







PGB		aded using the scan image option using the link "Uplo	087 006202106		y proofs	
will be accepte	have to be uplo ed. Please ensu	re to consolidate all the images of your investment pro	ofs; create a ZIP	rile & upload.		
		dia Private Limited		IPSF ID :	00620210	
Investment P	roofs Submissi	on Form for the Year 2019-2020				
Employee ID *	458087	Gender *	F	Date of Joining	23/01/201	
Name *	Sushmita Biswa	al .	No. of Children goi	ing to School * 0		
PAN *	BBDPB2550D		No. of Children goi	ng to Hostel *	0	
Section A - Re	nt Paid for clai	ming HRA exemption (Only Rent Receipts will be consi	dered)		out	
From Date	To Date	Address	Rent Paid Per Month	Rent Paid Per Annual	Propert ID	
01/04/2019	31/03/2020	Swapna Lahiri , Flat 102 Pragathi Enclave , Miyapur, Hydera bad , Telagana 500049,HYDERABAD,TELANGANA	9000.00	108000.00	1	
As Per Last Declaration	Section B - Ch	napter VI A - Deductions from Total Income		Value of Proof	Attached.	
0	Medical Insurar	nce Premium (U/s 80D)			0.0	
0		nce Premium (U/s 80D) - Parents not being Senior Citizens		0.0		
0		nce Premium (U/s 80D) - Parents being Senior Citizens		0.0		
0		ent/Handicapped Dependent (U/s 80DD) < 80%			0.0	
0		ent/Handicapped Dependent (U/s 80DD) > 80%		0.0		
0	Interest on Educational Loan (U/s 80E)		0.0			
0				0.0		
0	Permanent Physical Disability Severe Disability (80U) > 80%		0.0			
0	(2000)		0.0			
0	Medical Treatment of very senior citizen (80DDB)		0.0			
0	(00000)		0.0			
0	Additional Housing Loan Interest Benefit (U/s 80EE)		0.0			
0	Additional NPS	ditional NPS Employee Contribution(80CCD1B)		0.0		
	Section C - Ch	apter VIA - Section 80C				
0	Contribution to	Pension Fund ( 80CCC )		0,0		
0	Life Insurance F	Premium (Jeevan Dhara, Jeevan Akshay) etc		66553.0		
0	Public Provident	t Fund (PPF)		0.0		
0	National Saving	s Certificate (NSC)		0.0		
0	Infrastructure B	onds		0.0		
0	Children Educat	ion Tuition fees		0,0		
0	Equity Linked Sa	avings Scheme (ELSS)		45000.0		
0	Mutual Funds			0.0		
0	Unit Linked Insu	nit Linked Insurance Plan		0.0		
0	5 Year Deposit	Year Deposit under Senior Citizen Saving Scheme		0.0		
0	Cumulative Terr	Cumulative Term Deposits		0.0		
0	NPS Employee Contribution		0.0			
0	Sukanya Samrid	Samriddhi Scheme		0.0		
0		eposit in Post Office			0.0	
0		icheme (Lock-in Period of 5 yrs)		0.0		
0		/ill also be considered as Other Income)		0.0		
	Section G - Ot					
0	,	excluding interest on savings account)	F0000)	0.0		
0		to Senior Citizen(Considered as deduction u/s 80TTB upto Rs.		0.0		
0	Interest on Dep	nterest on Deposits in Savings Account (Considered as deduction u/s 80TTA upto Rs.10000)		0.0		

0	Dividend	0.0
0	Pension	0.0
0	Others	0.0

Declaration:

I. I hereby declare that I have read and understood the guidelines provided in 'Proofs Option Document' and that, all information, documents provided

above is true and correct in all respects.

2. I also undertake to indemnify the company for any loss/ liability that may arise, in the event of any incorrect information ,documents provided by me.

21/11/2019 Date:

HYDERASAD Place:

Signature of Employee \* SWM-1

\* Indicates mandatory fields as per our database. Please verify the same and if blank, please fill and submit the form.

HRA Land Lord Details				
Property Id	Landlord Name	Landlord Pan	Landlord Address	
1	MULUGU ARCHANA	EHBPM1536B	Sainagar, Old Hafeezpet , miyapur, Telagana -500049	

## DECLARATION FOR PREMIUMS FALLING DUE AFTER PROOF CUT OFF DATE OF 30-11-2019

Employee ID:

458087

**Employee Name:** 

Sushmita Biswal

Given below are the details of premiums that are due for payment after the proof cut off date, but are payable before the financial year-end 2019-2020. Please consider these premiums payable for the tax benefit in the current financial year 2019-2020.

Life Insurance Premium (Jeevan Dhara, Jeevan Akshay) etc					
Policy #	Expected Date of Payment	Name of Policy Holder	sum Assured	Preminum Amount (Excluding Late Fee)	Frequency
599210875	13/02/2020	Sushmita Biswal	500000	29355.0	Υ
599178487	01/01/2020	Sushmita Biswal	500000	23182.0	Y
598516665	28/03/2020	Sushmita Biswal	62500	766.0	Q
			Total		53303.00

Note: Benefit would be extended only on submission of this Form for any premiums falling due after the proof cut off date.

## **Employee Declaration**

I here by declare that the information provided above is true and correct and will be solely responsible for any situation arising out of non-payment of the above premiums before 31/03/2020.

Signature : Sush mider Smile Sush mider Sush mider Sush mider Sush mider Smile Sush mider Smile Sush mider Smile Smile Sush mider Smile Sush mider Smile Smi

Payroll Deduction		
Particulars	Amount	
Provident Fund	50436.00	
Medical Insurance - Self / Spouse / Children	4573.00	
Payroll Deduction - Total	55009.00	