

# COLLEGE OF ENGINEERING, PUNE

5, Wellesly Road, Shivaji Nagar, Pune 411005

## INVESTMENT DECLARATION FORM - F.Y. 2018-19

(To be used to declare investment that will be made during the period from 01/04/2018 to 31/03/2019 for income tax purpose)

### PERSONAL INFORMATION (ALL FIELDS ARE MANDATORY)

1	NAME (Capital Letters)	
2	GENDER	
3	DESIGNATION	
4	DEPARTMENT	
5	DATE OF JOINING	
6	DATE OF BIRTH	
7	PAN NO (Attach Photo Copy)	
8	MOBILE NO	

### A INCOME FROM OTHER SOURCES

SR NO	PARTICULARS	AMOUNT/RS
1	Interest earned on Saving Bank Account	
2	Interest earned on Fixed Deposit	
3	Other Source of Income (Please specify)	
	Total	

### B HOUSE RENT PAID (For Staff receiving "HRA" Exempted as per Rule)

SR NO	RENT PAID DURING APR 2018 TO MAR 2019	RENT PAID PER MONTH	NO OF MONTHS	TOTAL AMOUNT/RS
	Please attach rent agreement and rent paid receipts			

### C HOUSE RENT PAID (For Staff not receiving "HRA")

SR NO	RENT PAID DURING APR 2017 TO MAR 2018	RENT PAID PER MONTH	NO OF MONTHS	TOTAL AMOUNT/RS
	Please attach rent agreement and rent paid receipts			

### D HOUSING LOAN INTEREST - (Elegible Limit upto 2,00,000/-)

SR NO	NAME OF THE FINANCIAL INSTITUTE	DATE OF POSSESSION	HOUSING LOAN SANCTIONED	INTEREST PAID AMOUNT

### E INVESTMENTS U/S 80C, 80CCC & 80CCD (Elegible Limit upto - 1,50,000/-)

SR NO	PARTICULARS	AMOUNT/RS
1	Accrued Interest on NSC	
2	Public Provident Fund (PPF)	
3	Life Insurance (LIC)	
4	National Savings Certificate (NSC)	

5	Repayment of Principal Housing Loan Instalment (Excluding Salary Deduction)	
6	Unit Linked Insurance Plan (ULIP)	
7	Mutual Funds notified u/s 10(23D)	
8	Children Tuition Fee - Only Tuition fee for Two Children only	
9	Term Deposits (for minimum 5 years with a Scheduled Bank)	
10	Equity Linked Saving's Scheme - (ELSS)	
11		
12		
13		
	Total	

#### F OTHER INVESTMENTS / DEDUCTIONS

SR NO	PARTICULARS	AMOUNT/RS
1	Mediclaime Policy - Individual, Spouse & Children	
2	Preventive Health Check-up- Max 5,000	
3	Mediclaime Policy - Parents	
4	Repayment of Interest on Higher Education Loan	
5	Permanent Physical Disability - Self (Attach copy of Certificate)	
6	Permanent Physical Disability - Dependant (Attach copy of Certificate)	
7		
8		
	Total	

#### G TRANSFER IN STAFF - (FROM OTHER INSTITUTE TO COEP)

SR NO	NAME OF THE INSTITUTE / EMPLOYER	TOTAL SALARY RECEIVED	TOTAL INCOME TAX DEDUCTED
	PREVIOUS EMPLOYMENT DETAILS (LPC DETAILS)		

#### SELF DECLARATION

1.	I hereby declare that the information given above is correct and true in all respects. I am also aware that the institute will be considering the above details in utmost good faith based on the details provided by me and that I am personally liable for any consequences arising out of errors, if any, in the above information.
2.	I am also aware that making a false statement / declaration in the above form shall be liable to be fined and prosecution u/s 277 of the Income Tax Act, 1961
3.	The proof of Other Income / investments / Deductions for calculation of Income Tax, will be provided latest by <b>31st DECEMBER 2018. If I fail to submit the declaration within stipulated period of time, please deduct my balance Income Tax equally during the remaining months. I will claim my tax refund from Income Tax Department through my Income Tax Return.</b>
4.	I am also aware that the investments declared in above form are direct investments and not reflected in my monthly salary. There is no possibility of duplication of investments.
5.	After considering declaration of investments, balance income tax payable will be equally deducted from my monthly salary payable to me.

Date :	Signature of the Declarant								