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

# Declaration Form for Claiming Deduction of Tax under Income Tax Rules (Applicable for Old TDS Scheme)

Name of Employee:				Emp. ID
Designation:	Department			
DOB			PAN NO	·
Gender. : Male/Female/	Specially abled (Yes)	(NO)		

Tax saving details (other than through salary) during the **FY 2023-24 (ending March 31<sup>st</sup> 2024).** 

### For claiming HRA Exemption

Section	Landlord Name & , Address	*PAN of Landlord	Accommoda tion 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

### 1. Deduction u/s 80C of ITA:

SNo.	Particulars of saving	Max.Limit	Annual Amount (Rs)	Remark
1				Regular / Proposed
2				Regular / Proposed
3		150000.00		Regular / Proposed
4		1500		Regular / Proposed
5				Regular / Proposed
6				Regular / Proposed

#### 2. Deduction Under Chapter VI-A

Section	Particulars	Annual Amount (Rs)
U/s 80D	Mediclaim 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	

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

Section	Particular	Loan Amount	Annual Interest	
U/s (24 (b)	-Bank Details -First /Second House (Tick Mark)			-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
I <b>ncome from House Property :</b> 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.

Remarks if any :

### Verification

I			do hereby declare that what is stated above is true to the best of my
	Knowledge and belief.		
	Verified today, the	lay 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
 	-	do hereby declare that what is stated above is true to the best of my
	ge and belief. oday, theo	day 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
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- iv) Capital gains
- v) Income from other sources

a)	Dividends
b)	Interest

Other Incomes

KS.		

(specify)

**5** Aggregate of sub-items

c)

TOTAL

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

Verification			
I	Knowledge and belief. Verified today, theday of	do hereby declare that what is stated above is true to the best of my	
	Place :		
	Date :	Signature of the employee	