Maharaja Agrasen College
(University of Delhi)
Vasundhara Enclave, Delhi – 110 096

Dated: 12/11/2021

NOTICE

All the members of Teaching, Non-Teaching staff and other Contractual Staff are requested to submit Self attested documents proof of their savings, **investments, rent receipts, (in original) rent agreement (PAN No. of land lord)** etc. for the purpose of computation of rebate in Income Tax for the Financial Year 2021 – 22.

Blank proforma is available with accounts section & on college website. The same must be filled & submitted to Ms. Sangeeta/ Mr. Rajesh Kumar, Accounts Department, latest by 25/11/2021 along with relevant documents failing which it shall be considered that no rebate is being sought by the applicant & the Income tax shall be deducted as per rules.

Prof. Sanjeev Kumar Tiwari
Principal (Offg.)

799
15|11|2021

Copy to :
1. S. O. (A/cs)
2. System & Network Admin. – to upload on College website
3. Mr. Nishant – To email all teaching and non-teaching employees
4. Mr. Rajesh, MTS
5. Ms. Sangeeta, MTS

MAHARAJA AGRASEN COLLEGE

(University of Delhi)

Financial year 2021-22, A.Y 2022-23

Annexure II

Income Tax Option: Old Tax Option / New Tax Option

DECLARATION FORM for the purpose of calculation of taxable income/income tax

Employee Name:_____ Designation:_____

Department: _____ Email :_____

PAN No._____ Mobile No. _____

Address: _____

_____

A. Savings made/to be made to avail Rebate under Income Tax Act:.

S. No.	TYPE OF INVESTMENT	AMOUNT	PROOF REQUIRED
1.	Insurance Premium		Copy of Premium Receipt
2	Pension Fund Deposit		Copy of Deposit Receipt
3	Provident Fund		
4	Public Provident Fund		Deposit Challans of Payment into PPF account
5	NSC-Fresh Purchase & Accrued Interest		Copy of certificate
6	Unit Link Insurance Plan		Acknowledgement copy
7	Principal Repayment on Housing Loan		Certificate of Principal Repayment & Interest Certificate
8	Interest Repayment on Housing Loan		Certificate of Principal Repayment & Interest Certificate
9	If living in rented accommodated, pl specify the Monthly Rent Paid.		Monthly Rent Paid receipt
10	Infrastructure Bonds		Copy of Bond/Acknowledgment copy
11	NSS		Proof of Investment
12	Education Expenses(restricted to two children)	.	Fee receipt (restricted to tuition fee only)
13	Investment Equity Linked Tax Saving Schemes (ELSS)		
14	Bank Deposit under Tax Saving		
15	Mediclaim insurance (sec 80D)		Health Insurance Premium
16	Handicapped Dependant u/s 80DDA		Mentioned your relation with the Dependant
17	Medical Expenses for Specific Ailments u/s 80DDB		Submit the proof with the Relevant forms are mention the relationship
18	Donation made U/S 80G		Proof of payment is

			required
19	Handicapped Persons deduction U/S 80U		Proof Certifying the disablement
20	Any other Taxable Income		Submit proofs
21	NPS Saving (Section 80C and Section 80CCD(1b))		Proof of payment is required

B. The Amount of the Investment should match with the Proof enclosed otherwise the deduction of the said Investment will not be given.

C. **In case any of the payment is due in the month of Feb/Mar 2022 (Like LIC premium etc.) then either please make the payment in January 2022 and submit receipt or claim the rebate from the income tax department directly while filing the ITR (Income Tax Return).**

D. Previous Employment Details (Applicable for Employee joining the College during 2021-2022)

Name and address of the organisation worked with:

1) Salary Details:-
   (Please furnish Proof/Statement Regarding Salary from 1-04-2021 to the date of joining the College)
2) If any taxes paid please provide the Proof:
3) Any other information , for TDS/PF Purposes:

All self signed documentary proof of investment/savings/schemes must be submitted to accounts Department, Maharaja Agrasen College.

Declaration

I hereby declare that my Investment plan for the current financial year is as mentioned above and I undertake to submit the proof of investment/payment/deposit Receipt as per the rules and regulation. I also hereby declare that the information stated is true and correct and will inform immediately of any change in the above fact.

Date:
Place: **Signature**