MEMO NO. 130

Dated: 16/05/2019



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AUDIT & ACCOUNTS DEPARTMENT, INCOME TAX CELL, $3^{\rm RD}$ FLOOR, CENTENARY BUILDING,

87/1 COLLEGE STREET, KOLKATA- 700073. Dial: 033-2241 0071 EXT. NO.: 480 Email: tdscell.cu@gmail.com

DECLARATION FOR PROPOSED INCOME TAX SAVINGS INVESTMENTS AND OTHER INFORMATION FOR THE FINANCIAL YEAR 2019-20.

Pension Code: PN	Name:	PAN:
		Pension Effect From :
Basic Pension: ₹		
Residential Address:		
E-mail Address:		(in block letter) Aadhaar Card No.:
Proposal of Investments for	r the F.Y. 2019-20	(Attach photocopy of Aadhaar card if not already submitted) and other information:
Rent payable as tenant: _		_ per annum
		month of FY 2019-20 and photocopies of PAN Card of the Landlord are One Lakh attach attested photocopies of agreement between Landlord and
2. National Savings Certification	te:₹	3. Interest from National Savings Certificate: ₹
4. Recovery of H.B.L. by Oth	er Authorised Ins	stitution: a) Interest ₹ b) Principal ₹
In case of co-borrow of other co-borrower Reference of the co-borrower of the co	Interest amount in ing, benefit will be s denouncing the benentioned in the	ne house building loan repayment certificate.
5. Interest from Savings Acco	ount(s): ₹	
6. Interest from any other sou	rce (Except Sl.No.	3 & 5): ₹
7. Income from other source	except Sl.No. 3, 5	and 6) ₹ ***SI.No.3, 5, 6 and 7 are optional.
8. L.I.C. Premium: ₹		
9. P. P. F.: ₹	_	
10. P. L. I. Premium: ₹		
11. ULIP Premium: ₹	12. E.	L.S.S.: ₹
13. Tax Savings Term Depos	it: ₹	_
14. Tuition Fees ₹	_ (allowable for M	aximum Two dependent children)
15. L.I.C. Premium for Pension	on Fund: ₹	
16. Sukanya Samriddhi Yojar	na for Girl Child ₹_	

18. P	n H.B.Loan and Sl.No. 5 to 7 Parents ₹				
19. E	Expenditure for disabled dependent:	₹	Attachment of Disability Ce	rtificate is mandatory.	
20. E	Expenditure for Special Ailment of So	elf/Dependent: ₹	Attachment of Cer	rtificate [Form-10(I)] is mandatory.	
21. F	Repayment of Interest on Higher Edu	ıcation Loan: ₹			
22. D	Oonation to Calcutta University only	/: ₹			
23. C	Deduction for self-disability: ₹	Attac	hment of Disability Certificate is	s mandatory.	
	ion Fees, Medical Insurance Pren		T RATES FOR N.S.C.	•	
Г	VIII ISSUE	DATE OF	IX ISSUE		
	PERIOD OF PURCHASE	RATE OF INTEREST	PERIOD OF PURCHASE	RATE OF INTEREST	
	01/04/2014 TO 31/03/2015	12.11	01/12/2011 TO 31/03/2012	16.13	
_	01/04/2015 TO 31/03/2016 01/04/2016 TO 30/09/2016	11.14 9.46	01/04/2012 TO 31/03/2013 01/04/2013 TO 31/03/2014	15.34 13.83	
-	01/10/2016 TO 31/03/2017	9.33	01/04/2014 TO 31/03/2014 01/04/2014 TO 31/03/2015	12.69	
	01/04/2017 TO 30/06/2017	8.52	01/04/2015 TO 31/03/2016	11.64	
	01/07/2017 TO 31/12/2017	8.41			
H	01/01/2018 TO 31/03/2018 01/04/2018 TO 30/09/2018	8.18 7.60			
F	01/10/2018 TO 31/03/2019	8.00			
	01/04/2019 TO 31/03/2020	0.00			
			LARATION:		
abov	undersigned declare that I am we stated income tax saving produce the rele	pposals in time,	as and when it is asked for I	by the D.D.O. of University of	
	autta. If I fail to produce the rele as a result any income tax liabi			•	

Dated:_____

Full Signature:_____