

## Investment Declaration

## Confirmation



Investment Data saved successfully

Fields marked with icon (!) will be considered for tax deduction only after submission of Actual documentary proof to Finance department

Approved and Remarks columns for admin use only.

Please submit your Actual investment proofs to Finance Dept. Finance department would update your actual investments with their remarks after due verification displayed in the same page.

Employee No: 661841 Name: Tatireddy Thulasi Ram PAN Number: APIPT9594H Format :: [Five Character][Four Number][One Character]

[Update PAN Number](#)

Investments	Limit	Amount Declared	Amount of Proof Submitted	Amount Approved	Remarks
<b>Section 80C</b>	<b>150000</b>				
Life Insurance Premium including Bima Nivesh( only Self , Spouse and children)		<input type="text" value="29112"/>	<input type="text" value="7112"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Subscription to notified Central Government security (NSS)		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unit Link Insurance Plan		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Infrastructure Bond		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Provident Fund		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
National Saving Certificate		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Housing Loan Principal/Stamp Duty & Registration		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Accrued Interest on NSC		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Mutual Funds/ELSS and others		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Pension Fund		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Term Deposits(Bank tax saving FD)		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sukanya Samriddhi Account		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Section 80D and others</b>					
Medical Insr. Premium (Payment on behalf of parents non-senior citizen) (recovered through Salary)				<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Mediclaime Insr. Premium for Self (recovered through Salary)				<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Medical Insr. Premium (Payment on behalf of parents senior citizen) (recovered through Salary)				<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Mediclaime Insr. Premium for Self,Spouse and dependent Children (if all are non-senior citizen)	25000	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Medical Insr. Premium(Payment on behalf of parents non-senior citizen)	25000	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

<b>UK</b>		<b>UK</b>		<b>UK</b>		<b>UK</b>	
Medical Insr Premium(Payment on behalf of parents senior citizen)	30000	<input type="text" value="0"/>		<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
! Deduction for dependent with disability( Form 10-1)	75000	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
! Deduction for dependent with severe disability( Form 10-1)	125000	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
! Mediclaim Expenses for critical illness	40000	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
! Mediclaim Expenses for critical illness - Senior Citizen	60000	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
Interest on Educational Loan for Higher studies (u/s 80E) - Self		<input type="text" value="0"/>		<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
! Deduction for self disability	75000	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
! Deduction for self severe disability	125000	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
National Pension Scheme		<input type="text" value="0"/>		<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
! Do not use	100000	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Medical Bills</b>							
Medical Bills Submitted	15000			<input type="text" value="4600"/>		<input type="text" value="0.00"/>	<input type="text" value="0"/>
<b>House Rent( Rent payment above Rs.8333/- Owners Pan required)</b>							
<a href="#">Enter Rent Detail</a>							
Rent for the months		<input type="text" value="0"/>		<input type="text" value="12"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
Total Rent Paid		<input type="text" value="0"/>		<input type="text" value="96000"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Housing Loan Interest 200000</b>							
Self occupied House Property Address	<input type="text"/>	Name of Financial Institution/Bank		<input type="text"/>	PAN of Financial Institution/Bank		<input type="text"/>
		Address of Financial Institution/Bank		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Property is acquired or constructed		--Select--		--Select--		--Select--	<input type="text" value="0"/>
Interest on Loan		<input type="text" value="0"/>		<input type="text" value="0"/>		<input type="text" value="0"/>	<input type="text" value="0"/>
House Property Possession Date (MM-DD-YYYY)		<input type="text" value="12/31/9999"/>		<input type="text" value="12/31/9999"/>		<input type="text" value="12/31/9999"/>	<input type="text" value="0"/>

Submit

Print

Month	Proof Submitted	City Category	Name of Landlord	PAN of Landlord	Address of Landlord
Apr	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>
May	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jun	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jul	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aug	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sep	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oct	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nov	<input type="text" value="0"/>	Metro	<input type="text"/>	<input type="text"/>	<input type="text"/>