MEMO NO. A/S/ 06 /IT

Dated: 16.05.2018



FOR OFFICE USE ONLY			
ARP	_/		
RECEIVED ON			
SIGNATURE			

UNIVERSITY OF CALCUTTA

AUDIT & ACCOUNTS DEPARTMENT, INCOME TAX CELL, 3RD 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 2018-19.

[BEFORE FILLING THIS FORM PLEASE READ CAREFULLY THE MEMORANDUM ANNEXED WITH THIS FORM]

Employee Code: Name:		PAN:		
Designation:	Department:	Date of Birth://		
Mobile No.:	Father's Name:			
Residential Address:				
E-mail Address:(in block letter) Aadhaar Card No.:				
Proposal of Investments fo	r the F.Y. 2018-19 and other informat	(Attach photocopy of Aadhaar card if not already submitted) ion:		
1. Rent payable as tenant: _	per annum			
		mandatory, if annual payable rent is more than One Lakh nd Tenant and photocopies of PAN Card of the Landlord)		
2. National Savings Certifica	te: ` 3. Interest fr	om National Savings Certificate: `		
4. Recovery of H.B.L. by Ca	Icutta University a) Interest `	b) Principal `		
5. Recovery of H.B.L. by C.L	J. Co.Op.Society a) Interest `	b) Principal `		
6. Recovery of H.B.L. by Oth	ner Authorised Institution: a) Interest	`b) Principal `		
Rs.2 lakh (u/s.24) *** 1. Please mention only 2. In case of co-borrow of other co-borrowe	only / Interest amount in case of Renovation wing, benefit will be proportionately disti ers denouncing the benefit is submitted.	r const./new pur. of self occupied house property) is /Alteration of Self-occupied house property/properties. ibuted among all the co-borrowers unless declaration		
7. Interest from Savings Acc	ount(s): ` 8. Interest from	n any other source (Except SI.No.3 & 7): `		
9. Income from other source	(except SI.No. 3, 7and 8) `	***SI.No.3, 7, 8 and 9 are optional.		
10. L.I.C. Premium: `	11. P. P. F.: `	12. P. L. I. Premium: `		
13. ULIP Premium: `	14. E.L.S.S.: `			
15. Tax Savings Term Depos	sit: `			
16. Tuition Fees `	_ (allowable for Maximum Two depend	ent children)		
17. L.I.C. Premium for Pensio	on Fund: ` 18. Sukanya	Samriddhi Yojana for Girl Child `		
19. Any other Investment (Pl	ease Specify) `			

N.B.: Maximum exemption limit 150000/- for SI.No.2 to 19 including PF and GSLI except recovery of interest on H.B.Loan and SI.No. 7 to 9.[u/s 80C, 80CCC, 80CCD(1)]

20. Rajiv Gandhi Equity Scheme: `	[[] (Eligible income 12 Lakh p.a. and maximum deposit 50000/- exemption 50%)		
21. National Pension Scheme (NPS): `	(maximum eligible Exempti	on Limit `50,000/-) [u/s 80CCD(1B)]	J
22. Premium for Medical Insurance (Under	[.] C.U.G.M.I.S.):`	_	
23. Premium for Medical Insurance (other th	han C.U.G.M.I.S.): (a) Self `	(b) Parents `	
24. Expenditure for disabled dependent: `	Attachment of	f Disability Certificate is mandato	ry.
25. Expenditure for Special Ailment of Self/	Dependent: ` Att	achment of Certificate [Form-10(I)] is	mandatory.
26. Repayment of Interest on Higher Educa	ation Loan: ` 27. Dona	tion to Calcutta University only: `_	

28. Deduction for self disability: `_____ Attachment of Disability Certificate is mandatory.

*Tuition Fees, Medical Insurance Premium and Life Insurance Premium will be allowed as per IT Rules.

YEAR OF PURCHASE	01.03.03 TO 31.10.11	01.11.2011 TO 31.03.2012		01.04.2012 TO ONWARDS	
PERIOD	6 YEARS	5 YEARS	10 YEARS	5 YEARS	10 YEARS
1ST YR.	8.16	8.58	8.89	8.78	9.10
2ND YR.	8.83	9.31	9.68	9.56	9.93
3RD YR.	9.55	10.11	10.54	10.40	10.83
4TH YR.	10.33	10.98	11.48	11.31	11.81
5TH YR.	11.17	11.92	12.50	12.30	12.89
6TH YR.	12.08		13.61		14.06
7TH YR.			14.82		15.34
8TH YR.			16.13		16.74
9TH YR.			17.57		18.26
10TH YR.			19.13		19.92

INTEREST RATES FOR N.S.C.

DECLARATION:

I the undersigned declare that I am responsible to produce the relevant documentary evidences in support of my above stated income tax saving proposals in time, as and when it is asked for by my employer. If I fail to produce the relevant documentary evidences in support of my income tax saving proposals, and as a result any income tax liability is arisen, I shall have no objection to the recovery of all such income tax liability along with interest by my employer form my monthly salary at a time.

Full Signature:_____

Dated:_____

Signature verified by HOD with Seal & Date

LAST DATE OF SUBMISSION: 15.06.2018 Submitted proposal can be amended any time within 01.08.18 to 31.12.18