

Date 24/09/2019

**SHIVAJI COLLEGE, UNIVERSITY OF DELHI**

**NOTICE**

All the employees (teaching and non-teaching) are requested to submit income tax saving declaration in prescribed Performa for the financial year 2019-20 for tax calculations by **15<sup>th</sup> of October, 2019**.

The Income Tax saving Declaration Form is available on college website ([www.shivajicollege.ac.in](http://www.shivajicollege.ac.in)) and also mailed to your respective e.mail id.



(Dr. Shashi Nijhawan)

Principal

प्राचार्या / Principal  
शिवाजी महाविद्यालय / Shivaji College  
(दिल्ली विश्वविद्यालय) / (University of Delhi)  
राजा गार्डन, नई दिल्ली-110027  
Raja Garden, New Delhi-110027

**Shivaji College (University of Delhi)**  
**Ring Road, Raja Garden, New Delhi-110027**

**Income Tax Declaration Form 2019-2020**

<b>Employee ID *</b>		<b>Address for the purpose of HRA*</b>	
<b>Employee Name *</b>			
<b>Employee PAN No.*</b>			
<b>Designation</b>			
<b>Department</b>		<b>Gender:</b>	
<b>Sl. No</b>	<b>ITEMS</b>	<b>Value of Proof attached (Rs.)</b>	<b>Declared amount</b>
<b>DEDUCTION UNDER CHAPTER VI A</b>			
<b>A</b>	<b>Investment u/s 80C capped @ 1.5 Lac,</b>		
1	GPF/CPF/NPS		
2	Life Insurance Premium Paid		
3	Deposit In NSC		
4	Public Provident Fund		
5	Principal Loan (Housing Loan) Repayment		
6	Registration/Stamp Duty charges paid for registration of HP		
7	Mutual Funds		
8	ULIP of UTI/LIC		
9	Sukanya Samridhhi Scheme		
10	Children Education – Tuition Fees		
11	Amount Deposit in the 5 years time Deposit scheme in Post Office		
12	Group Insurance Scheme		
13	Fixed Deposits for a period of 5 years or More in accordance with the Scheme of Central Govt.		
14	Approved Superannuation Fund		
15	Infrastructure Bonds		
16	Contribution to Pension Fund		
17	Senior Citizen Saving Scheme 2004		
<b>TOTAL AMOUNT INVESTED IN UNDER SECTION 80C</b>			
<b>B</b>	<b>Sec 80CCD (1b) National Pension Scheme (Rs.50000/- allowed for exemption)</b>		
<b>C</b>	<b>Sec 80CCG-Rajeev Gandhi Saving Scheme</b>		
<b>D</b>	<b>Sec 80D - Medical Insurance Premium</b>		
<b>E</b>	<b>Sec 80DD – Medical treatment/insurance of handicapped dependent</b>		
<b>F</b>	<b>Sec 80DDB – Medical treatment (specified diseases)</b>		
<b>G</b>	<b>Sec 80E – Repayment of Interest on Loan for higher education (only interest is exempted)</b>		
<b>H</b>	<b>Sec 80U – Physical Disability (Attach approved certificate)</b>		
<b>I</b>	<b>Sec 80TTA-Interest on saving Account</b>		
<b>J</b>	<b>Interest on House Loan</b> Self Occupied <input type="checkbox"/> (Attach Certificate)                                      Let Out <input type="checkbox"/> (In case of fresh loan taken, attach possession letter/document/ certificate) (In case of joint loan A/C mandatorily specify your Share otherwise proof will be rejected.)*		
<b>K</b>	<b>Exemptions Under Section 10 &amp; Equivalent</b>		
1	<b>Any other Exemption, if any ( As per IT Rule/ Act)</b>		
<b>Note</b>	<b>Please attach Rent Agreement, Rent Slip and PAN Proof for taking Rent Rebate). PAN proof is required if RENT amount exceeds Rs. 8333/- p.m</b>		
<b>L</b>	<b>HOUSE RENT PAID DETAILS</b>	<b>AMOUNT</b>	<b>HOUSE RENT PAID DETAILS</b>
1	HOUSE RENT-Apr'19		7 HOUSE RENT-Oct'19
			<b>AMOUNT</b>

2	HOUSE RENT-May'19		8	HOUSE RENT-Nov'19	
3	HOUSE RENT-Jun'19		9	HOUSE RENT-Dec'19	
4	HOUSE RENT-Jul'19		10	HOUSE RENT-Jan'20	
5	HOUSE RENT-Aug'19		11	HOUSE RENT-Feb'20	
6	HOUSE RENT-Sep'19		12	HOUSE RENT-Mar'20	

**Previous Employment Salary – Rs**

**TDS Deducted - Rs**

**PARTICULARS REQUIRED AT THE YEAR END**

- |    |           |          |     |
|----|-----------|----------|-----|
| 1. | FORM 16   | YES / NO | Rs. |
| 2. | FORM 12BA | YES / NO | Rs. |

- 1) **I hereby declare that the information given above is correct and true in all respects.**  
2) **No further changes would be allowed once the Declaration Form has been furnished/submitted.**  
2) I also undertake to indemnify the College for any loss/liability that may arise in the event of the above information being incorrect.  
\*Indicated mandatory fields with information as per our database. Please verify the same and if blank, please fill and submit this form.

**Date:**

**Place:**

**Signature of the Employee**