

**FORM NO.12BB**

(See rule 26C)

1. Name and address of the employee:			
2. Permanent Account Number of the employee:			
3. Financial year:			
<b>Details of claims and evidence thereof</b>			
Sl No.	Nature of claim	Amount (Rs.)	Evidence / particulars
(1)	(2)	(3)	(4)
1	<p>House Rent Allowance:</p> <p>(i) Rent paid to the landlord</p> <p>(ii) Name of the landlord</p> <p>(iii) Address of the landlord</p> <p>(iv) Permanent Account Number of the landlord</p> <p>Note: Permanent Account Number shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees</p>		
2	Leave travel concessions or assistance		
3	<p>Deduction of interest on borrowing:</p> <p>(i) Interest payable/paid to the lender</p> <p>(ii) Name of the lender</p> <p>(iii) Address of the lender</p> <p>(iv) Permanent Account Number of the lender</p> <p>(a) Financial Institutions(if available)</p> <p>(b) Employer(if available)</p> <p>(c) Others</p>		
4	<p>Deduction under Chapter VI-A</p> <p>(A) Section 80C,80CCC and 80CCD</p> <p>(i) Section 80C</p>		
	1 LIC (PREMIUM) 80 C		
	2 LIC (PREMIUM) 80 C (other than salary)		
	3 PUBLIC PROVIDENT FUND (PPF) 80 C		
	4 NATIONAL SAVING CERTIFICATE (NSC) 80 C		
	5 UNIT LINKED INSURANCE PLAN - UTI (ULIP) 80 C		
	6 EQUITY LINKED SAVING SCHEME (ELSS) 80 C		
	7 HOUSING LOAN REPAYMENT (PRINCIPAL) 80 C		
	9 INFRASTRUCTURE MUTUAL FUND 80 C		
	10 TUTION FEES FOR CHILDREN 80 C (for higher educ		
	11 FDR DEPOSIT 5 YEARS AND MORE BANK 80 C		
	Section 80CCC		
	LIC JEEVAN SURAKSHA - PENSION FUND		
	Section 80CCD(1B)		
	ADDITIONAL CONTRIBUTION TO NPS		

Section 80DD		
MEDCL TRMNT-HANDICAPPED DEPENDENT 80DD		
Section 80DDB		
MEDCL TRMNT-SPECF DISEASE-SELF/DEPENDENT		
MEDCL TRMNT-SPECF DISEASE-SENIOR CITIZEN 80		
MEDCL TRMNT-SPECF DISEASE-SENIOR CITIZEN 80		
MEDICLAIM - OTHER THAN SENIOR CITIZEN 80D		
PERMANENT PHYSICAL DISABILITY 80U		
EDUCATION LOAN INTEREST REPAYMENT ONLY 80		
HOUSING LOAN REPAYMENT (INTEREST) 80 EE		
(B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A.		
(i) section.....		
(ii) section.....		
(iii) section.....		
(iv) section.....		
(v) section.....		
Verification		
I,.....,son/daughter of..... do hereby certify that the information given above is complete and correct.		
Place.....	(Signature of the employee) Full Name	
Date.....		
Designation .....		