INDRAPRASTHA COLLEGE FOR WOMEN
(UNIVERSITY OF DELHI)

No. IPC/Accounts/2017/
27th September 2017

IPC/11/10

N O T I C E

All the staff and pensioners of the College are requested to submit information in the enclosed proforma for claiming Income Tax rebates/exemptions/deductions etc. for the Financial Year 2017-18 for computation of Income Tax for the Assessment Year 2018-19.

The above mentioned information must be submitted to the office, latest by **16th October 2017** for necessary tax deduction as per rules. The proforma is also available on College website.

Principal

Copy to:
> All Notice Boards
> Staff Room
> College Website
> Guard File

FORM NO.12BB

(See rule 26C)

1. Name and address of the employee:			
2. Permanent Account Number of the employee:			
3. Financial year:			

Details of claims and evidence thereof

Sl No.	Nature of claim	Amount (Rs.)	Evidence / particulars
(1)	(2)	(3)	(4)
1	House Rent Allowance: (i) Rent paid to the landlord (ii) Name of the landlord (iii) Address of the landlord (iv) Permanent Account Number of the landlord Note: Permanent Account Number shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees		
2	Leave travel concessions or assistance		
3	Deduction of interest on borrowing: (i) Interest payable/paid to the lender (ii) Name of the lender (iii) Address of the lender (iv) Permanent Account Number of the lender (a) Financial Institutions(if available) (b) Employer(if available) (c) Others		

4	Deduction under Chapter VI-A
	 (A) Section 80C,80CCC and 80CCD
	    (i) Section 80C
	        (a) ....
	        (b) ....
	        (c) ....
	        (d) ....
	        (e) ....
	        (f) ....
	        (g) ....
	    (ii) Section 80CCC
	    (iii) Section 80CCD
	    (B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A.
	        (i) section...................
	        (ii) section...................
	        (iii) section...................
	        (iv) section...................
	        (v) section...................		

Verification	
I,..........................,son/daughter of.......................... do hereby certify that the information given above is complete and correct.	
Place... Date.. Designation	(Signature of the employee) Full Name