

**Hamdard Institute of Medical Sciences & Research & its Associated HAHC
Hospital New Delhi-110062**

Statement showing particulars of claims by an employee for deduction of tax under section 192

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|--------------|
| Emp. ID..... |
|--------------|

Name of Employee:.....

Designation:.....

Department:

PAN NO:.....

DOB.....

Gender. : Male/Female.....

Sr. Citizen: (Yes) (NO)

Handicapped: (Yes) (NO)

Whether opting for Tax deduction under section 115BAC (New scheme): (YES) / (No)

if No Please specify:

Following are the tax saving instruments (other than through salary) during the **FY 2021-22 (ending March 31st 2022)**. Kindly calculate tax on the basis of the following information:

1. Detail required for claiming HRA Exemption

| Section | Landlord Name & , Address | *PAN of Landlord | Accommodation Address | **Rent Payable (per month) | Rent w.e.f |
|---|---------------------------|------------------|-----------------------|----------------------------|------------|
| U/s 10(13A) U/s 80GG (attached form 10BA) | | (copy to attach) | | | |

***As per current Income Tax Act. Copy of PAN of Landlords is mandatory for Rent payment exceeding Rs. 1 lac, **Rent Receipts/Rent agreement is required**

2. Deduction u/s 80C of IT:

| SNo. | Particulars of saving | Max.Limit | Annual Amount (Rs) | Remark |
|------|-----------------------|------------------|--------------------|--------------------|
| 1 | | 150000.00 | | Regular / Proposed |
| 2 | | | | Regular / Proposed |
| 3 | | | | Regular / Proposed |
| 4 | | | | Regular / Proposed |
| 5 | | | | Regular / Proposed |

| | | | | |
|---|--|--|--|--------------------|
| 6 | | | | Regular / Proposed |
|---|--|--|--|--------------------|

3. Deduction Under Chapter VI-A

| Section | Particulars | Annual Amount (Rs) |
|------------|---|--------------------|
| U/s 80D | Mediclaime policy Premium | |
| U/s 80DD | Expenses incurred for Medical treatment of dependent with specified disability (Attached Form No 10(A)) | |
| U/s 80DDB* | Expenses incurred for Medical treatment of specified Diseases, self-spouse, dependent (*see list of disease applicable) | |
| U/s 80U | Expenses incurred for self-medical treatment of handicapped employees (Attached Form No 10(A)) | |
| U/s 80E | Repayment of Interest on Higher Education Loan | |
| | OTHER..... | |

4. Deduction u/s 24: Repayment of interest on Housing Loan (also filled attached annexure)

| Section | Particular | Max. Limit | Annual amount | |
|---|--------------------------|----------------------|---------------|---|
| U/s (24 (b)) | Interest on Housing loan | | | -House should be in possession -Exemption can only be claimed in respect of one house, in -case of joint ownership of house, only proportionate deduction of interest will be allowed -In case of employee is taking the benefit of HRA exemption, reason for not staying in self-owned accommodation |
| Income from House Property : If yes, then Form 12C detailing other income is attached | | Fill Form 12C | | For 12 C along with the calculation of loss on house property need to be attached for considering loss in house property. |

Verification

I _____ do hereby declare that what is stated above is true to the best of my Knowledge and belief.
Verified today, theday of.....

Place : _____

Date : _____

Signature of the employee

Declaration for availing tax concession/rebate for expenditure on purchase of house/Home loan

(See Rule 24(b) of IT ACT 1961)

Name of the Brower/co-Brower.....
Location/Address of Flat
Loan Amount sanctioned Rs. EMI .Rs.....
Name of the Bank/Housing Finance Co..... PAN.....
Interest paid u/s 24(b) of IT For the FY April 20.. to 31 MarchRs.....
Principal paid u/s 80C of IT For the FY April 20.. to 31 March Rs.....
Proportionate deduction (in case of joint loan).....
Period of Pre-construction (dt of start of construction and dt of completion).....
Date /FY for the got possession of the flat.....

Verification

I _____ do hereby declare that what is stated above is true to the best
of my
Knowledge and belief.
Verified today, theday of.....

Place : _____

Date : _____

Signature of the employee

Form No. 12-C

Form for sending particulars of Income under section 192(2B) for the year ending

1. Name and address of the employee.....
2. Permanent Account No.....
3. Residential status.....
4. Particulars of income under any head of income other than "Salaries" (not being a loss under any such head other than the loss under the head "Income from house property") received in the financial year

(i) Income from House property

| Detail of house property/properties owned by self /spouse | Flat/House-1 (Self / Spouse) | Flat/House-2 (Self / Spouse) |
|---|------------------------------|------------------------------|
| Address | | |
| Area (Sqft) | | |
| Area Circle rate (Rent) per Sqft | | |
| Actual Rent Received | | |

ii) In case of loss from House property

| |
|--|
| |
|--|

iii) Profits and gains of business or profession

| |
|--|
| |
|--|

iv) Capital gains

| |
|--|
| |
|--|

v) Income from other sources

Rs.

a) Dividends

| |
|--|
| |
|--|

b) Interest

| |
|--|
| |
|--|

c) Other Incomes

| |
|--|
| |
|--|

(specify)

| |
|--|
| |
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5 Aggregate of sub-items

TOTAL

| |
|--|
| |
|--|

6 Tax deducted at source (enclose certificates issued under sec-203)

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Verification

I do hereby declare that what is stated above is true to the best of my Knowledge and belief.

Verified today, theday of.....

Place : _____

Date : _____

Signature of the employee