TOP SHEET FOR SUBMISSION OF SELF ATTESTED PHOTOCOPIES OF

TAX SAVING INVESTMENTS DOCUMENTS FOR F.Y. 2019-20

Nama	DAN
	PAN:
B. Designation:	Department:
e-mail id:	Mobile No
5. NSC purchased during the FY 2019	9-20: ₹.
5. Deduction for HBL:	
a) From Calcutta University: Prir	ncipal: ₹b) Interest: ₹
** Please collect Certificate from HB	L Section, Audit & Accounts Section, Calcutta University.
b) From C.U. Co-operative Society	y: Principal: ₹ b) Interest: ₹
c) From Other funding Agency: I	Principal: ₹ b) Interest: ₹
 Ioaner/Funding Agency must be Statement of loan account/photocop 	bies of bank pass book will not be accepted. I be proportionately distributed among all the co-borrowers unless
•	rs denouncing the benefit is submitted.
•	
declaration of other co-borrower	7. P.P.F. Deposit: ₹

 In case of LIC Premium, submit photocopies of Premium paid receipt and attach a separate tabular sheet stating Policy No., Name of Policy Holder, Relation with Incumbent, Date of commencement, Sum Assured, Mode of Payment.

Policy No.	Name of Policy Holder	Relation With Incumbent	Date of Commencement	Sum Assured	Mode of Payment (Yearly/Quarterly /Monthly)	Total Annual Premium

 12. Tuition Fees: ₹._____ (Either all receipt of fees paid during the Financial Year or certificate from school be accepted. Bank statement/photocopy of Bank Pass Book would be ignored)

13. Tax Saver Term deposit with Bank: ₹.____

14. Sukanya Samriddhi Yojana for Girl Child: ₹.____

15. National Pen. Sch. (Max. 50,000/-): ₹.____

16. Premium paid for Mediclaim Policy ₹.____

17. **Premium paid for dependent Parents ₹._____

** in case of premium paid for dependent parents, premium amount must be shown separately in the certificate.

18.. Others (please specify)_____₹.____

Total nos. of Photocopies submitted: ______Nos.

[Please see overleaf]

Declaration

I hereby solemnly declare that I have no objection if the D.D.O. of Calcutta University deduct appropriate tax from my salary/pension of May, 2020 or any available month of 2020 along with interest of 1.5% per month as arrear tax for F.Y. 2019-20 in case of my failure to submit the copies of documents as mentioned in previously submitted Tax Savings Proposal Form.

Signature verified by HOD with Seal & Date

Full Signature of the Employee with date

Received _____Nos. Photocopies by: _____ Dated _____

Submission period: 01/01/2020 to 31/03/2020