

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 Code:
Date:

Employee's Signature

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 Code:
Date:

Employee's Signature

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 Code:

Date:

Employee's Signature

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 2021- March 2022.

Employee Name:
Employee Code:
Date:

Employee's Signature