

I HEREBY UNDERTAKE THAT I WILL INVEST THE AMOUNT IN THE FOLLOWING
SCHEME FOR GETTING REBATES IN INCOME TAX DURING THE FIN.YEAR 2019-20
AND FOR THE A.Y. 2020-21

INVESTMENTS U/S - 80 C

- | | | |
|---|--|------------------------------------|
| 1 | COLLEGE PROVIDENT FUND A/C | Rs. _____ |
| 2 | NEW PENSION SUBSCRIP. (Appointed on or after 1.1.04) | Rs. _____ |
| 3 | DELHI UNIV. SAVING LINKED GROUP INSURANCE | Rs. _____ |
| 4 | L.I.C. PREMIUM OR DEDUCTION FROM SALARY | Rs. _____ |
| 5 | PUBLIC PROVIDENT FUND | Rs. _____ |
| 6 | N.S.C. | Rs. _____ |
| 7 | U.LIP | Rs. _____ |
| 8 | ANY OTHER INVESTMENT WHICH ENTITLED FOR
REBATE U/S 80 C | Rs. _____ |
| 9 | SCHEME U/S 80 D 100% REBATE FOR MEDICLAIM
ANY OTHER REBATE U/S 80 G | Rs. _____ |
| 10 | REBATE U/S 80 U FOR PHYSICALLY DISABLE PERSON
please submit the required certificate in this regard. | Rs. _____ |
| 11 | PLEASE STATE WHETHER YOU ARE STAYING IN A
RENTED HOUSE OR NOT ALSO MENTION THE RENT AMT. | Yes/No. Rs. _____ |
| <p>If yes, state the following/ with documentary proof i.e. rent
receipt for the all month
(If there is any change in above rent during the said
period, please submit the revised rent receipts immediately)</p> | | |
| | | Residential _____
Address _____ |
| <p>PAN of your landlord is also required for getting rent rebate
as it is mandatory</p> | | |
| 3. | H.R.A.rebate claimed is on sharing basis or not. | Yes/No. Rs. _____ |
| 12 | INTEREST ON LOAN FOR HOUSE BUILDING ADVANCE
FOR SELF OCCUPIED PROPERTY (Please attach the
documentary proof) section 24(b) | Yes/No. Rs. _____ |
| 13 | Salary received from the previous employer during
this year before joining this Institution, if any,
(Please attach the salary certificate) or any other income. | Rs. _____ |

Dated : _____

SIGNATURE OF THE EMPLOYEE _____

FULL NAME
(In Capital letters)
DEPARTMENT

Mobile No.:-

IMPORTANT NOTE :-

Rebate on salary/allowance/deposit will be given only the investment made out of your

PERFORMA FOR SPOUSE INFORMATION FOR THE FIN.YEAR 2019-20

1. Name & Designation : _____
With Department : _____
2. Name of Spouse : _____
Is Spouse in Govt./Pvt. Service : YES/NO
3. If "Yes", Name of Office. : _____

4. Post Held. : _____
5. Name of Married/unmarried :

Name	D.O.B.	Relation
Children's and other Dependent		
Family Members		
6. Whether Staff Qr. Allotted : YES / NO
Residential address : _____

I certify that information mentioned above is correct and true.