

**Application for Other Savings for the Computation of Income Tax for the
Year _____**

1. a) Name of the employee :
 b) Designation :
 c) Division/Workshop/Unit :
 d) Staff No. :
 e) PF No. :
 f) Bill Unit No. :
 g) PAN No. :

2. a) Residential Address :

b) Whether residing in own house or rented: Own house/rented house

c) If rented house indicate the amount of rent paid yearly :

(Rent receipt to be enclosed)

4) Details of deductions under Section 80 C/80 CCC :

(Maximum amount permitted under this section is limited to Rs. 1,00,000)

a) Insurance policies

Sl. No.	Name of the Insurance Company	Policy No.	Premium Amount paid	Date of payment of premium

b) Tuition fees paid to school/college(Limited to 2 children)

Sl. No.	Name of the child	Class/ Std	Name of School/ College	Amount of Tuition fees paid	Date of payment

- c) Details of other savings u/s 80 C viz, :
NSC, PPF, ULIP, ELSS, Tax Savings
Fixed Deposit etc.
- d) Details of repayment of loan(Principal) :
for House building for the year

5) Details of investment in Infrastructure :

Bonds u/s 80 CCF (Maximum Rs. 20,000)

6) Details of earnings /loss on property for the year

- a) Income from house property (gain) :
- b) Loss from house property (interest) :
- c) Whether housing loan borrowed :
- d) Date of loan availed :

7) Details of Deduction under Chapter VI. A

- a) Mediclaim u/s 80 D :
- b) Expenditure incurred on medical treatment,
training and rehabilitation of Handicapped Dependent :
- c) For permanent disablement u/s 80 U :
- d) Amount paid as interest on loan borrowed from financial institution for higher education - u/s
80 E :

8. Details of any other savings permissible under IT Act.

(Photo copy of Documentary proof as required are to be enclosed along with this form)

I declare that all the particulars shown above are true , correct and complete to the best of my knowledge.

Place:

Date:

Signature of the employee