

**DECLARATION FOR INSURANCE PREMIUM, INVESTMENTS & RENT DUE
AFTER 1st JANUARY 2024**

Employee Name:

Employee Code:

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Particulars	Policy No. / Folio No. / Account No.	Amount	Remarks
Equity Linked Savings Scheme / Mutual Fund *	Deepak Kumar & 5107243412		
	Deepak Kumar & 77747787116		
	Deepak Kumar & 5107243412		
	Deepak Kumar & 77747787116		
	Deepak Kumar & 77747787116	80000	
	Deepak Kumar & 5107243412	80000	
Medical Insurance Premium Paid For Parent *	Star Health and Allied insurance Company Limited & AA0025916355	8100	

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

I hereby confirm that the following investments are due for payment after the cutoff 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 2023 – 2024. 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 2024. 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.

Deepak Kumar

Signature of the employee

Date: 05/07/2024

[*Encl:](#) For all investments, please attach the relevant receipt of previous (FY 22-23) 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.