COLLEGE OF ENGINEERING PUNE

SUBMISSION OF DECLARATIONS OF TAX SAVING

| Period 01.04.2022 to 31.03.2023 All Employees | | | | | | | | | |
|---|---|-----------------------------|-------|--|------------|----------------------------|--|--|--|
| Please submit self attested investments Declarations on or before 15th April 2022 | | | | | | | | | |
| 1 | NAME | | | | | | | | |
| 2 | GENDER | | 6 | DATE OF BIRTH | | | | | |
| 3 | DESIGNATION | | 7 | PAN NO | | | | | |
| 4 | DEPARTMENT | | 8 | MOBILE NO | | | | | |
| 5 | DATE OF JOINING | | 9 | email id - | | | | | |
| | Appointment letter issued for the period-to calculate the yearly tax | | | | | | | | |
| Α | A HOUSE RENT PAID (For Staff receiving "HRA" Exempted as per Rule) | | | | | | | | |
| | RENT PAYABLE - Attach a | greement copy and receipts | | NO OF MONTHS | | TOTAL AMOUNT | | | |
| | Rent Payable p.m. Rs. | For the period | | | | | | | |
| В | B HOUSING LOAN INTEREST | | | | | | | | |
| | Housing Loan jointly he | eld with | | | | | | | |
| | Name of the Financial I | nstitution - | • | HOUSING LOAN SANCTIONED Rs. / Date of possession | | INTEREST PAID AMOUNT | | | |
| | Mention full amount of | interest as per certificate | | | | | | | |
| | % of Share in interest a | mount of COEP Staff | | | | | | | |
| | | | | | | | | | |
| С | Investments u/s 8 | 0C, 80CCC & 80CCD (EI | igibl | e Limit upto | o - 1,50,0 | 00/-) | | | |
| | PARTICULARS | PARTICULARS | | | | Amount | | | |
| 1 | 1 Equity Linked Saving's Scheme - (ELSS) | | | | | | | | |
| 2 | Public Provident Fund (PPF) | | | | | | | | |
| 3 | Life Insurance (LIC) | | | | | | | | |
| | 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 - 0 | | | | | | | | |
| 9 | Term Deposits (for minimum 5 years with a Scheduled Bank) | | | | | | | | |
| | Total | | | | | 0 | | | |
| D OTHER INVESTMENTS / DEDUCTIONS | | | | | | | | | |
| | PARTICULARS Investments submission | | | | | ИОЦ <u>МТ</u> /ŖS | | | |

Investments submission

| 1 | Mediclaim Policy - Individual, Spouse & Children | | | | | | | |
|-----------------------------------|---|---|--------------|--------------------|--|--|--|--|
| 2 | Preventive Health Check-up- Max 5,000 | | | | | | | |
| 3 | Mediclaim Policy - Parents | | | | | | | |
| 4 | Repayment of Interest on Higher Education Loan - if Joint, mention % | | | | | | | |
| 5 | Permanent Physical Disability - Self (Attach copy of Certificate) | | | | | | | |
| 6 | Permanent Physical Disability - Dependant (Attach copy of Certificate) | | | | | | | |
| 7 | NATIONAL PENSION SCHEME - NPS | | | | | | | |
| | | 0 | | | | | | |
| | · | | | | | | | |
| Е | TRANSFER IN STAFF - (FROM OTHER INSTITUTION TO COEP) | | | | | | | |
| R NO | NAME OF THE INSTITUTION- | | TOTAL INCOME | NCOME TAX DEDUCTED | | | | |
| | PREVIOUS EMPLOYMENT (LPC DETAILS) | | | | | | | |
| SELF DECLARATION | | | | | | | | |
| | I hereby declare that the information given above is correct and true in all respects. I am personally liable for any consequences arising out of errors, if any, in the above information. I am also aware that making a false statement / declaration in the above form shall be liable to | | | | | | | |
| ۷. | be fined and prosecution u/s 277 of the Income Tax Act, 1961. | | | | | | | |
| 3. | The proof of investments declarations done for deductions for calculation of Income Tax, will be provided latest by 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. | | | | | | | |
| Please take back to back printout | | | | | | | | |
| Date : Signature of the Declarant | | | | | | | | |