



PART - I

SAHA INSTITUTE OF NUCLEAR PHYSICS

DECLARATION BY SINP EMPLOYEES REGARDING CLAIM OF ELIGIBLE DEDUCTIONS / EXEMPTION UNDER PROVISIONS OF THE INCOME TAX ACT 1961 DURING THE FINANCIAL YEAR 2016-17.

INSTRUCTIONS:

1. This sheet is to be submitted to **Salary Section** by every individual urgently.
2. Please enclose documentary evidences / certificates wherever required in support of each claim of deduction / exemption.
3. In case of any claim where payments are proposed to be made in due course, please give under taking for submission of documentary evidence. In case of failure to do so, onus for any increase in Tax liability due to rejection of any claim lies with employee concerned.
4. Please sign Verification, undertaking and certificate.

1. PARTICULARS OF EMPLOYEE:

NAME: _____ DESIGNATION: _____

PAN: _____ EMP. NUMBER: _____

ADDRESS: _____

2. PARTICULARS IN CASE HRA EXEMPTION SOUGHT U/S 10(13A):

Rent receipt / copy of bank statement along with copy of rent agreement to be enclosed. **Wherever the rent agreement is entered with the owner jointly, the agreement should clearly indicate all the names and separate receipts / bank statement should be submitted in claiming for rebate at source the bank statement should indicate the name of the owner with whom the rent agreement is made.**

Rent Paid	w.e.f.	Name and Address of the owner
Rs. _____ per month		

3. PARTICULARS IN CASE DEDUCTION SOUGHT UNDER OTHER SECTIONS OF CHAPTER VI-A:

- i) **MEDICAL INSURANCE PREMIA PAID (U/S 80D):** Documentary evidence should be enclosed.

Name of the Insurance Scheme	Name, Age and relation of the person with the employee	Policy Number	Date of Payment	Amount paid (Rs.)

- ii) **EXPENDITURE INCURRED ON MEDICAL TREATMENT, TRAINING AND REHABILITATION OF A DEPENDENT BEING A PERSON WITH DISABILITY (U/D 80 DD):** Latest certificate issued by Govt. Physician / Surgeon / Psychiatrist should be enclosed. **The certificate should clearly indicate the percentage of disability without which the same will not be considered for rebate at source.**

Name of the dependent as per CHSS Records	CHSS Number & Relationship	Nature of Disability	Amount of expenditure incurred (Rs.)	Name & Address of the certificate issuing Authority

- iii) **INTEREST ON LOAN TAKEN FOR HIGHER EDUCATION OF SELF AND / OR RELATIVE (SPOUSE & CHILDREN) (U/S 80/E):** The deduction is allowable only for 8 successive Assessment years from the year in which the assessee starts paying interest on loan. A Certificate of interest paid / payable issued by the financial institution along with loan sanction letter should be enclosed. **In this case, wherever the interest rebate has been claimed by Parents in previous years, the claim for rebate by self during the current year will not be considered and the rebate has to be claimed through IT department**

Name of the Financial Institution	Name of the Educational Institution	Name of the course	Date of sanction of loan	Amount of interest paid during the current year

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- iv) DONATIONS PAID TO CERTAIN NATIONAL FUNDS / CHARITABLE INSTITUTIONS (U/S 80G): Original Receipt should be enclosed.

Name of the Fund	Receipt No. & Date`	Amount (Rs.)

- v) DEDUCTION IN THE CASE OF A PERSON WITH DISABILITY (U/S 80U): Latest certificate issued by Govt. physician/Surgeon/ Psychiatrist should be enclosed

Nature of Disability	Extent (%) of disability	Name and address of the certificate issuing authority

4. **PARTICULARS IN CASE OF DEDUCTION SOUGHT UNDER SECTION 80C OF CHAPTER VI-A TOWARDS INVESTMENTS / SAVINGS MADE DURING THE YEAR (Aggregate deductions under this section are allowed to the extent of Rs. 1,50,000/-):** Documentary Proofs should be enclosed. Details for payments made thought salary bills for PF/LIC/GROUP INSURANCE/PLI etc need not be furnished.

Sr. No.	Nature of Savings	Policy No. / Receipt no. / Certificate no. Acknowledgement Slip No.	Name of the bank/Institution/ Company	Date of Payment	Amount Paid(Rs.)
1.	Life Insurance Premia Paid				
2.	ULIP/PLI				
3.	PPF				
4.	Approved/Notified Pension Scheme Investments				
5.	Tuition Fees Paid (limited to two children)				
6.	NSC				
7.	Mutual Fund / ELSS				
8.	Fixed Deposit (for a minimum period of 5 years in a scheduled Bank)				
9.	Sukanya Samriddhi Yojana				

I, _____ (name of the employee), do declare that what is stated above is true to the best of my information and belief.

SIGNATURE OF THE EMPLOYEE WITH DATE
EMP. NO. _____