

RAJIV GANDHI INSTITUTE OF PETROLEUM TECHNOLOGY JAIS, AMETHI, UTTAR PRADESH

INVESTMENT DECLARATION FORM FOR FINANCIAL YEAR: ______

EMPLOYEE CODE	
EMPLOYEE NAME	
DESIGNATION	
EMPLOYEE PAN	

I HEREBY DECLARE THE FOLLOWING INVESTMENT/S HAVE BEEN MADE BY ME DURING THE FINANCIAL YEAR_______ (PROOF OF INVESTMENT/S TO BE ATTACHED)

SL. NO.	SECTIONS	HEAD & PARTICULARS	AMOUNT (Rs.)		
1.	10 (13A)	HOUSE RENT ALLOWANCE (METRO / NON METRO) (RENT AGREEMENT & MONTHLY RENT RECEIPT TO BE SUBMITTED. IN CASE THE RENT EXCEEDS RS. 1 LAKH PER ANNUM PAN CARD OF LANDLORD IS MANDATORY.)			
2.	24 (I)(B) (*DETAILS TO BE PROVIDED IN TABLE GIVEN BELOW)	(MAXIMUM RS. 2 LAKH AND FOR SENIOR CITIZEN RS. 3 LAKH) SUBJECT TO FOLLOWING CONDITIONS: a) IF CONSTRUCTION COMPLETED WITHIN 5 YEARS FROM THE END OF THE FINANCIAL YEAR IN WHICH LOAN IS TAKEN. b) IF CONSTRUCTION OF HOUSE NOT COMPLETED WITHIN FIVE YEARS THEN			
3.	80 C (DIRECT PAYMENT ONLY) (** DETAILS TO	LIFE INSURANCE PREMIUM (LIC, ETC.) PUBLIC PROVIDENT FUND (PPF) NATIONAL SAVINGS CERTIFICATE (NSC) / INTEREST ON NSC INTEREST ACCRUED ON NSC (RE-INVESTED) POSTAL LIFE INSURANCE PREMIUM EQUITY LINKED SAVING SCHEME (ELSS) UNIT LINKED INSURANCE PLANS (ULIP) PAYMENT FOR TUITION FEES FOR CHILDREN (MAX. 2CHILDREN) PRINCIPAL REPAYMENT OF HOUSING LOAN STAMP DUTY, REGISTRATION CHARGES INCURRED FORBUYING HOUSE (1ST			
	BE PROVIDED IN TABLE GIVEN BELOW)	INFRASTRUCTURE BONDS BANK FIXED DEPOSIT FOR 5 YEAR & ABOVE POST OFFICE TERM DEPOSIT FOR 5 YEARS & ABOVE OTHERS (PLEASE SPECIFY)			
4.	80 D	MEDICAL INSURANCE PREMIUM (MAXIMUM ALLOWED RS. 25,000/- AND FOR SENIOR CITIZENS RS. 50,000/-)			
5.	80 D	PREVENTIVE HEALTH CHECKUP			

		(MAXIMUM ALLOWED RS. 5,000/- INCLUSIVE OF OVERALL LIMIT OF MEDICAL INSURANCE PREMIUM)	
		MAINTENANCE / TREATMENT OF HANDICAPPED DEPENDENT/S	
		NAME:	
		RELATIONSHIP:	
		PERCENTAGE OF DISABLILITY:	
6.	80 DD	(COPY OF CERTIFICATE ISSUED BY THE MEDICAL AUTHORITY TO BE	
		SUBMITTED)	
		SUBJECT TO FOLLOWING CONDITIONS:	
		a) MAX. RS. 75,000/- IF DISABILITITY IS MORE THAN 40% AND LESS THAN 80%	
		b) MAX. RS. 1,25,000/- IF DISABILITITY MORE THAN 80%	
		DEDUCTION FOR SPECIFIED DISEASES COVERED UNDER RULE 11DD	
		DEDUCTION IN RESPECT OF MEDICAL TREATMENT OF SPECIFIED DISEASE OR	
		AILMENT AS COVERED UNDER RULE 11DD OF INCOME TAX ACT FOR SELF OR	
7.	80 DDB	DEPENDENT	
		a) MAX. Rs. 40,000/- OR THE AMOUNT ACTUALLY PAID, WHICHEVER IS LESS.	
		b) IN THE CASE OF A SENIOR CITIZEN AND SUPER-SENIOR CITIZEN, RS.	
		1,00,000/- OR AMOUNT ACTUALLY PAID, WHICHEVER IS LESS.	
		INTEREST FOR LOAN TAKEN FOR HIGHER EDUCATION	
		a) NAME OF THE BANK:	
		b) DATE OF LOAN:	
		c) LOAN AMOUNT:	
	00.5	d) INTEREST PAID DURING THE YEAR:	
8.	80 E	IF THE ASSESSEE HAS PAID ANY AMOUNT OUT OF HIS/ HER INCOME	
		CHARGEABLE TO TAX TOWARDS THE LOAN TAKEN FOR THE HIGHER	
		EDUCATION OF SELF, SPOUSE OR CHILDREN. DEDUCTION IS ALLOWABLE	
		ONLY FOR 8 YEARS STARTING FROM THE YEAR IN WHICH YOU START	
		REPAYING THE LOAN OR UNTIL THE INTEREST IS FULLY REPAID WHICHEVER IS EARLIER.	
		INTEREST ON HOUSING LOAN (ADDITIONAL EXEMPTION)	
		FOR LOAN SANCTIONED BETWEEN 01.04.2016 TO 31.03.2017	
		a) ADDITIONAL EXEMPTION OF RS. 50,000/- FOR INTEREST ON HOUSE LOAN	
		TAKEN FROM FINANCIAL INSTITUTION OR A HOUSING FINANCE COMPANY.	
9.	80 EE	b) BENEFICIARY SHOULD NOT OWN ANY RESIDENTIAL PROPERTY ON THE	
		DATE OF SANCTION OF LOAN (I.E. 1 ST TIME BUYER).	
		c) THIS IS APPLICABLE IF VALUE OF PROPERTY IS LESS THAN RS. 50 LAKH.	
		d) THE VALUE OF LOAN TAKEN LESS THAN RS. 35 LAKH.	
		INTEREST ON HOUSING LOAN (ADDITIONAL EXEMPTION)	
		FOR LOAN SANCTIONED BETWEEN 01.04.2019 TO 31.03.2020	
		a) ADDITIONAL EXEMPTION OF RS. 1,50,000/- FOR INTEREST ON HOUSE	
		LOAN TAKEN FROM FINANCIAL INSTITUTION OR A HOUSING FINANCE	
		COMPANY.	
		b) beneficiary should not own any residential property on the	
10.	80 EEA	DATE OF SANCTION OF LOAN (I.E. 1 ST TIME BUYER).	
10.	OULLA	c) this is applicable if value of property is less than Rs. 45.	
		d) Carpet area of house should not exceed 60 sqmtr (645 sq ft) in	
		METROPOLITAN CITIES INCLUDING DELHI NCR & CARPET AREA NOT EXCEED	
		90 SQMTR (968 SQ FT) IN ANY OTHER CITIES. THIS IS APP	
		e) Section 80eea interest deduction is available from fy 2019-20 (ay	
		2020-21)	
		DONATIONS	
	80 G / 80	PLEASE SPECIFY FOLLOWING DETAILS:	
11.	GGA	a) NAME OF THE INSTITUTION:	
	304	b) PURPOSE OF THE CONTRIBUTION:	
<u> </u>		S/1 ON OSE OF THE CONTINUOTION.	

		(ALL DONATIONS ARE NOT ELIGIBLE FOR DEDUCTIONS UNDER THIS SECTION.	
		ONLY DONATIONS MADE TO PRESCRIBED FUNDS QUALIFY AS A DEDUCTION.)	
12.	80 GG	DEDUCTION FOR RENT PAID	
12.		RENT PAID BUT NOT IN RECEIPT OF HRA	
	80 U	PHYSICALLY / MENTALLY OF HANDICAPPED EMPLOYEE	
		PERCENTAGE OF DISABILITY:	
		(COPY OF CERTIFICATE ISSUED BY THE MEDICAL AUTHORITY TO BE	
13.		SUBMITTED. IN CASE OF TEMPORARY DISABILITY CERTIFICATE HAS TO BE	
13.		SUBMITTED IN EVERY FINANCIAL YEAR)	
		SUBJECT TO FOLLOWING CONDITIONS:	
		a) MAX. RS. 75000/- IF DISABILITITY IS MORE THAN 40% AND LESS THAN 80%	
		b) MAX. RS. 1,25,000/- IF DISABILITIES MORE THAN 80%	

*DETAILS FOR EXEMPTION U/S 24

SL. NO.	PARTICULARS	DETAILS
1.	ADDRESS OF PROPERTY PURCHASED / CONSTRUCTED	
2.	STATUS OF PROPERTY (SELF OCCUPIED / LET-OUT / VACANT)	
3.	HOUSING LOAN TAKEN FROM	
4.	HOUSING LOAN AMOUNT	
5.	DATE OF DISBURSEMENT OF HOUSING LOAN	
6.	WHETHER FIRST PROPERTY ON WHICH LOAN HAS BEEN TAKEN	
7.	PURPOSE OF LOAN (CONSTRUCTION / PURCHASE / REPAIRS)	
8.	DATE ON WHICH CONSTRUCTION IS / WILL BE COMPLETED	
9.	DATE OF POSSESSION OF PROPERTY	
10.	OWENRSHIP (JOINT OR SOLE)	
	IF JOINT OWNERSHIP:	
	a) NAME OF JOINT OWNER	
11.	b) RELATIONSHIP WITH JOINT OWNER	
	c) Share of Joint Owner in Property	
	d) WHETHER JOINT OWNER IS CLAMING EXEMPTION ON HOUSING	
	LOAN FROM OTHER SOURCE	

**DETAILS OF INVESTMENT/S MADE U/S 80 C

SL. NO.	NAME OF THE INSURANCE COMPANY	POLICY NO.	PREMIUM PAID (ANNUALLY/ QUARTERLY / MONTHLY)	DATE OF PAYMENT	PREMIUM PAID (Rs.)
	TOTAL:				

I	HEREBY DECLARE THAT	THE INFORMATIO	N GIVEN BY ME	ABOVE IS
CORRECT AND TRUE IN ALL RES	PECTS. I ALSO UNDERT <i>A</i>	AKE TO INDEMNIFY	THE INSTITUTE	FOR ANY
LOSS/ LIABILITY THAT MAY ARIS	E IN THE EVENT OF THE	ABOVE INFORMA	TION BEING INC	ORRECT. I
MAY BE ALLOWED APPROPRIAT	e tax rebate while o	CALCULATING TAX	LIABILITY OF TH	ie year. I
ALSO UNDERTAKE THAT THE A	ABOVE-MENTIONED TAX	SAVING / INVES	TMENTS IN RE	SPECT OF
WHICH TAX REBATE / EXEMPTIO	N IS CLAIMED HAS BEEN	MADE OUT OF MY	OWN INCOME.	
DATE:				
PLACE:		(SIGNA	ATURE OF THE EI	MPLOYEE)

DECLARATION: