INDRAPRASTHA COLLEGE FOR WOMEN UNIVERSITY OF DELHI

Information relating to any other income except salary/pension and for claiming income tax rebate/deductions for the Financial Year 2020-21

S. No.	Particulars	Total Amount (in Rs.)	Remarks
1.	Any other income (other than Salary/Pension)		
2.	Rent paid per month for HRA exemption (Sec. 10(13A)) If yes, please submit prescribed undertaking also (Page No.2)		
3.	Payment of Home Loan Interest (if eligible) (Sec. 24)		
4.	Repayment of Home Loan (Principal amount only) (Sec. 80C)		
5.	Life Insurance Premium (other than deducted from salary)		
6.	Tuition Fee (Sec. 80C)		
7.	Notified Mutual Fund referred to u/s 10(23D)		
8.	NSC/NSS/Sr. Citizen Saving Scheme (Sec. 80C)		
9.	Public Provident Fund (PPF) (Sec. 80C)		
10.	Health Insurance Premium (Sec. 80D)		
11.	Donation to certain funds/ institutions (Sec. 80G)		
12.	Deduction for disabled employee (Sec. 80U)		
13.	Any Other		

I hereby certify that the information given above is complete and correct.

	(Signature)	
Name:		
Designation:		
Department:		
Contact No.:		

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UNDERTAKING

I, (name) hereby undertake

that I am currently living as a tenant in ______ (i.e. my residential

address).

- that I am paying rent Rs. _____ per month, to the owner/landlord of the above mentioned property/ house.
- that the said rent i.e. Rs. _____ per month is being paid by me only and therefore, I am claiming rebate for the same under the Income Tax Act, 1961 and nobody else will claim for the said rebate.
- 4. that the Drawing and Disbursing Officer will be free to make any enquiry as he deems fit for the purpose of satisfying himself that I have incurred actual expenditure on payment of rent.
- 5. that if any discrepancy/ deviation is found at a later stage relating to computation of income and tax thereon due to said rebate/ deduction/ exemption, I will be held liable for the same and the College will not be responsible for the same.

PAN of landlord/ owner of the property/house:

Date_____

(Signature)

Name:_____

Designation:

Department:

Contact No.:_____