

**TOP SHEET FOR SUBMISSION OF SELF ATTESTED PHOTOCOPIES OF
TAX SAVING INVESTMENTS DOCUMENTS FOR F.Y. 2024-25**

[BEFORE FILLING THIS FORM PLEASE READ CAREFULLY THE MEMORANDUM ANNEXED WITH THIS FORM]

1. Employee Code (as per pay-slip): _____ PAN : _____
2. Name: _____
3. Designation: _____ Department: _____
4. e-mail id: _____ Mobile No. _____

- I have opted for OLD/NEW regime for computation of income tax for F.Y.2024-25
(Strike out which is not applicable)
- In case one opts for NEW regime, no need to fill up the data for proposed savings as listed below

5. NSC purchased during the FY 2024-25: ₹. _____

6. Deduction for HBL:

a) From Calcutta University: Principal: ₹. _____ b) Interest: ₹. _____

**** Please collect Certificate from HBL Section, Audit & Accounts Section, Calcutta University.**

b) From C.U. Co-operative Society: Principal: ₹. _____ b) Interest: ₹. _____

c) From Other funding Agency: Principal: ₹. _____ b) Interest: ₹. _____

- In case of HBL, interest certificate issued by the funding agency is needed to be submitted. PAN of the loaner /Funding Agency must be mentioned in the certificate.
- Statement of loan account/photocopies of bank pass book will not be accepted.
- In case of co-borrowing, benefit will be proportionately distributed among all the co-borrowers unless declaration of other co-borrowers denouncing the benefit is submitted.

7. L.I.C. Premium Paid: ₹. _____

8. P.P.F. Deposit: ₹. _____

9. LIC Pension Funds: ₹. _____

10. ULIP Premium Paid: ₹. _____

11. P.L.I. Premium Paid: ₹. _____

12. E.L.S.S.: ₹. _____

- In case of LIC Premium, submit photocopies of Premium paid receipt and attach a separate tabular sheet stating Policy No., Name of Policy Holder, Relation with Incumbent, Date of commencement, Sum Assured, Mode of Payment.

Policy No.	Name of Policy Holder	Relation With Incumbent	Date of Commencement	Sum Assured	Mode of Payment (Yearly/Quarterly /Monthly)	Total Annual Premium

13. Tuition Fees: ₹. _____ (Either receipts of fees paid during the Financial Year or certificate from school be accepted. Bank statement/photocopy of Bank Pass Book would be ignored)

14. Tax Saver Term deposit with Bank: ₹. _____

15. Sukanya Samriddhi Yojana for Girl Child: ₹. _____

16. National Pen. Sch. (Max. 50,000/-): ₹. _____ [U/S 80CCD(1B)]

17. Premium paid for Mediclaim Policy ₹. _____ (U/S 80D)

18. **Premium paid for dependent Parents ₹. _____ (U/S 80D)

** in case of premium paid for dependent parents, premium amount must be shown separately in the certificate.

19. Interest on repayment of Higher Education Loan ₹ _____ (U/S 80E)

20. Donation to **Calcutta University, Chief Minister Relief Fund and Prime Minister Relief Fund** only: ₹ _____
(U/S 80G)

21. Others (please specify) _____ ₹. _____

22. For claiming deduction u/s 80EE/80EEA (for additional deduction of interest paid on house building loan repayment) please submit relevant documents as per Income Tax Law

Amount of claim ₹. _____

Total nos. of Photocopies submitted: _____ Nos.

Declaration

I hereby solemnly declare that I have no objection if the D.D.O. of Calcutta University deduct appropriate tax from my salary/pension of May, 2025 or any available month of 2025 along with interest of 1.5% per month as arrear tax for F.Y. 2024-25 in case of my failure to submit the copies of documents as mentioned in previously submitted Tax Savings Proposal Form.

Signature verified by HOD with Seal & Date

Full Signature of the Employee with date

Received _____ Nos. Photocopies by: _____ Dated _____

Submission period: 01/01/2025 to 31/03/2025