

OLIVE HEALTHCARE

DAMAN

INVESTMENT DECLARATION FORM - F.Y. 2024-25

(To be used to declare investment that will be made during the period from 01/04/2024 to 31/03/2025 for Income Tax purpose)

PERSONAL INFORMATION (ALL FIELDS ARE MANDATORY)

| | | |
|---|----------------------|--------------|
| 1 | Emp. No. | 1075 |
| 2 | Name of the Employee | AMIT JAIN |
| 3 | PAN NO | BANPJ 3914 Q |
| 4 | MOBILE NO | 9974049054 |

A HOUSING LOAN

| SR NO | NAME & ADDRESS OF PROPERTY | DATE OF POSSESSION | Self Occupied (Yes / No) | Hsg Loan Principal | INTEREST PAID AMOUNT |
|-------|---|--------------------|--------------------------|--------------------|----------------------|
| 1 | B-304, whispering palm near Royal Garden, | 26/01/2021 | Yes | 37426 | 108556 |
| 2 | Dunetra, Daman | | | | |
| 3 | | | | | |

B INVESTMENTS U/S 80C, 80CCC & 80CCD (Eligible Limit upto - 1,50,000/-)

Deduction under Chapter VI-A(CPF deducted from Salary will be automatically considered)

| SR NO | PARTICULARS | AMOUNT/RS |
|-------|---|-----------|
| 1 | Public Provident Fund (PPF) / Sukanya Samrudhi Yojana | |
| 2 | Life Insurance (LIC) | 38,843/- |
| 3 | National Savings Certificate (NSC) | |
| 4 | Repayment of Housing Loan | |
| 5 | Unit Linked Insurance Plan (ULIP) | 43,510/- |
| 6 | Children Education Fees - Only for Two Children | 50,000/- |
| 7 | Term Deposits (for minimum 5 years with a Scheduled Bank) | |
| 8 | House Rent Allowance | 96,000/- |
| 9 | Principal | 37,426/- |
| 10 | | |
| | Total | 265,779/- |

| (C)Section 80CCD(1B) | | AMOUNT/RS |
|---|--|-------------------------------------|
| 1 | National Pension Schemet(U/S 80CCD(1B)) | 59,568/- |
| (D) Other sections (e.g. 80E, 80D,80DDB,80U,80DD etc.) under Chapter VI-A.Note(Mediclaim deducted from Salary will be automatically considered) | | |
| SR NO | PARTICULARS | AMOUNT/RS |
| 1 | Mediclaim Policy - Individual, Spouse & Children | 20,000/- |
| 2 | Mediclaim Policy - Parents | |
| 3 | Mediclaim Policy - Senior citizen | |
| 4 | Permanent Physical Disability - Self | |
| 5 | Permanent Physical Disability - Dependant | |
| 6 | | |
| 7 | Total | 20,000/- |
| (E) EXERCISING THE OPTION OF TAX REGIME U/s 115BAC OF THE INCOME TAX ACT. | | |
| 1 | OLD OPTION | <input checked="" type="checkbox"/> |
| 2 | NEW OPTION | <input type="checkbox"/> |
| If those employees/ officers are not choose any option, then old tax regime will be considered. | | |
| <u>SELF DECLARATION</u> | | |
| 1. | I hereby declare that the information given above is correct and true in all respects. I am also aware that the institute will be considering the above details in utmost good faith based on the details provided by me and that I am personally liable for any consequences arising out of errors, if any, in the above information. | |
| 2. | I hereby declare that the information given above is correct and true in all respects and all expenses, investments, etc. claimed me are paid by me. I am also aware that the company will be considering the above details in utmost good faith based on the details provided by me and that I am personally liable for any consequences arising out of errors, if any, in the above information. | |
| 3. | I am also aware that making a false statement / declaration in the above form shall be liable to be fined and prosecuted u/s 277 of the Income Tax 1961 | |
| 4. | After considering declaration of investments, balance income tax payable will be equally deducted from my monthly salary payable to me. | |
| Date : 24/04/2024 Signature of the Declarant <i>Brut Jain</i> | | |