

MEMO NO.Nil

Dated: 01/04/2021

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ARP/				
RECEIVED ON				
SIGNATURE				

UNIVERSITY OF CALCUTTA

AUDIT & ACCOUNTS DEPARTMENT, INCOME TAX CELL, 3RD FLOOR, CENTENARY BUILDING, <u>87/1</u>

COLLEGE STREET, KOLKATA- 700073. Dial: 033-2241 0071 EXT. NO.: 433 Email: tdscell.cu@gmail.com

DECLARATION FOR PROPOSED INCOME TAX SAVINGS INVESTMENTS AND OTHER INFORMATION FOR THE FINANCIAL YEAR 2021-22

[BEFORE FILLING THIS FORM PLEASE READ CAREFULLY]

Employee Code:	Name:	PAN:			
Designation:	Department:	Department:Date of Birth:			
Mobile No.:	Father's Name:		_		
Residential Address:					
E-mail Address:(in block letter) Aadhaar Card No.:(If not submitted earlier) (Attach photocopy of Aadhaar card if not already submitted earlier)					
	OLD/NEW regime for computation out which is not applicable)	on of income tax for F.Y.2021-2	2		
∜In case one opts for	NEW regime, no need to fill up the	data for proposed savings as liste	ed below.		
* Proposal for tax s regime option.	saving investments for F.Y. 202	21-22 need to be filled up on	y for OLD		
Proposal of Investments	for the F.Y. 2021-22 and other informat	ion:			
1. Rent payable as tenan	t: `per annum				
	Rent Bill for any one month of FY 2021 Ble rent is more than One Lakh attach a				
2. National Savings Certif	icate: `3. Interest fro	m National Savings Certificate: `			
4. Recovery of H.B.L. by	Calcutta University a) Interest `	b) Principal `			
5. Recovery of H.B.L. by	C.U. Co.Op.Society a) Interest `	b) Principal `			
6. Recovery of H.B.L. by	Other Authorised Institution: a) Interest	`b)			
H.B.L. denotes House Rs.2 lakh (u/s.	Building Loan (Max. ded. for H.B.L Int. (fo 24) only	or const./new pur. of self occupied house	e property) is		
*** 1. Please mention	only Interest amount in case of Renovatio	n/Alteration of Self-occupied house prop	perty/properties.		
	orrowing, benefit will be proportionately dis wers denouncing the benefit is submitted.	tributed among all the co-borrowers unl	ess declaration		
7. Interest from Savings Ac	count(s): " 8. Interest from	any other source (Except SI.No.3 & 7):	`		
9. Income from other sourc	e (except Sl.No. 3, 7and 8) `	***SI.No.3, 7, 8 and 9	are optional.		

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10. L.I.C. Premium: `	11. P. P. F.: `	12. P. L. I. Pre	emium: `							
13. ULIP Premium: `	14. E.L.S.S.: `									
15. Tax Savings Term Deposit:	`									
16. Tuition Fees `(allowable for Maximum Two dependent children) 17. L.I.C. Premium for Pension Fund: `18. Sukanya Samriddhi Yojana for Girl Child `										
								19. Any other Investment (Plea	ase Specify) `	
N.B.: Maximum exemption limi and Sl.No. 7 to 9.[u/s 800		ding PF and GSLI excep	ot recovery of interest on H.B.Loan							
20. National Pension Scheme (NP	PS): `(maximum eli	gible Exemption Limit `5	0,000/-) [U/S 80CCD(1B)]							
21. Premium for Medical Insura	ance: (a) Self `	(b) Parents `	(U/S 80D)							
22. Expenditure for disabled dependent: `Attachment of Disability Certificate is mandatory.(U/S80DI										
23. Expenditure for Special Ailment of Self/Dependent: `Attachment of Certificate is mandatory (U/S 80DDB) (rule11DD of Income Tax Rules)										
24. Interest on repayment of H	igher Education Loan `	(U/S 80E)								
	rsity, Chief Minister Relief Fund	d and Prime Minister R	elief Fund only: `							
(U/S 80G)										
26.Deduction for self disability:	`Attachme	nt of Disability Certifica	ate is mandatory.(U/S 80U)							
27. Additional Deduction on in	terest of Housing Loan (U/S 80E	EE/ 80EEA): `	(Allowable as per IT rules)							
*Tuition Fees, Medical Insurance	Premium and Life Insurance F	Premium will be allowe	d as per IT Rules.							
	DECLARA	ATION:								
I, the undersigned, declare that	t I am responsible to produc	e the relevant docum	entary 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 proceed the relevant documentary evidences in support of my income tax saving proposals, and as a result any income liability is arisen, I shall have no objection to the recovery of all such income tax liability along with interest by										
							employer form my monthly s	alary at a time.		
							Full Signature:		_ Dated:	
		Signature verifie	ed by HOD with Seal & Date							

LAST DATE OF SUBMISSION: 30.04.2021

Submitted proposal can be amended any time within 01.05.21 to 31.12.21