

## गार्गी महाविद्यालय GARGI COLLEGE



## दिल्ली विश्वविद्यालय/University of Delhi

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दिनांक 21.10.2024

## सूचना/NOTICE

सभी शैक्षणिक एवं गैर-शैक्षणिक कर्मचारियों को सूचित किया जाता है, यदि कोई कर्मचारी आयकर की पुरानी कर व्यवस्था के अनुसार 2024-25 के आयकर की गणना करवाना चाहता है तो कृपया कर संलग्न प्रोफार्मा के साथ बचत के प्रमाण संलग्न कर 12.11.2024 से पहले लेखा विभाग से संपर्क करें।

All the teaching and non-teaching staff are hereby informed that if any employee wish to calculate his/her income tax under old tax regime for the financial year 2024-25: Please submit attached proforma alongwith tax saving proofs to the Accounts Department latest by 12.11.2024.

प्रधानोंचार्या/Principal

GARGI COLLEGE: SIRI FORT ROAD NEW DELHI - 110 049. Proforma to be filled in and submitted to the Account Section for the purpose of Income Tax Calculation 2024 -25. Last date of submission the proforma is 12.11.2024. PAN NO. (Compulsory) Date of birth (Compulsory) year\_\_\_\_\_ Months \_\_\_\_\_ days\_\_\_ Age as on 31/3/2024 1. Are you paying rent for your house? If yes, give residential address along with rent agreement, PAN No. of land lord and statement of transaction of rent (Rent amount. \_\_\_\_\_ Address \_\_\_\_\_ 2. Are you paying House building Loan (if yes, attach a copy of loan paid certificate and a copy of possession letter) *Rs.*\_\_\_\_\_ i) Interest Amount ii) Principal Amount : Rs. 3. Have you received any salary from the previous employer during this year before joining this Rs. College? Please attach salary certificate. Rs. Any other Income from D U 4. (Such as evaluation, Examination) Investment made under Sec. 80C (Rs. 1,50,000/-) attach a photocopy of proof 5. a) L.I.C. premium paid during this f/y Rs. *Rs*. \_\_\_\_\_ b) Public Provident Fund (PPF) c) National Saving Certificate Rs. d) Mutual Fund/ULIP Rs. e) Tuition fees (attach photocopy of fee slip) Rs.\_\_\_\_\_ a) Medical treatment of Handicapped Sec. 80DD *Rs*.\_\_\_\_ 6. b) Medical Insurance under Sec. 80D Rs. 7. Other Savings Rs.

Note:- Without valid proofs the rebate will not be given.

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(Signature of employee)

Name ......

Deptt. .....

Date ......

Mob No. .....