

साहा इंस्टिट्यूट ऑफ न्यूक्लियर फिजिक्स
SAHA INSTITUTE OF NUCLEAR PHYSICS
सेक्टर-I, ब्लॉक-ए.एफ, विधाननगर / Sector-I, Block-AF, Bidhannagar
कोलकाता-700 064 (भारत) / Kolkata-700 064 (India)

(PENSION SECTION)


CIRCULAR

No.SINP/Pension-section/03/2021-22/

12th March, 2021

SUB: Submission of Saving Declarations

All pensioners of this Institute are requested to submit their Tax Saving Declaration (Exemption, Other Income, etc.) as per the specific format (Declaration Form is available below) to Pension Section within 31st October, 2021 for the purpose of Income Tax Calculation of FY. 2021-22.


Registrar
15.03.2021



साहा इंस्टिट्यूट ऑफ न्यूक्लियर फिजिक्स SAHA INSTITUTE OF NUCLEAR PHYSICS

DECLARATION BY SINP PENSIONERS REGARDING CLAIM OF ELIGIBLE DEDUCTIONS/EXEMPTION UNDER PROVISIONS OF THE INCOME TAX ACT, 1961 DURING THE FINANCIAL YEAR 2021 – 22 (Old Regime)

INSTRUCTIONS:

1. This sheet is to be submitted to Pension Section by every individual urgently.
2. Please enclose documentary evidences/certificates wherever required in support of each claim of deductions/exemption.
3. In case of any claim where payments are proposed to be made in due course, please give under taking for submission of documentary evidence. In case of failure to do so, onus for any increase in Tax liability due to rejection of any claim lies with the pensioners concerned.
4. Please sign Verification, undertaking and certificate at the end of the sheet.

1. PARTICULARS OF PENSIONERS:

NAME : _____ PAN NUMBER: _____

ADDRESS: _____

2. PARTICULARS IN CASE DEDUCTION SOUGHT UNDER OTHER SECTIONS OF CHAPTER VI-A:

i) MEDICAL INSURANCE PREMIA PAID (U/S 80D): Documentary evidence should be enclosed.

Name of the Insurance Scheme	Name, Age and relation of the person with the Pensioner	Policy Number	Date of Payment	Amount paid (Rs.)

ii) PARTICULARS IN CASE OF DEDUCTION SOUGHT UNDER SECTION 80C OF CHAPTER VI-A TOWARDS INVESTMENTS/SAVINGS MADE DURING THE YEAR (Aggregate deductions under this section are allowed to the extent of Rs.,1,50,000.00): Documentary proofs should be enclosed.

Sr. No.	Nature of Savings	Policy No./Receipt No./Certificate No. Acknowledgement Slip No.	Name of the bank/ Institution/Company	Date of Payment	Amount Paid (Rs.)
1.	Life Insurance Premium				
2.	U LIC/PLI (Post Office)				
3.	PPF				
4.	Approved/Notified Pension Scheme Investments				
5.	Tuition Fees Paid (limited to two children)				
6.	NSC				
7.	Mutual Fund /ELSS				
8.	5-Year Fixed Deposit				

9. Particulars of Housing Loan for deduction u/s 80(C)			
Sr. No.	Particulars	Amount (Rs.)	Remarks
	Amount of Loan		
	Date when loan taken		
	Date of completion/possession of House		
	Purpose for loan: First purchase/Resale Purchase/Construction/Renovation/Repairs		
	Name of the Financial Institution: Government/Bank etc.		
	Amount of loan (Principal) Repaid during the year 2021-22		
	Address of the Property for which loan availed		
Note	1) Documentary proof i.e. completion/occupation/possession certificate (if claiming for the first time) should be enclosed. A copy of the registered agreement/sale deed may also be submitted. 2) If the house purchased/constructed is in joint name with spouse and/or children necessary declaration should be submitted.		

VERIFICATION, CERTIFICATE & UNDERTAKING

1. I certify that the above particulars furnished by me are true and correct to the best of my knowledge and belief.
2. I undertake to produce original documentary evidences/certificates in respect of the above claims preferred by me on or before **31.10.2021**. Onus of rejection of any claim for want of original documentary evidence/certificate lies with me.
3. I certify that I shall continue to pay Insurance Premium regularly in order to keep the policies in force.
4. I certify that the house property for which rebate is being claimed will not be transferred/disposed off till 31.03.2022.

Signature with Date: _____

Name of the Pensioner: _____

CERTIFICATE / UNDERTAKING

I undertake to produce original documentary evidences/certificates in respect of the above claims preferred by me before _____. Onus of rejection of any claim for want of original documentary evidence/certificate lies with me.

Signature with Date : _____

Name of the Pensioner: _____