

**DECLARATION FOR OTHER SAVINGS FOR THE COMPUTATION OF INCOME TAX**  
**FOR THE YEAR 2021 – 22**

1. a) Name of the Employee :  
 b) Designation :  
 c) Office / Station / Depot / Shop :  
 d) Contact No. (Office / Mobile No.) :
2. a) PF No. :  
 b) Bill Unit Number : 0606  
 c) **PAN** Number :
3. a) Residential Address :  
 b) Indicate whether residing in own house or rented house :  
 c) If rented house, indicate the amount ₹ at rent being paid monthly :  
 (Rent receipt is to be enclosed)
4. Details of deduction under 80C / 80CCC :  
 (Maximum amount admissible for deduction is ₹ 1,50,000 only)  
 a) Insurance Policies:

Sl. No.	Name of the Insurance Company	Policy No.	Premium Amount Paid	Period of quarterly, half yearly & whole year for which premium paid	Total Amount
01.					
02.					
03.					
04.					
05.					
06.					
<b>Total</b>					

- b) Tuition fees paid to School / College (Limited to 2 Children only)

Sl. No.	Name of the Child	Class / Std	Name of School / College	Amount of tuition fee paid	Date of payment

- c) Indicate the details of other savings particulars viz., NSC-VIII, PPF, NSS-92, ULIP, Post Office Time Deposit – Rule 1981, etc., :
- d) Details of repayment of loan made towards HBA (Principal) through financial institution for the year 2020- 21 : ₹

5. Details of earnings / loss on property for the year **2021-2022:-**
- a) Income from house property (gain) :
  - b) Loss from house property (interest) : ₹
  - c) Whether housing loan borrowed :
  - d) Date of loan availed :
6. Details of deduction under Chapter – VI A
- a) Mediclaim u/s 80D (Maximum ₹. 15,000) :
  - b) Expenditure incurred on medical treatment, training and rehabilitation of Handicapped Dependent – u/s 80DD :
  - c) For Permanent physical disablement – u/s 80U :
  - d) Amount paid as interest on loan borrowed from financial Institution for Higher Education–u/s 80E :
7. Details of any other savings permissible under IT Act :

**(Photo copy of documentary proof as required under IT Act for the savings / expenditure for the items 4 to 8 shown above are to be enclosed along with this Declaration form without fail)**

8. In case, no savings details are furnished under item No. 4 to 8 above, the employee is to indicate whether any subscription of VPF is required to be deducted from salary and if so, indicate the amount of VPF to be recovered from salary :

The particulars furnished by me vide item 1 to 7 above are true, correct and complete to the best of my knowledge.

Place : Salem **Signature of Employee** :

Date : **Name (in capital letters)** :

**PF No.** :

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Forwarded to Sr.DPO/SA for information and further action please.

Office Seal

Signature of Supervisory Official

Name of the Supervisor:

Designation / Station: