

COLLEGE OF ENGINEERING, PUNE

5, Wellesly Road, Shivaji Nagar, Pune 411005

INVESTMENT DECLARATION FORM - F.Y. 2017-18*(To be used to declare investment that will be made during the period from 01/04/2017 to 31/03/2018 for Income Tax purpose)***PERSONAL INFORMATION (ALL FIELDS ARE MANDATORY)**

1	NAME (Capital Letters)	
2	GENDER	
3	DESIGNATION	
4	DEPARTMENT	
5	DATE OF JOINING	
6	DATE OF BIRTH	
7	PAN NO (Attach Photo Copy)	
8	MOBILE NO	

A INCOME FROM OTHER SOURCES

SR NO	PARTICULARS	AMOUNT/RS
1	Interest earned on Saving Bank Account	
2	Interest earned on Fixed Deposit	
3	Other Source of Income (Please specify)	
	Total	

B HOUSE RENT PAID (For Staff receiving "HRA" Exempted as per Rule)

SR NO	RENT PAID DURING APR 2017 TO MAR 2018	RENT PAID PER MONTH	NO OF MONTHS	TOTAL AMOUNT/RS
	Please attach rent agreement and rent paid receipts			

C HOUSE RENT PAID (For Staff not receiving "HRA")

SR NO	RENT PAID DURING APR 2017 TO MAR 2018	RENT PAID PER MONTH	NO OF MONTHS	TOTAL AMOUNT/RS
	Please attach rent agreement and rent paid receipts			

D HOUSING LOAN INTEREST - (Elegible Limit upto 2,00,000/-)

SR NO	NAME OF THE FINANCIAL INSTITUTE	DATE OF POSSESSION	HOUSING LOAN SANCTIONED	INTEREST PAID AMOUNT

E INVESTMENTS U/S 80C, 80CCC & 80CCD (Elegible Limit upto - 1,50,000/-)

SR NO	PARTICULARS	AMOUNT/RS
1	Accrued Interest on NSC	
2	Public Provident Fund (PPF)	
3	Life Insurance (LIC)	
4	National Savings Certificate (NSC)	

5	Repayment of Principal Housing Loan Instalment (Excluding Salary Deduction)	
6	Unit Linked Insurance Plan (ULIP)	
7	Mutual Funds notified u/s 10(23D)	
8	Children Tuition Fee - Only Tuition fee for Two Children only	
9	Term Deposits (for minimum 5 years with a Scheduled Bank)	
10	Equity Linked Saving's Scheme - (ELSS)	
11		
12		
13		
	Total	

F OTHER INVESTMENTS / DEDUCTIONS

SR NO	PARTICULARS			AMOUNT/RS
1	Mediclaime Policy - Individual, Spouse & Children			
2	Preventive Health Check-up- Max 5,000			
3	Mediclaime Policy - Parents			
4	Repayment of Interest on Higher Education Loan			
5	Permanent Physical Disability - Self (Attach copy of Certificate)			
6	Permanent Physical Disability - Dependant (Attach copy of Certificate)			
7				
8				
	Total			

G TRANSFER IN STAFF - (FROM OTHER INSTITUTE TO COEP)

SR NO	NAME OF THE INSTITUTE / EMPLOYER	TOTAL SALARY RECEIVED	TOTAL INCOME TAX DEDUCTED
	PREVIOUS EMPLOYMENT DETAILS (LPC DETAILS)		

SELF DECLARATION

1.	I hereby declare that the information given above is correct and true in all respects. I am also aware that the institute will be considering the above details in utmost good faith based on the details provided by me and that I am personally liable for any consequences arising out of errors, if any, in the above information.
2.	I am also aware that making a false statement / declaration in the above form shall be liable to be fined and prosecution u/s 277 of the Income Tax Act, 1961
3.	The proof of Other Income / investments / Deductions for calculation of Income Tax, will be provided latest by 31st DECEMBER 2017 . <u>If I fail to submit the declaration within stipulated period of time, please deduct my balance Income Tax equally during the remaining months. I will claim my tax refund from Income Tax Department through my Income Tax Return.</u>
4	I am also aware that the investments declared in above form are direct investments and not reflected in my monthly salary. There is no possibility of duplication of investments.
5	After considering declaration of investments, balance income tax payable will be equally deducted from my monthly salary payable to me.

Date :

Signature of the Declarant