

ADMINISTRATION-IV

Declaration for the Purpose of Income Tax

Emp.ID Name Design. Tele.Ext.No. Mobile No.

1. Amount Contribution towards:-

- (A) GPF Subscription per annum Rs.....
(B) Effect or to Keep in force insurance policies/deferred annuity in the life of self/spouses/child Rs.....Per Annum.

Certified that the above policy/policies is/are/not financed by GPF (Premium Paid on Policies which are going to mature during the assessment year are to be omitted.

- (C) Post office Saving Bank:- Cumulative Time deposit of 10 years and 15 year only Rs.....PA.
(D) Unit Linked insurance plan 1971 Rs..... (I) Mediclaim.....
(E) N.S.S..... (J) HBA (P).....
(F) N.S.C..... (K) HBA (I).....
(G) G.I.S..... (L) BOND.....
(H) PPF..... (M) Children Education

2. Amount received and expected to be received as

- (A) Over Time Allowance RS.....
(B) Honorarium RS.....
(C) Tution Fee and Labotatory fee re-imburscment RS.....
(D) Bonus RS.....
(E) Amount received on amount of refund of NSS RS.....
If any during with certificate of CDS By Post Office RS.....

- 3. (i) I am residing in my own house / Government Quarters/Rent.....Free quarters.
(ii) I am residing in a rented house and paying rent Rs.....

NOTE :

ENCLOSE PHOTOCOPTY OF PAN NUMBER OF LAND LORD WHO PAYS RENT ABOVE Rs.8300/- PM.

Address :

from.....

Place :

Signature of the Officer

INSTRUCTIONS

(A) The declaration form may please be sent to ADMIN-IV Section on or before 14/01/2019 along with its enclosures in duplicate.

(B) Please indicate the date of birth if Sr. citizen

(C) The details requested rent receipt Insurance policies and CTD A/c. no. Should be furnished in the column provided overleaf and is support there of the relevant rent receipt premium paid receipt in respect of insurance and the pass book relating to CD Account produced for verification and record.

(D) Original Rent receipt for the month of March, 2018 and January. 2019 may be submitted with declaration form for onward transmission to income tax authorities.

(E) No enclosures are to be enclosed in Half Yearly

For officer use only

Rent receipt for Rs.

For the month of

Verified

Section Officer/Admn-IV

Policy No.	Sum Assured	Amount Premium Per annum	Whether deducted at source / remitted
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Premium paid receipt verified

Section Officer/Admn-IV

C.T.D . Account No.

Branch of post Officer

Verified

Section Officer/Admn-IV

N.S.C Certificate No. NSS. Certificate No. Name of Post officer

Verified

Section Officer/Admn-IV