

**Annexure -1**

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

***OPTION FOR OLD OR NEW TDS SCHEME under Section 115BAC***

Name of Employee:.....

Emp. ID.....

Designation:..... Department .....

DOB.....

PAN

NO:.....

Gender. : Male/Female/..... Specially abled (Yes) (NO)

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I hereby give my option for .....TDS Scheme for the FY 2023-2024

Date .....

Signature of the Employee