

MEMO NO. A/S/247/IT

Dated : 17.05.2016



UNIVERSITY OF CALCUTTA

FOR OFFICE USE ONLY

ARP _____/_____/_____

RECEIVED ON _____

SIGNATURE _____

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 2016-17.

Employee Code: _____ Name : _____ PAN: _____

Designation: _____ Department: _____ Date of Birth: ____/____/____

Mobile No.: _____ Father's Name: _____

Residential Address: _____

Proposal of Investments for the F.Y. 2016-17 and other information :

1. Rent payable as tenant: _____

(Attachment of original Rent Bill for any one month is mandatory, if annual payable rent is more than One Lakh then submit attested photocopies of agreement between Landlord and Tenant and photocopies of PAN Card of the Landlord)

2. National Savings Certificate: ` _____ 3. Interest from 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) Principal ` _____

H.B.L. denotes House Building Loan

*** Please mention only Interest amount in case of Renovation/Alteration of Self-occupied house property/properties.

7. Interest from Savings Account(s): ` _____ 8. Interest from any other source (Except Sl.No.3 & 7): ` _____

9. Income from other source (except Sl.No. 3, 7 and 8) ` _____

***Sl.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 Deposit: ` _____

16. Tuition Fees ` _____ (allowable for Maximum Two dependent children) 17. Notified Mutual Fund: ` _____

18. L.I.C. Premium for Pension Fund: ` _____ 19. Sukanya Samridhi Yojana for Girl Child ` _____

20. Any other Investment (**Please Specify**) ` _____

N.B.: Maximum exemption limit 150000/- for Sl.No.2 to 19 including PF and GSLI except recovery of interest on H.B.Loan and Sl.No. 7 to 9.

21. Rajiv Gandhi Equity Scheme: ` _____ (**Eligible income 12 Lakh p.a. and maximum deposit 50000/- exemption 50%**)

22. National Pension Scheme (NPS): ` _____ (maximum eligible Exemption Limit `50,000/-)

23. Premium for Medical Insurance (**Under C.U.G.M.I.S.**): ` _____

24. Premium for Medical Insurance (**other than C.U.G.M.I.S.**): (a) Self ` _____ (b) Parents ` _____

[Please see overleaf]

25. Expenditure for disabled dependent: ` _____ **Attachment of Disability Certificate is mandatory.**
26. Expenditure for Special Ailment of Self/Dependent: ` _____ **Attachment of Certificate [Form-10(I)] is mandatory.**
27. Repayment of Interest on Higher Education Loan: ` _____ 28. Donation to **Calcutta University** only: ` _____
29. Deduction for self disability: ` _____ **Attachment of Disability Certificate is mandatory.**

***Tuition Fees: Not allowable items: Development Fees, Transport chg., Hostel chg., Mess chg., Library Fees, Late fees, Term Fees, Building Fund, Donation**

***Life Insurance and Medical Insurance: Service Tax is not eligible for deduction**

INTEREST RATES FOR N.S.C.

YEAR OF PURCHASE	01.03.03 TO 31.10.11		01.11.2011 TO 31.03.2012		01.04.2012 TO ONWARDS	
	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	

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: 15/06/2016