

RENT RECEIPT

Choose from the drop box

- ☐ Monthly
- ☒ Quarterly *(divide quarterly rent amount by 3 and give p.m rent amount below)*
- ☐ Half Yearly *(divide half yearly rent amount by 6 and give p.m rent amount below)*

Received a sum of Rs. 13,000 **per month** (Thirteen thousand only)
from Mr./~~Ms/Mrs.~~ Madhan G towards rent of the premises as mentioned in the
below for the ~~month of~~ _____ or if **quarterly** /~~half yearly~~ from
April 2024 to June 2024

Address of the House	Landlord's Address
48, Ground Floor,2nd Street, Masilamaneeswarar Nagar, Thirumullaivoyal, Chennai - 600 062	48, First Floor,2nd Street, Masilamaneeswarar Nagar, Thirumullaivoyal, Chennai - 600 062

PAN: CCIPM6078C



Signature of the Landlord

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Received a sum of Rs. 13,000 per month (Thirteen thousand only)
from Mr./~~Ms/Mrs.~~ Madhan G towards rent of the premises as mentioned in the
below for the ~~month of~~ _____ or if **quarterly** /~~half yearly~~ from
July 2024 to September 2024

Address of the House	Landlord's Address
48, Ground Floor,2nd Street, Masilamaneeswarar Nagar, Thirumullaivoyal, Chennai - 600 062	48, First Floor,2nd Street, Masilamaneeswarar Nagar, Thirumullaivoyal, Chennai - 600 062

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Received a sum of Rs. 13,000 per month (Thirteen thousand only)
from Mr./~~Ms/Mrs.~~ Madhan G towards rent of the premises as mentioned in the
below for the ~~month of~~ _____ or if **quarterly** /~~half yearly~~ from
October 2024 to December 2024

Address of the House	Landlord's Address
48, Ground Floor,2nd Street, Masilamaneeswarar Nagar, Thirumullaivoyal, Chennai - 600 062	48, First Floor,2nd Street, Masilamaneeswarar Nagar, Thirumullaivoyal, Chennai - 600 062

PAN: CCIPM6078C



Signature of the Landlord

ANNEXURE: For claiming HRA exemption

NAME OF EMPLOYEE: MADHAN G

BANK ID: 1602493

I, hereby declare that I will pay a monthly rent of Rs. 13,000 (in figures)

Thirteen thousand only (in words) towards rent for my residential

accommodation for the period January' 2025 to March' 2025 .

I, hereby request Standard Chartered Global Services Pvt Ltd to grant the HRA exemption u/s 10 of the Income Tax Act for the months of **January'25** to **March' 25** based on this declaration.

Name of Owner Mr. /Mrs. MohanaPreethe C

Employee Residential Address: - 48, Ground Floor, 2nd Street,
Masilamaneeswarar Nagar,
Thirumullaivoyal, Chennai - 600 062

I also undertake to indemnify the company for any loss/liability that may arise in the event of the above declaration being incorrect.

Place: Chennai

Date: 19.01.2025



Signature of the Employee

Note: This declaration form is mandatory for those employees who want to claim HRA Exemption for the period January' 25 to March' 25 .



Star Health And Allied Insurance Company Limited

Tax Invoice



Invoice No. : 332406I016097546		Customer ID : 11592753	
Invoice Date : 10-Jun-2024		Policy No. : 11240303177805	
Recipient		Supplier	
GSTIN : 33AAJCS4517L1Z5		GSTIN : 33AAJCS4517L1Z5	
Name : MR.G.MADHAN		Name : Star Health and Allied Insurance Co Ltd -	
Address : 261/1 SARASWATHI NAGAR,		Branch Office - Sivakasi	
S N PURAM ROAD,		No # 110 G	
THIRUTHANGAL		VELAYUTHAM ROAD	
City : Thiruthangal		City : Sivakasi Taluk	
Pin Code : 626130		Pin Code : 626123	
State : Tamil Nadu		State : Tamil Nadu	
Client Category : IND		Place of supply : Tamil Nadu	

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G = C * Cess	H = C + D + E + F + G
997133	Insurance Services	32,626.00	0	32,626.00	0	2,936.00	2,936.00	0	38,498.00

Total Invoice Value (in Figures) : Rs. 38,498/-
Total Invoice Value (in Words) : Rupees Thirty Eight thousand four hundred ninety eight only
Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act
In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken
I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn.No.129 Corporate Identity Number L66010TN2005PLC056649 Email ID: stargst@starhealth.in

Entered by : CUSTPORTAL
Approved by : PORTAL

This is an electronically generated document(Policy Schedule). G.O.(R.T) NO.451 DATED 31ST MAY 2024

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Life Insurance Corporation of India
PCMC, Network Operating Center
1st Floor, Jeevan Seva Annexe
S.V. Road, Santa Cruz(W)
Mumbai - 400 054

PREMIUM PAID STATEMENT FOR THE YEAR 2024-2025

DATE OF ISSUE : 18/01/2025

The following premium has been received for life insurance policies of Sri.G.Madhan

Policy Number Policy Holder's Name	Date Of Commence.	Due From Due To	Number of Instalments and Payment mode	Premium/ Additional Premium Amount (₹)	Service Tax / GST Amount Received * (₹)	Received Date	Coll. Br. Serv. Br.
318909392 G Madhan	05/04/2020	05/04/2024 05/04/2024	1 Qly	13,051.00	293.64	01/04/2024	EPS1 725
318909392 G Madhan	05/04/2020	05/07/2024 05/07/2024	1 Qly	13,051.00	293.64	01/07/2024	EPS1 725
318909392 G Madhan	05/04/2020	05/10/2024 05/10/2024	1 Qly	13,051.00	293.64	03/10/2024	EPS1 725
318909392 G Madhan	05/04/2020	05/01/2025 05/01/2025	1 Qly	13,051.00	293.64	31/12/2024	EPS1 725
318909393 G Madhan	05/04/2020	05/04/2024 05/04/2024	1 Qly	13,106.00	294.88	01/04/2024	EPS1 725
318909393 G Madhan	05/04/2020	05/07/2024 05/07/2024	1 Qly	13,106.00	294.88	01/07/2024	EPS1 725
318909393 G Madhan	05/04/2020	05/10/2024 05/10/2024	1 Qly	13,106.00	294.88	03/10/2024	EPS1 725
318909393 G Madhan	05/04/2020	05/01/2025 05/01/2025	1 Qly	13,106.00	294.88	31/12/2024	EPS1 725

All the above payments are subject to cheque realisation, wherever applicable.

Total amount received towards premium for the policies listed above is ₹ 104,628.00 for the financial year 2024-2025.

Total amount received towards Service Tax / GST for the policies listed above is ₹ 2354.08 for the financial year 2024-2025.

* Please note GST is applicable from 1st July, 2017.

This document is electronically generated. In case of any queries, please send SMS as follows -- type "LICHELP <policy no>" and send it to 9222492224. Our Customerzone Official will get in touch with you shortly.