C6	Sum Insured Rebound	over and above the Basic Sum Insured	Upto 100% of Basic Sum Insured
C1	Preventive Health Check Up -Booster	over and above the Basic Sum Insured	Up to 1% of Basic Sum Insured max upto Rs 5,000, on every renewal
C11	Waiting Period Modification Option	Reduction in the standard waiting period as opted for	3 Years

### Renewal Benefits

1	Cumulative Bonus	Applicable
2	my:health Active	Applicable

### Waiting Periods

Section A	Hospitalization Cover	Sec E 1 i – General waiting period - 30 days Sec E 1 ii - Listed illness & procedures –24 months Sec E 1 iii – Preexisting conditions - 36months
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### Premium Details (₹)

Insured 1 - SUSHILA CHEULWAR	
Basic Premium	10575.00
Total premium (Excluding Tax)	10575.00
GST 18% : Central Tax 9%( ₹952)+ State Tax 9%( ₹952)	1904.00
Total Premium (Including Taxes)	12479.00

### Special Conditions :

For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim.
The policy is valid subject to payment received by us. If the premium is not realised the policy shall be void from inception.Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan no. CSD/36/2019/2289/19 dated 27-05-2019 as prescribed in Government of Maharashtra Order No. Mudrank -2004/4125/CR690/M-1, dated 31/12/2004. Service Tax Registration No: AABCH0738EST004 .
Policy Issuing Office : LEELA BUSINESS PARK, 6TH FLR, ANDHERI - KURLA RD, MUMBAI, 400059. Phone No. : +91-22-66383600



Agent Code :201531622079

For HDFC ERGO General Insurance Company Ltd.

Agent Name :COVERFOX INSURANCE BROKING PRIVATE LIMITED Tel No. :2099930

*Ragotia*

Duly Constituted Attorney

	 Policy No.:2828100869465200000 Valid From: 22/09/2020    Renewal Date: 21 September	
Insured Name	Date Of Birth	Gender
SUSHILA CHEULWAR	01/01/1965	Female

**HDFC ERGO General Insurance Company Limited****This card is for identification purpose only.**

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No : 022 - 6234 6234 / 0120 - 6234 6234  
Fax Number : 18602000600  
Email : [healthclaims@hdfcergo.com](mailto:healthclaims@hdfcergo.com)  
Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th floor,  
Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.  
Website : [www.hdfcergo.com](http://www.hdfcergo.com)

## Health Insurance - Proposal Form For my:Health Suraksha Silver Smart

MR MANOJKUMAR CHEULWAR MAIN ROAD NEAR BUS STOP PARBHANI, MAHARASHTRA - 431536 Contact No : 7083739658	Proposal No.	: 2828 1008 6946 5200 000
	Period of Insurance	: From 22/09/2020 10:37 hrs To 21/09/2021 Midnight
	Invoice No.	: 100869465200000
	Proposer Name	: Mr Manojkumar Cheulwar
	HSN Code	: 997133
	Premium Frequency	: Yearly
	Policy Type	: Individual
	PAN No.	:
	EIA No.	: Not provided
	Payment Details	: MH2009021624, Date : 22/09/2020, Bank Name :BizDirect
	Email ID	: cheulwar.manoj@gmail.com

## my:health Suraksha - Insured Person's Details &amp; Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Basic Sum Insured (₹)	Tier	CB Amount (₹)	Pre Existing Disease
Sushila Cheulwar	Mother	Female	01/01/1965	Manojkumar Cheulwar	Child	12/09/2018	300000	2 Tier	20000	No

## Premium Details

Insured 1 - SUSHILA CHEULWAR	
Basic Premium	10575.00
Total premium (Excluding Tax)	10575.00
GST 18% : Central Tax 9%( ₹952)+ State Tax 9%( ₹952)	1904.00
Total Premium (Including Taxes)	12479.00

Special Conditions :

## Proposer declaration

"I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

Disclaimer : Proposal Form and Policy Schedule have been generated basis details entered by proposer / insured on Online Platform (either on HDFCERGO.com or its affiliated Online Channels (IRDAI Licensed Intermediaries). For any modification, kindly visit URL <https://www.hdfcergo.com/customer-care/customer-support.html> and register your service request or write to us at [care@hdfcergo.com](mailto:care@hdfcergo.com)

Agent Code :201531622079

Agent Name :COVERFOX INSURANCE BROKING PRIVATE LIMITED Tel No. :2099930

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PRINT



# पिंपरी चिंचवड महानगरपालिका पिंपरी - ४११०१८

पिंपरी वाघेरे

करसंकलन विभागीय कार्यालय

000004022910

कराची पावती

Zonal Rec No.

PT443006A151671

दिनांक :

16/05/2020

मिळकत क्रमांक

1060314612.00

पावती क्र

202114080812034812

मालकाचे नाव :

सोनिया मनोज चेऊलवार / मनोज एस चेऊलवार

पत्ता :

साई एम्बीयन्स बी/३०२ पिंपळे सौदागर

यांज कडून सन 2020-2021

या वर्षात खालीलप्रमाणे करांची रक्कम रुपये ( अक्षरी

Rupees Eight Thousand Five Hundreds Ninety Seven Only

मिळाले )

कराचे नाव	थकबाकी	चालू	एकूण
प्रशासकीय सेवा शुल्क	0.00	10.00	10.00
सामान्य कर	0.00	4812.00	4812.00
वृक्ष उपकर	0.00	210.00	210.00
मलप्रवाह सुविधा लाभकर	0.00	1048.00	1048.00
पाणीपुरवठा लाभकर	0.00	839.00	839.00
रस्ता कर	0.00	419.00	419.00
शिक्षण कर	0.00	1258.00	1258.00
एकूण रक्कम रुपये	0.00	8596.00	8597.00

Fajil: 1.00

प्रदुषण टाळा, पर्यावरणाचे रक्षण करा.





Particulars	Amount Paid	GRN/Transaction Id	Date
Stamp Duty	Rs. 1133.90/-	MH007856446201920E	01/11/2019
Registration Fee	Rs. 1000/-	MH007856446201920E	01/11/2019

## LEAVE AND LICENSE AGREEMENT

This agreement is made and executed on 01/11/2019 at PUNE

Between,

1) **Name:** Mr.Cheulwar Manojkumar Shishupalrao, Age : About 37 Years, Occupation : Service, PAN : AMXPC2813Q Residing at: Flat No:304, Building Name:Lake Town Building B/11, Block Sector:Chaitraban, Road:Bibvewadi, Bibvewadi, Pune, Maharashtra, 411043

HEREINAFTER called 'the Licenser (which expression shall mean and include the Licenser above named and also his/her/their respective heirs, successors, assigns, executors and administrators)

AND

1) **Name:** Mr.Jasrotia Nikhil Singh, Age : About 34 Years, Occupation : Service Residing at: Flat No:/House no 3205, Block Sector:Sector 35-D, Road:Nr Govt Senior Model School, Chandigarh, Chandigarh, Chandigarh, 160022

HEREINAFTER called 'the Licensee' (which expression shall mean and include only Licensee above named).

WHEREAS the Licenser is absolutely seized and possessed of and or otherwise well and sufficiently entitled to all that constructed portion being unit described in Schedule I hereunder written and are hereafter for the sake of brevity called or referred to as Licensed Premises and is/are desirous of giving the said premises on Leave and License basis under Section 24 of the Maharashtra Rent Control Act, 1999.

AND WHEREAS the Licensee herein is in need of temporary premises for Residential use has/have approached the Licenser with a request to allow the Licensee herein to use and occupy the said premises on Leave and License basis for a period of 22 Months commencing from 15/07/2019 and ending on 14/05/2021, on terms and subject to conditions hereafter appearing.

AND WHEREAS the Licenser have agreed to allow the Licensee herein to use and occupy the said Licensed premises for his aforesaid Residential purposes only, on Leave and License basis for above mentioned period, on terms and subject to conditions hereafter appearing;

NOW THEREFORE IT IS HEREBY AGREED TO, DECLARED AND RECORDED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:-

1) **Period:** That the Licenser hereby grants to the Licensee herein a revocable leave and license, to occupy the Licensed Premises, described in Schedule I hereunder written without creating any tenancy rights or any other rights, title and interest in favour of the Licensee for a period of 22 Months commencing from 15/07/2019 and ending on 14/05/2021



**2) License Fee & Deposit:** That the Licensee shall pay to the Licensor the following amount per month towards the compensation for the use of the said Licensed premises.

a) Rs. 19700/- (Nineteen Thousand Seven Hundred Only) per month for the first 11 months,

b) Rs. 20700/- (Twenty Thousand Seven Hundred Only) per month for the next 11 months.

The amount of monthly compensation License fee shall be payable within first five days of the concerned month of Leave and License. Licensees shall also pay to the Licensor Rs. 50000 interest free refundable deposit, for the use of the said Licensed premises.

**3) Payment of Deposit:** That the Licensee have paid / shall pay the above mentioned deposit/premium as mentioned above by Cash. Amount Rs. 50000/- (Fifty Thousand Only)

**4) Maintenance Charges:** That the all outgoings including all rates, taxes, levies, assessment, maintenance charges, non occupancy charges, etc. in respect of the said premises shall be paid by the Licensor.

**5) Electricity Charges:** The licensee herein shall pay the electricity bills directly for energy consumed on the licensed premises and should submit original receipts to Licensor indicating that the electricity bills are paid.

**6) Use:** That the Licensed premises shall only be used by the Licensee for Residential purpose. The Licensee shall maintain the said premises in its existing condition and damage, if any, caused to the said premises, the same shall be repaired by the Licensee at its own cost subject to normal wear and tear. The Licensee shall not do anything in the said premises which is or is likely to cause a nuisance to the other occupants of the said building or to the prejudice in any manner to the rights of Licensor in respect of said premises or shall not do any unlawful activities prohibited by State or Central Government .

**7) Alteration:** That the Licensee shall not make or permit to do any alteration or addition to the construction or arrangements (internal or external) to the Licensed premises without previous consent in writing from the Licensor.

**8) No Tenancy:** That the Licensee shall not claim any tenancy right and shall not have any right to transfer, assign, and sublet or grant any license or sub-license in respect of the Licensed Premises or any part thereof and also shall not mortgage or raise any loan against the said premises.

**9) Inspection:** That, the Licensor shall on reasonable notice given by the Licensor to the Licensee shall have a right of access either by himself / herself / themselves or through authorized representative to enter, view and inspect the Licensed premises at reasonable intervals.

**10) Cancellation:** That, Subject to the condition of lock in period (if any), if the Licensee commits default in regular and punctual payments of monthly compensation as herein before mentioned or commit/s breach of any of the terms, covenants and conditions of this agreement or if any legislation prohibiting the Leave and License is imposed, the Licensor shall be entitled to revoke and / or cancel the License hereby granted, by giving notice in writing of one month and the Licensee too will have the right to vacate the said premises by giving a notice in writing of one month to the Licensor as mentioned earlier.



**11) Possession:** That the immediately at on the expiration or termination or cancellation of this agreement the Licensee shall vacate the said premises without delay with all his goods and belongings. In the event of the Licensee failing and / or neglecting to remove himself and / or his articles from the said premises on expiry or sooner determination of this Agreement ,the Licenser shall be entitled to recover damages at the rate of double the daily amount of compensation per day and or alternatively the Licenser shall be entitled to remove the Licensee and his belongings from the Licensed premises, without recourse to the Court of Law.

**12) Registration:** This Agreement is to be registered and the expenditure of Stamp duty and registration fees and incidental charges, if any, shall be borne by the Licensee and Licenser equally .







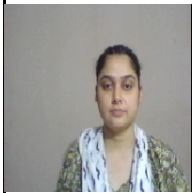

### SCHEDULE I

(Being the correct description of premise Apartment/Flat which is the subject matter of these presents)

All that constructed portion being Residential unit bearing Apartment/Flat No. 302 Wing B, Built-up :989 Square Feet, situated on the Floor of a Building known as 'Sai Ambiance ' standing on the plot of land bearing Survey Number :78/60 & Plot Number :02,Road: Kunal icon Road, Location: NR Hotel Govind Garden Pimple Saudagar 411027, of Village:Pimpale saudagar ,situated within the revenue limits of Tehsil Haveli and Dist Pune and situated within the limits of Pimpri-Chinchavad Municipal Corporation.

IN WITNESS WHEREOF the parties hereto have set and subscribed their respective signatures by way of putting thumb impression electronic signature hereto in the presence of witness, who are identifying the executants, on the day, month and year first above written.







Name & Address	Photo	Thumb Image	Digitally signed
<b><u>Licensor</u></b> Mr.Cheulwar Manojkumar Shishupalrao <b>Address:</b> Flat No:304, Building Name:Lake Town Building B/11, Block Sector:Chaitraban, Road:Bibvewadi, Bibvewadi, Pune, Maharashtra, 411043			Not Available
<b><u>Licensee</u></b> Mr.Jasrotia Nikhil Singh <b>Address:</b> Flat No:/House no 3205, Block Sector:Sector 35-D, Road:Nr Govt Senior Model School, Chandigarh, Chandigarh, Chandigarh, 160022			Not Available
<b><u>Witness of execution of all executants</u></b> Mohatkar Mahesh M <b>Address:</b> Building Name:Ammtech Services, Block Sector:Opp Datta Mandir, Road:Datta Mandir Road, Wakad, Pune, Maharashtra, 411057			Not Required
<b><u>Witness of execution of all executants</u></b> Deepshikha . <b>Address:</b> Flat No:B 302, Building Name:Sai Ambiance, Block Sector:Nr Govind Garden Hotel, Road:Kunal Icon Road, Pimple Saudagar, Pune, Maharashtra, 411027			Not Required

### Admission Of Execution / Identification

The following parties have admitted that they have executed the Agreement of Leave and Licenses & the identifierees have stated that they are well acquainting to the said parties.They have given their consent to, Department of Stamp and Registration,Maharashtra State to obtain their Aadhaar number, Name and fingerprint for authentication with UIDAI and their identity has been verified with the UIDAI.





Type of Party, Name & UID	Date & Time of Admission	Date ,Time of Verification with UIDAI	Information received from UIDAI(Name,Gender,Aadhaar No,Photo)	
<b>Licensor</b> Cheulwar Manojkumar Shishupalrao	26/10/2019 06:40:39 PM	26/10/2019 06:41:04 PM	Manojkumar Shishupalrao Cheulwar, Male, XXXX XXXX 4675	
<b>Licensee</b> Jasrotia Nikhil Singh	26/10/2019 06:54:44 PM	26/10/2019 06:55:01 PM	Nikhil Singh Jasrotia, Male, XXXX XXXX 0158	
<b>Identifier for all executants</b> Deepshikha .	26/10/2019 06:42:57 PM	26/10/2019 06:43:10 PM	Deepshikha, Female, XXXX XXXX 8382	
<b>Identifier for all executants</b> Mohatkar Mahesh M	26/10/2019 06:43:51 PM	26/10/2019 06:44:14 PM	Mahesh Mahadev Mohatkar, Male, XXXX XXXX 7990	





Merchant Name / Institute Name		Sanskriti School Undri		
Transaction Status		Transaction Successful		
Transaction Id		SA4805953		
Transaction Date and Time		01-04-2020 09:00:50		
Student ID		SASUNDSGSN004904		
Student Name		Asmi Manojkumar Cheulwar		
Father Name		Manojkumar Shishupalrao Cheulwar		
E Mail		cheulwar.manoj@gmail.com		
Class		III		
Division		NA		
Period		April to June 2020		
Fees Amount		30110.0		
Fees Type	Payable Fees	Balance Fees	Late Fees	Fees Paid
I CARD AND ALMANAC	350.00		0.0	350.0
NIE OR MY PAPER	350.00		0.0	350.0
TERM FEE	5995.00		0.0	5995.0
TRANSPORT FEE	5430.00		0.0	5430.0
TUITION FEE	17985.00		0.0	17985.0
<b>Please consider this receipt for Tax benefit U/S 80 C</b>				
<b>(Note : This is a computer generated receipt and does not require any signature/stamp)</b>				

Merchant Name / Institute Name		Sanskriti School Undri		
Transaction Status		Your transaction has been successfully processed...		
Transaction Id		SA5267981		
Transaction Date and Time		21-07-2020 09:42:58		
Student ID		SASUNDSGSN004904		
Student Name		Asmi Manojkumar Cheulwar		
Father Name		Manojkumar Shishupalrao Cheulwar		
E Mail		cheulwar.manoj@gmail.com		
Class		III		
Division		A		
Period		July to Sept		
Fees Amount		17985.0		
Fees Type	Payable Fees	Balance Fees	Late Fees	Fees Paid
TUITION FEE	17985.00	0.00	0.0	17985.0
<b>Please consider this receipt for Tax benefit U/S 80 C</b>				
<b>(Note : This is a computer generated receipt and does not require any signature/stamp)</b>				



Merchant Name / Institute Name		Sanskriti School Undri		
Transaction Status		Your transaction has been successfully processed...		
Transaction Id		SA5876684		
Transaction Date and Time		12-10-2020 09:43:39		
Student ID		SASUNDSGSN004904		
Student Name		Asmi Manojkumar Cheulwar		
Father Name		Manojkumar Shishupalrao Cheulwar		
E Mail		cheulwar.manoj@gmail.com		
Class		III		
Division		A		
Period		Oct To Dec 2020		
Fees Amount		15270.0		
Fees Type	Payable Fees	Balance Fees	Late Fees	Fees Paid
TUITION FEE	15270.00	0.00	0.0	15270.0
<b>Please consider this receipt for Tax benefit U/S 80 C</b>				
<b>(Note : This is a computer generated receipt and does not require any signature/stamp)</b>				