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All the proofs i	IPSF drop-b	ploaded using the scan image option using the link "U pox will not be accounted. Please ensure to consolidat & annexures (if any); create a ZIP file & upload.		mages". Any pro		
		rvices India Limited		IPSF	ID: 002801161	
Investment P	roofs Submi	ssion Form for the Year 2016-2017				
Employee ID *	71425_FS	Gender *	М	Date of Joining	16/05/2016	
Name *	Shivalingam N	Narsanolla	No. of Children goin	g to School *	0	
PAN *	ATYPN7153Q		No. of Children goin	g to Hostel *	0	
Section A - Re	ent Paid for c	laiming HRA exemption (Only Rent Receipts will be c	onsidered)		,	
From Date	To Date	Address	Rent Paid Per Month	Rent Paid Per Year	PAN of Landlord	
16/05/2016	31/03/2017	8-3-228/1280/440, Jawahar Nagar, Yousufguda, Hyderaba d - 500045,HYDERABAD,TELANGANA	8333.00	87631.00		
As Per Last Declaration	Section B -	Chapter VI A - Deductions from Total Income		Value of Pro	of Attached.	
0	Medical Insur	rance Premium (U/s 80D)			0.0	
0	Medical Insur	rance Premium (U/s 80D) - Parents not being Senior Citizens			0.0	
0	Medical Insur	rance Premium (U/s 80D) - Parents being Senior Citizens			0.0	
0	Medical Treat	ment/Handicapped Dependent (U/s 80DD) < 80%			0.0	
0	Medical Treat	ment/Handicapped Dependent (U/s 80DD) > 80%			0.0	
0	Interest on E	ducational Loan (U/s 80E)			0.0	
0	Permanent Ph	nysical Disability (80U) < 80%			0.0	
0	Permanent Ph	hysical Disability Severe Disabilitty (80U) > 80%			0.0	
0	Rajiv Gandhi	Equity Savings Scheme (80CCG)			0.0	
0	Medical Treat	ment of Specified Diseases (80DDB)			0.0	
0	Additional Ho	using Loan Interest Benefit (U/s 80EE)			0.0	
0	Additional NP	S Employee Contribution(80CCD1B)		0		
	Section C - 0	Chapter VIA - Section 80C				
0	Contribution t	to Pension Fund (80CCC)			0.0	
0	Public Provide	ent Fund (PPF)			0.0	
0	National Savi	ngs Certificate (NSC)			0.0	
0	Children Educ	cation Tuition fees			0.0	
0	Equity Linked	Savings Scheme (ELSS)			0.0	
0	Mutual Funds	<u> </u>			0.0	
0	Unit Linked Ir	nsurance Plan			0.0	
0		it under Senior Citizen Saving Scheme			0.0	
0	Cumulative T	· · · · · · · · · · · · · · · · · · ·			0.0	
0		Deposit in Post Office			0.0	
0	NPS Employe	e Contribution			0.0	
0	Sukanya Sam	riddhi Scheme			0.0	
0	Fixed Deposit	Scheme (Block Period of 5 yrs)			0.0	
0	NSC Interest	(Will also be considered as Other Income)			0.0	
	Section E - I	Previous Employer Details				
0		y the Previous Employer x deducted by the Previous Employer			300760.0	

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	Income Tax deducted by the Previous Employer	0.00
	Income Tax deducted by the Previous Employer	0.00
0	Voluntary Provident Fund deducted by the Previous Employer	11253.00
0	Provident Fund deducted by the Previous Employer	3442.00
	Section G - Other Income	
0	Bank Interest (excluding interest on savings account)	0.00
0	Dividend	0.00
0	Interest on Deposits in Savings Account (Considered as deduction u/s 80TTA upto Rs.10000)	0.00
0	Pension	0.00
0	Others	0.00

Declaration:

1. 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.

Date:	
Place:	Signature of Employee *

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

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FORM NO. 12B

[See Rule 26A]

Form for furnishing details of income under section 192(2) for the year ending 31/03/2017

71425_FS Name and address of the employee : Permanent Account No. : ATYPN7153Q

Residential status: ROR

Serial Number	Name and address of Employer (s)	TAN of the Employer (s) as allotted by the ITO	Number of		of salary excluding amounts required to be shown in	and other allowances	and amount of accretion to employee's Provident Fund Account	Total of col. 6,7	Amount deducted in respect of life insurance premium, provident fund contribution etc. to which Sec. 80C applies (Give details)	amount of tax deducted during the year (enclose certificate issued under	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1	Tech Ma hindra Li mited	MUMM1 5369E	AAACM34 84F	43	NA	NA	NA	3007 60	14695	0	Professio nal Tax R s. 2400

Signature of the Employee

Verification

I, Shivalingam Narsanolla , do hereby declare that what is stated above is true to the best of my knowledge and belief.
Verified today, the day of
Place

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ANNEXURE

[See column 8 of Form No. 12B]

Particulars of value of perquisites and amount of accretion to employee's provident fund account

Name and address of the employee: 71425_FS

Permanent Account No.: ATYPN7153Q

Period Year ending 31/03/2017

Name of Employee	TAN/PAN of the Employer		Value as if accommodation is unfurnished	Cost of furniture (including television sets, radio sets, refrigerators and other household appliances and air conditioning plant or equipment) OR hire charges if hired from a third party				Value of Perquisite (Col. 3 minus Col. 8) or (Col. 7 minus Col. 8) as applicable
1	2	3	4	5	6	7	8	9

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ANNEXURE

(Contd.)

Whether any conveyance has been provided by the employer free or at a concessional rate or where the employee is allowed the use of one or more motor cars owned or hired by the employer, estimated value of perquisite (give details) [See Rule 3 (c)]	Remuneration paid by employer for domestic and/or personal services provided to the employee (give details) [See rule 3(g)]	Value of free or concessional passages on home leave and other travelling to the extent chargeable to tax (give details)[See rule 2B read with section 10(5)(ii)]	Estimated value of any other benefit or amenity provided by the employer, free of cost or at concessional rate not included in the preceding columns (give details), e.g. supply of gas, electricity or estimated value of water for household perquisite (give details) consumption, free [See rule 3 (c)] educational facilities, transport for family, etc. [See rules 3(d), 3(e) and 3(f)]	Employer's contribution to recognised provident fund in excess of 10% of the employee's salary [See Schedule IV – Part A]	Interest credited to the assessee's account in recognised provident fund in excess of the rate fixed by the Central Government [See Schedule IV – Part A]	8 of Form
10	11	12	13	14	15	16

Payroll Deduction				
Particulars	Amount			
Provident Fund	21411.00			
Payroll Deduction - Total	21411.00			

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FORM NO.12BB (See rule 26C)

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

1. Name and address of the employee Shivalingam Narsanolla

Permanent Account Number of the employee ATYPN7153Q
 Financial year 2016-2017

_	Details of claims and evidence thereof	la	le : /	
SI. No.	Nature of claim	Amount (Rs.)	Evidence / particulars	
	2	3	4	
	House Rent Allowance		ĺ	
	(i) Rent paid to the landlord: Rs.87631			
	(ii) Name of the landlord			
	P Devendar			
1	(iii) Address of the landlord	Rs.87631	House Rent Receipts	
	8-3-228/1280/440, Jawahar Nagar, Yousufguda, Hyderabad - 500045		Receipts	
	(iv) Permanent Account Number of the landlord			
2	Leave travel concessions or assistance	Rs.0	Travel Receipts/Tickets	
	Deduction of interest on borrowing:		. toccipus/ Fickets	
	(i)Interest payable/paid to the lender			
	(ii) Name of the lender		Provisional	
3	(iii) Address of the lender	Rs.0.0	Certificate from	
	(iv)Permanent Account Number of the lender		Bank/Financial Institution/Lende	
	(a) Financial Institutions (b) Employer (c) Others			
	Deduction under Chapter VI-A			
	(A) Section 80C,80CCC and 80CCD (i) Section 80C			
4	(a)Provident Fund : Rs.21411	Rs.	Photocopy of the investment	
·	(ii) Section 80CCC :	21411.0	proofs	
	(ii) Section 80CCD :			
	(B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A.			
	Verification			
	I, Shivalingam Narsanolla ,son/daughter of . do hereby certify that the information given above	e is complete and	d correct	
	Place: IN12			
	Date: 04/01/2017			
	546. 6 1, 62, 2027	(Signatur employee		
	Designation :ASSOCIATE CONSULTANT		e:Shivalingam	

Note: The information/details above, as required for deduction of tax u/s 192 of the Income Tax Act, has been entered by the employee through an authorized login on the portal.