

**ADMINISTRATION-IV**

Declaration for the Purpose of Income Tax

<b>Emp.ID</b>	<b>Name</b>	<b>Design.</b>
<b>Tele.Ext.No.</b>	<b>Mobile No.</b>	
<b>PAN NO.:</b>	<b>SR. CITIZEN:</b>	<b>YES/NO</b>

**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.....
- (E) N.S.S.....
- (F) N.S.C.....
- (G) G.I.S.....
- (H) PPF.....
- (I) Mediclaim.....
- (J) HBA (P).....
- (K) HBA (I).....
- (L) BOND.....
- (M) Children Education .....

**2. Amount received and expected to be received as**

- (A) Over Time Allowance RS.....
- (B) Honorarium RS.....
- (C) Tuition Fee and Laboratory fee re-imburement 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 24/01/2020

(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

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
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Verified

Section Officer/Admn-IV