DYAL SINGH EVENING COLLEGE LODI ROAD, NEW DELHI-110003

Ref. NO - 412/P/EC

September 8, 2022

NOTICE

The members of the Teaching and Non-Teaching staff who wish to avail of any rebate while calculating the tax at source under the Income Tax Act for the financial year 2022-23 may furnish such information in the prescribed proforma to the Accounts Section latest by 22.09.2022. Staff members are required to inform in writing by the said date if he /she wishes to get tax deducted as per the provisions of the New Income Tax Regime. If no information is received by the said date, tax will be deducted as per the Old Regime.

Proof of investments for rebate of any kind must be submitted.

Copy to: 1. College Website

2. To circulate among staff members

(Dr. Pawan Kumar Sharma) Principal

DYAL SINGH EVENING COLLEGE, LODI ROAD, NEW DELHI

A full-fledged Day College
(as per Executive Council Resolution No.8-35 of the University of Delhi)

FORM FO	OR CON AL YE	AR	TAXABLE INCOME OF SALARIES FOR THEASSESSMENT YEAR
		-	ED BY THE EMPLOYEES
	PANI	No	Mobile No
1	Name	of the Employee	- The state of the
2	Design	nation	Department
3	Reside	ential Address	
4	Nature	of Appointment ((Permanent/Temp/Adhoc/Retiree)
			HER INCOME of the Employee which He/She desires to be
5		ed in taxable incor	
	includ	ed in taxable meet	Rs
	a)	E -	Rs
	0)	* 1	Rs
6.			OUCTIONS/EXEMPTIONS
I.	Detail	s of INTEREST	on house building loan u/s 24 roperty
			owner (s)
			If-occupied or Rented
			enstruction is completed or under Construction/possession
	e)	Give details of de	eduction claimed u/s 24 by the Co-owner (if any)
	f)	Amount of deduc	ction claimed
176		(Attach details/ce	ertificate duly self-attested for verification)
	g)	Name of the lend	ler/Financial Institution
	h)	Address of the le	ender
	i)	PAN / TAN No.	of the lender

	$U/S_{10}(13A)$	a) and rule 2A					
(Please a	ent actually	paying and since wh Rent Receipt for ve	nen crificatio	n)	-		
	i)	Rent paid to the la	ndlord I	Rs	1		
-		Name of the landle					
	iii)	Address of the land	dlord _				
	iv)	PAN No. of the lar	ndlord _				
Note: Perma		unt Number shall b	e furnis	hed if t	he aggregate	rent exceeds ru	pees one
A) LIC	Premium ual-deposit	s	ARATI	ON O	F LIC PREM	IUM .	n Assured
	t premium	will fall on the date	es ment	ioned a	Mode of	Date of Payment	Amount of Premium Paid
Name of the Policy Holder	Relation	Number	Assu		Payment	Secretary profit	Premium
the Policy	Relation		A second		The Case of State Colored	Secretary profit	Premium
the Policy	Relation		A second		The Case of State Colored	Secretary profit	Premium
the Policy	Relation		A second		The Case of State Colored	Payment	Premium
the Policy	Relation		A second		The Case of State Colored	Payment	Premium
the Policy	Relation		A second		The Case of State Colored	Payment	Premium
the Policy Holder	lic Provide	Number	A second	ired	Payment	Payment	Premium
the Policy Holder	olic Provide ount No	Number	A second	ired	The Case of State Colored	Payment	Premium
B) Pub	olic Provide ount No	Number	A second	ired	Payment	Payment	Premium
B) Pub	olic Provide ount No	Number	A second	ired	Payment	Payment	Premium
B) Pub	olic Provide ount No	Number	A second	ired	Payment	Payment	Premium

- 11	1	D.
U	L/L	L

Contribution of ULIP/Mutual Fund

of House Building	Advance paid			
	Advance paid			
	Advance paid			
of House Building	Advance paid			-
of House Building	Advance paid			
		2		
- 6			-	
		1 to _		25
rastructure Bonds	8 - 4	ill san		
	Types of Secu	ırities	Amount (Rs.)	
Specify details)	(a) 1 (b) 1 (c) 1			
*				
			10	
	Institutions Specify details)	Institutions Types of Secu	Institutions Types of Securities	Institutions Types of Securities Amount (Rs.)

I hereby declare that the information furnished above is correct to the best of my knowledge and belief.

Date:

Signature of Employee

Note: Self-Attested photocopy of all relevant documents should be attached.