Government of NCT of Delhi DEPARTMENT OF SOCIAL WELFARE

GLNS Complex, Delhi Gate, New Delhi-110002

No. FI (MCC) AO I DUD PHATE IIT /2017-18/25260-266 Dated: Dec./ /2017

CIRCULAR

0 5 DEC-2017

The financial year 2017-18 (Assessment year 2018-19) is already on and deduction of Income tax is to be effected from the salary, taking into consideration the previous year tax and this year income under the Head "Salaries" all the officers/officials are hereby requested to furnish the anticipated/planned savings for this Financial year and anything else to seek rebate under appropriate sections.

The officers/officials, along-with declaration in form 10 BA, who want to claim rebate on HRA should mention in their application the address of the rented house, rent paid per month and enclose copy of Rent Deed executed and a copy of property tax return of the land-lord. Further, along-with proof of residence and proof of all savings on which rebates are sought certificate from the office of the spouse regarding non-claiming of rebate on HRA. Insurance, Policies, NSC's and other savings in the name of spouse and children for submission as and when asked for, are also required to be furnished.

Quoting of Permanent Account Number is essential as per instructions issued by Income Tax Department, Govt. of India while submitting anticipated savings to this office. It is mandatory to submit self-attested copies of PAN Card by the officers/officials. The officers/officials who have not applied for Permanent Account Number must apply for Permanent Account Number to the Income Tax Department, Govt. of India and submit a copy of the same to this office.

The above-said information should reach the Account Branch(HQ) latest by 15/12/2017 failing which it would be presumed that they have nothing to furnish about their savings income tax will be deducted without any further notice, taking into account the income under the head salary and savings viz. GPF/CPF,UTGEIS etc. as per the records.

> (Arun Kumar) Drawing & Disbursing Officer (SW) (HQ)

F. (Misc) AO I DS0 PHF10/17/2017/8/25260-266 Dated: Dec./ /2017 0 5 DEC 2017

Copy to:-

1. PS to Secretary (SW), GNCTD, Delhi Gate, New Delhi.

2. PS to Director (SW), GNCTD, Delhi Gate, New Delhi.

3. PS to Spl. Director (SW), GNCTD, Delhi Gate, New Delhi

4. H.O.O. (SW), Delhi Gate, New Delhi.

5. All Branch in-Charges of Department of Social Welfare (HQ), GNCTD with the request that the contents of the circular may also be brought to the notice of the staff working under them.

Notice Board. / Web Site of the Department

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INCOME TAX DECLARATION FORM (F.Y. 2017-2018, A.Y.2018-2019)

J	2017-2018. A. Y. 2018-20	219)
1	Name in (block letters)	
2	Designation	
3	Branch	
4	PAN No.	
5		
6	Whether Is 1	
	Whether living in own house/rented/Govt. allotted house	
7	TOTAL CONTROLLED THE CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE CONTROL OF THE CONTRO	
8	Whether claiming exemption u/s 10 for HRA	#
- · · · · · · · · · · · · · · · · · · ·	If yes, the amount of rent poid and to	
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	TO THE TY MY REPORTED A PRINCES FIRM TO TO A PRINCE A	
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	Any other income to be included for Income Tax (Rental	
K.	A STATE OF SHAME OF SHAME OF THE SHAME OF TH	
9	LOU Deduction under section pa	
	Medical Insurance paid through cheque (80D) up to Rs	
	15,000/-	
	Expenditure on treatment/maintenance/rehabilitation of	ŀ
	any dependent who is cuttoning and any dependent who is cuttoning a	
	any dependent who is suffering from permanent disability	
	1 N = 22 22 22 22 24 24 24 24 24 24 24 24 24	ļ.
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	V Mullet VI Wide. RS DU. UUI/-) for severe dischillet a v	
A CONTRACTOR OF THE PROPERTY O		
. .	Special deduction to parent or guardian of patient suffering	
•	TO A STATE OF THE PROPERTY OF	
.•	Donation through cheque to and the	
*	institutions (Furnish certificates from done (50% to 100% as the case may be (900)	
and the same of th	as the case may be (80G)	1.
	Assesses with disabilities (should attach copy of certificate	
**	issued by Medical Authorities in the prescribed form &	
3	manner (80U) (Max. Rs. 1,00,000/-)	1
	Interest noted division the	
	Interest paid during the year to any financial institution or	
	1 William to the fact that the fact the	
. 1	1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	The state of the a period of elopt weard which the state of the state	
The same of the sa	201 Actual under Section 80C for Savings	
lenga periodi da 	UFF	
	P.P.F.	-
المعارض والمعارض والم	CGEIS/UTGEIS	1
·	LIC Premium (limited to 20% of sum assured)	
	ULIP (Minted to 2078 of sum assured)	
	the state of the s	1
Apple and the second se	Subscription to any special security notified by the Central	1,200
	Contribution to approved Superannuation fund/Pension	
e	fund	<u> </u>

72		•	
/	NSC	<u>inamin analiset melipundintah pada dalah dalah 19</u>	
\cdot	Subscription to deposit of National Housing Bank		***************************************
	Repayment of House Building toan from Govt./Bank/LIC/Coop. Bank / Housing Board/Development Authorities.	and a second gallerial of the and the position of the second gallerial of the	
//xi)	Mutual fund		
xii)	Pension plan of LIC or any other insurer notified by the Central Govt. (Ieewan Suraksha/Pension Fund (upto Rs. 15,000/- per annum.)	**************************************	
xiii)	Tuition Fee paid (for two children (Certificate from school authorities be attached).		
Xiv)	Fixed Deposit for a minimum period of 5 years in the SBI/PSB or scheduled Bank.		
(xv)	Any other savings		
	CERTIFIED THAT ALL SAVINGS ARE FROM SALARY RECEIVED DURING FINANCIAL YEAR 2017-18.		
	Name.		
	Designation,		
	Date:		
	Note: -Photostat copies of all documents are to be attached duly signed by the individual and are to be presented in original for verification on demand.	ndegada ina majarahi da — ini ina majarahi <u>a angan da diga iya da i</u>	

Form No. 10 BA

(See Rule 11B)

DECLARATION TO BE FILED BY THE ASSESSES

CLAIMING DEDUCTION U/80 GG

1/We	444 1724 442-244 442-244			4,4 \$ 66 W4 66	•		
	. (Name c	f the assess	es with perm	anent account nu	mber)		
premisea period of	hank	II address of month a draft	f the premise nd have paid towards	Year	or my/our o ln cash/ of	through cro rent	ssed
Shri/Ms/M/s.	nchen ver harmonian ra		(na)	me and complete	address of	he landlord	
hueinace or h	where I/we rofession, or	ordinarily lai me/us a	reside/perfor it any other p	nily (in case t m duties of office lace, being accon (i) of u/s 23(2)(b)	r or employ imodation i	michican ray	18 01.
					*		

Signature

FORM NO.12BB (See rule 26C)

1. Nam	e and address of the employee:		
2. Pern	Permanent Account Number of the employee:		
3. Fina	nctal year:		
	Details of claims and e	vidence thereo	f
SI 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	İ	
1	(iii) Address of the landlord		
	(iv) Permanent Account Number of the landlord		
	(17) Children (1800an) Hamber of the landiere		
	Note: Permanent Account Number shall be		
	furnished if the aggregate rent paid during the		
	previous year exceeds one lakh rupees	i	
2	Leave travel concessions or assistance		
3	Deduction of interest on borrowing:		
	(i) Interest payable/paid to the lender		
	(ii) Name of the lender		•
1	(III) Address of the lender		
1	(iv) Permanent Account Number of the lender		
1	(a) Financial Institutions(if available)		•
-	(b) Employer(if available)		
	(c) Others		
4	Deduction under Chapter VI-A		
1	(A) Section 80C,80CCC and 80CCD		• •
1	(i) Section 80C		
}	(a)	İ	
	(b)		
	(c)		
	(d)	1	
	(e)		
	(f)		
	(g)		
	(ii) Section 80CCC		
	(iii) Section 80CCD		
	(B) Other sections (e.g. 80E, 80G, 80TTA, etc.)	1	
	under Chapter VI-A.		
1	(i) section		
	(ii) section		
	(iii) section		
	(iv) section		
	(v) section		
——	Verification Verification	<u> </u>	
1			
comple	,son/daughter of dete and correct.	o nereby certify	that the information given above is
<u> </u>			
		(0:	
Date		(Signature of th	ie employee)
Designation		Full Name	