



Tax Plan Submission Form for FY 2018 - 2019

Form 12BB (See rule 26C)

Novartis

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

For ADP Purpose Only

Document Control No.

☐ S & I

Date:

Sign:

☐ Auditor

Date:

Sign:

☐ QC

Date:

Sign:

☐ ECC

Date:

Sign:

☐ Process Admin

Date:

Sign:

Dear Sirs,

I give below the required information to compute my Income Tax liability for the F.Y. 2018-2019 (01-Apr-2018 to 31-Mar-2019). During the current financial year, I have made the following investments/payments. Please note that the amounts given below do not include deductions made from my salary towards provident fund, voluntary PF, parental insurance and LIC, if any

[Employee Details]

SAP Personnel ID: 40006550

PAN: AJUPM3852H

Employee Name: Vinay Mahajan

No of children studying: 1

Employee Address: C305, Ramky Towers, Gachibowli, Hyderabad, 500032.

Date of Joining: 02-Jul-2001

Date Of Submission:

PENSION PLAN

S.No	Actual/ Declaration	Beneficiary Relationship	Policy Doc/Ref No	Amount
1	Declaration	Self	925247716	32574
2	Declaration	Self	925247717	28746
3	Declaration	Self	925247718	24575
4	Declaration	Self	925247719	20569
5	Declaration	Self	925247720	17962
6	Declaration	Self	925247721	15841
7	Declaration	Self	925247722	14134
8	Declaration	Self	925247723	12641
9	Declaration	Self	925247724	11521
10	Declaration	Self	925247725	10206
11	Declaration	Self	925247726	9202
12	Declaration	Self	925247727	8270
13	Declaration	Self	925247728	7418
14	Declaration	Self	925247729	6785
15	Declaration	Self	925247730	6208
16	Declaration	Self	925247731	5674
17	Declaration	Self	925247732	5320
18	Declaration	Self	925247733	4851
19	Declaration	Self	925247734	4411
20	Declaration	Self	925247735	3997
21	Declaration	Self	925247736	3744
22	Declaration	Self	925247737	3381
23	Declaration	Self	925247738	3276
24	Declaration	Self	925247739	3203
25	Declaration	Self	925247740	3127
26	Declaration	Self	925247741	2934

Total: 270570*Documents to be Submitted:*

- Copy of all premium receipts issued by the insurance company.

DECLARATION:

☒ I, son/ daughter of **Narayan Laxman Mahajan**, do hereby certify that the information given above is complete and correct.

DECLARATION:

- a. The amount of investments/payments referred above is / will be paid out of the Income earned during the FY 2018-2019 chargeable to tax.
- b. I have attached the photocopies of proof(s) as required to be submitted alongwith this form. All original documents have been retained by me and the same shall be produced by me to the Company or to the Tax authorities as and when required.
- c. I will not terminate any Insurance contract within two years of it's commencement.(If applicable)
- d. I will not terminate participation Unit Linked Insurance Plan details of which are given above.(If applicable)
- e. I will not transfer any House Property referred in part 1 above before the expiry of five years from the end of the financial year in which possession of such house property is obtained by me.(If applicable)
- f. I will not terminate the Term Deposit invested in Scheduled Bank before five years as referred in Part 4 above.(If applicable)
- g. I also undertake to inform the Company in the event of occurrence of any events mentioned in (e) and (f) above within one week of happening of the event and will give complete details of the deductions claimed in any earlier years to facilitate the Company to disallow any deductions claimed by me.
- h. The information provided by me above is true and correct. I also undertake to indemnify the Company from any Loss / Liability that may arise in the event of the above information being incorrect.

Place:

Designation:

Signature

Date :

SAP Personnel ID: : 40006550

Employee Name: : Vinay Mahajan

PAN: : AJUPM3852H