

I HEREBY UNDERTAKE THAT I WILL INVEST THE AMOUNT IN THE FOLLOWING
SCHEME FOR GETTING REBATES IN INCOME TAX DURING THE FIN.YEAR 2017-18
AND FOR THE A.Y. 2018-19

INVESTMENTS U/S - 80 C

- 1 COLLEGE PROVIDENT FUND A/C Rs. _____
- 2 NEW PENSION SUBSCRIP. (Appointed on or after 1.1.04) Rs. _____
- 3 DELHI UNIV. SAVING LINKED GROUP INSURANCE Rs. _____
- 4 L.I.C. PREMIUM OR DEDUCTION FROM SALARY Rs. _____
- 5 PUBLIC PROVIDENT FUND Rs. _____
- 6 N.S.C. Rs. _____
- 7 U.LIP Rs. _____
- 8 ANY OTHER INVESTMENT WHICH ENTITLED FOR REBATE U/S 80 C Rs. _____
- 9 SCHEME U/S 80 D 100% REBATE FOR MEDICLAIM ANY OTHER REBATE U/S 80 G Rs. _____
- 10 REBATE U/S 80 U FOR PHYSICALLY DISABLE PERSON
please submit the required certificate in this regard. Rs. _____
- 11 PLEASE STATE WHETHER YOU ARE STAYING IN A RENTED HOUSE OR NOT ALSO MENTION THE RENT AMT. Yes/No. Rs. _____

If yes, state the following(with documentary proof i.e. rent receipt for the all month
(if there is any change in above rent during the said period,please submit the revised rent receipts immediately) Residential Address _____
PAN of your landlord is also required for getting rent rebate as it is mandatory

3. H.R.A.rebate claimed is on sharing basis or not. Yes/No. Rs. _____
- 12 INTEREST ON LOAN FOR HOUSE BUILDING ADVANCE FOR SELF OCCUPIED PROPERTY (Please attach the documantory proof) Yes/No. Rs. _____
- 13 Salary received from the previous employer during this year before joining this Institution, if any, (Please attach the salary certificate) or any other income. Rs. _____

Dated : _____

SIGNATURE OF THE EMPLOYEE

FULL NAME
(In Capital letters)
DEPARTMENT

Mobile No.:-

IMPORTANT NOTE :-

Rebate on a/c of above savings/deposits will be given only the investment made out of your salary income and on production of documentary evidence.

PERFORMA FOR SPOUSE INFORMATION FOR THE FIN.YEAR 2017-18

1. **Name & Designation** : _____

With Department : _____

2. **Name of Spouse** : _____

Is Spouse in Govt./Pvt. Service : **YES/NO**

3. **If "Yes", Name of Office.** : _____

4. **Post Held.** : _____

5. **Name of Married/unmarried** : **Name** **D.O.B.** **Relation**

**Children's and other Dependent
Family Members**

6. **Whether Staff Qr. Allotted** : **YES / NO**

Residential address : _____

I certify that information mentioned above is correct and true.

Signature of employee

Date: