

DEPARTMENT OF SOCIAL WELFARE
GOVERNMENT OF N.C.T OF DELHI
GLNS COMPLEX, DELHI GATE, DELHI

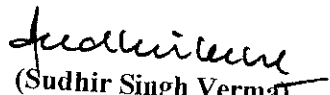
F.No 1/MISC/Actt-II/DSW/2019-20/53

Dated: 14/11/2019

CIRCULAR

SUBJECT: DETAILS OF SAVING OF INCOME-TAX FOR THE FINANCIAL YEAR 2019-20.

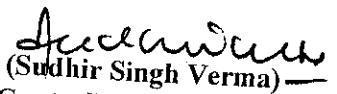
All the officers/officials are requested to intimate their saving made/to be made during Financial Year 2019-2020 in addition to their saving as per P.B.R. This information may please be sent to undersigned latest by 06.12.2019 positively, in the enclosed proforma, failing which Income- Tax at the prevailing rates for the financial year 2019-2020 shall be calculated and recovered. Any other relevant information for Income Tax calculation, in addition to above, may also be provided.


(Sudhir Singh Verma)
Deputy Controller of Accounts

Encl. As above

Copy to:

1. P.A to Secretary (Department of Social Welfare, GNCT of Delhi Govt)
2. P.A to Director (Department of Social Welfare, GNCT of Delhi Govt)
3. Sr. A.O, Department of Social Welfare, GNCT of Delhi Govt.
4. AAO I & II, Department of Social Welfare, GNCT of Delhi Govt.
5. Sr, System Analyst, Department of Social Welfare, GNCT of Delhi Govt with the request to upload the same on the site of the Department.
6. Notice Board for information to all concerned.
7. Guard File.


(Sudhir Singh Verma)
Deputy Controller of Accounts


14.11.19

Ms. Abhishek

536/KC
14/11/19

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	<p>House Rent Allowance:</p> <p>(i) Rent paid to the landlord</p> <p>(ii) Name of the landlord</p> <p>(iii) Address of the landlord</p> <p>(iv) Permanent Account Number of the landlord</p> <p>Note: Permanent Account Number shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees</p>		
2	Leave travel concessions or assistance		
3	<p>Deduction of interest on borrowing:</p> <p>(i) Interest payable/paid to the lender</p> <p>(ii) Name of the lender</p> <p>(iii) Address of the lender</p> <p>(iv) Permanent Account Number of the lender</p> <p>(a) Financial Institutions(if available)</p> <p>(b) Employer(if available)</p> <p>(c) Others</p>		
4	<p>Deduction under Chapter VI-A</p> <p>(A) Section 80C, 80CCC and 80CCD</p> <p>(i) Section 80C</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>(g)</p> <p>(ii) Section 80CCC</p> <p>(iii) Section 80CCD</p> <p>(B) Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-A.</p> <p>(i) section.....</p> <p>(ii) section.....</p> <p>(iii) section.....</p> <p>(iv) section.....</p> <p>(v) section.....</p>		
Verification			
I,.....son/daughter of..... do hereby certify that the information given above is complete and correct.			
Place.....		(Signature of the employee) Full Name	
Date.....			
Designation.....			