



**DYAL SINGH COLLEGE
(UNIVERSITY OF DELHI)
Lodhi Road, New Delhi, Delhi 110003**

**FORM FOR COMPUTATION OF TAXABLE INCOME OF SALARIES FOR THE
FINANCIAL YEAR _____ ASSESSMENT YEAR _____**

[To be submitted by _____]

PARTICULARS TO BE SUPPLIED BY THE EMPLOYEE

Employee Salary Code No. _____ PAN No. _____

Aadhaar No. _____ Mobile No. _____

1 Name of the Employee _____

2 Designation _____ Department _____

3 Residential Address _____

4 Nature of Appointment (*Permanent / Temp. / Adhoc / Retiree*) _____

5 Particulars of ANY OTHER INCOME of the Employee which He / She desires to be included in taxable income for TDS.

a) _____ ₹ _____

b) _____ ₹ _____

c) _____ ₹ _____

ADMISSIBLE DEDUCTIONS / EXEMPTIONS

I. Details of INTEREST on house building loan u/s 24 :

a) Address of the Property _____

b) Name (s) of the Joint owner (s) & their respective share (if any)

c) State whether self-occupied or rented _____

d) State whether Construction is completed or under Construction/ Possession

e) Give details of deduction claimed u/s 24 by the Co-owner (if any)

f) Amount of deduction claimed _____

(Attach details/ certificate duly self-attested for verification & ownership possession share)

g) Name of the lender / Financial Institution _____

h) Address of the lender _____

i) PAN No. of the lender _____

II. U/S 10(13A) and rule 2A

House Rent actually paying and since when

i) Rent paid to the landlord, ₹ _____



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- ii) Name of the landlord _____
iii) Address of the landlord _____
iv) PAN No. of the landlord _____

Note: Permanent Account Number shall be furnished if the aggregate rent exceeds rupees one lakh during the year.

III. AMOUNT QUALIFYING FOR TAX REBATE U/S 80C

A) LIC Premium

Individual deposits

DECLARATION OF LIC PREMIUM

Certified that my (individual) Policy/ies is/are in force for the full sum assured and the next premium will fall on the dates mentioned against each as under:

Name of the Policy Holder	Policy Number	Sum Assured	Mode of Payment	Date of Payment	Amount of Premium Paid	Due date of Next Premium

B) Public Provident Fund Account No. _____

Date of Deposit	Amount of Deposit (₹)

C) ULIP

Contribution of ULIP/ Mutual Fund

Date of Deposit	Policy / Receipt Number	Amount Paid (₹)



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D) Principal Amount of House Building Advance paid

E) Investment in Infrastructure Bonds _____

Date of Investment	Institutions	Types of Securities	Amount (₹)

F) Any other item (Specify details)

List of Enclosures:

- I. _____
- II. _____
- III. _____
- IV. _____

I hereby declare that the information furnished above is correct to the best of my knowledge and belief.

Note: Self-Attested photocopy of all relevant documents to be attached.

Date:

Signature of Employee