

#### **LIST OF ANNEXURES AND FORMATS**

1. Declaration for SIP towards Life Insurance Premiums, Mutual Funds & ELSS
2. Declaration for Tuition Fee payable after cutoff date for submission
3. Declaration for Rent payable after cutoff date for submission
4. Declaration for 80DDB Claim

**Declaration for SIP towards Life Insurance Premiums, Mutual Funds & ELSS**

**Undertaking for Premium on Insurance policy/Mutual Fund payable in Jan, Feb and Mar.**

This is to state that I, \_\_\_\_\_, undertake to honor the payments in respect of premium on Insurance Policies/SIP in mutual funds, details of which are listed below:

Sr. No	Nature of Investment	Name of policy/unit holder	Policy No/Folio No.	Payment Due date	Expected Payment date	Amount

Copy of premium receipts/Mutual fund statements of previous months are attached separately.

Further, I am also attaching the previous year's receipts as a proof for the Investments that is due in Jan, Feb & March. I undertake to preserve all the original bills/ receipts and shall be produced the same as and when requested by the Company/ any other authority in future.

You are requested to allow me benefit of Income Tax deduction against the above listed Investments. I take full responsibility to deposit the above-mentioned payments on or before the due dates. In case of any misrepresentation of information stated above, I shall be liable for to pay the tax if any arising, therefore.

Employee Name:  
Employee's Signature  
Employee Code:  
Date:

**Declaration for Tuition Fee after cutoff date for submission.**

**Undertaking for Tuition fee payable in Jan, Feb and Mar.**

This is to state that I, \_\_\_\_\_, undertake to honor the payments in respect of Tuition fee details of which are listed below:

Sr. No.	Name of Student	Month	Expected Payment date	Amount

Copy of Tuition fee receipt of previous months are attached separately.

Further, I am also attaching the previous year's receipts as a proof for the payments that is due in Jan, Feb & March. I undertake to preserve all the original bills/ receipts and shall be produced the same as and when requested by the Company/ any other authority in future.

You are requested to allow me benefit of Income Tax deduction against the above listed Investments. I take full responsibility to deposit the above-mentioned payments on or before the due dates. In case of any misrepresentation of information stated above, I shall be liable for to pay the tax if any arising therefore.

Employee Name:

Employee's Signature

Employee Code:

Date:

**Declaration for Rent payable after cutoff date for submission.**

**Undertaking for Rent payable in Jan, Feb and Mar.**

This is to state that I, \_\_\_\_\_ undertake to honor the payments in respect of Rent details of which are listed below:

Sr.No.	Name of Landlord	PAN of Landlord	Month	Expected Payment Date	Amount

Copy of Rent receipt of previous months are attached separately.

Further, I am also attaching the previous year's receipts as a proof for the payments that is due in Jan, Feb & March. I undertake to preserve all the original bills/ receipts and shall be produced the same as and when requested by the Company/ any other authority in future.

You are requested to allow me benefit of Income Tax deduction against the above listed Investments. I take full responsibility to deposit the above-mentioned payments on or before the due dates. In case of any misrepresentation of information stated above, I shall be liable for to pay the tax if any arising, therefore.

Employee Name:

Employee's Signature :

Employee Code:

Date:

**DECLARATION FOR 80DDB CLAIM**

I hereby declare that \_\_\_\_\_ (name of the patient), relationship \_\_\_\_\_ aged \_\_\_\_\_ years who is suffering from \_\_\_\_\_ (disability /treatment name) and undergoing treatment for the same under Dr. \_\_\_\_\_.

☐ I further declare that I have not availed any Insurance benefit or reimbursement towards the expense incurred in treatment.

☐ I further declare that I have availed Insurance benefit of Rs. \_\_\_\_\_ towards the expense incurred in treatment during the year April 2022- March 2023.

Employee Name:  
Employee's Signature  
Employee Code:  
Date: