



INDRAPRASTHA COLLEGE FOR WOMEN
University of Delhi
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Tel. : 23954085, 23962009 FAX : 23976392

No. IPC/Accounts/2014/70/12

December 10, 2014

CIRCULAR

All Teaching Staff appointed on Guest/ Ad-hoc basis are requested to inform as per pro-forma attached in writing, for claiming income tax rebates/ deductions etc. with self attested copies of the same for the Financial Year 2014-15 for computation of Income Tax for the Assessment Year 2015-16. Self attested copy of PAN card is also required from those who have not yet submitted.

The above mentioned information must be submitted to the Accounts Section latest by **22nd December 2014** for necessary tax deduction as per rules.

(Dr. Babli Moitra Saraf)
Principal

Encls.: As above.

Copy to

- All Notice Boards
- Staff Room
- ✓ ➤ College Website
- Guard File

INDRAPRASTHA COLLEGE FOR WOMEN : DELHI

Saving Plan

Form for declaration of other Income and claiming exemption/deduction for the purpose of computation of Income Tax for the financial Year 2014-15.

NAME : _____ PAN _____

A. EARNINGS

1. SALARY	Rs. _____
2. PENSION	Rs. _____
3. EXAMINATION REMUNERATION	Rs. _____
4. OTHERS	RS. _____
TOTAL	Rs. _____

B. DEDUCTIONS

1. TRANSPORT ALLOWANCE	Rs. _____
2. MONTHLY RENT PAID	Rs. _____
3. INTEREST PAID ON H.B.A.	RS. _____
4. DEDUCTION U/S 80D/80-E/80-G/80U	RS. _____
TOTAL	Rs. _____

C. GROSS TAXABLE INCOME

Rs. _____

D. DEDUCTION U/S 80 C (MAXIMUM RS. 1,50,000)

1. PROVIDENT FUND / NPS	Rs. _____
2. GROUP INSURANCE	Rs. _____
3. LIFE INSURANCE PREM.	Rs. _____
4. P.P.F.	Rs. _____
5. N.S.C.	Rs. _____
6. REFUND OF HOUSING LOAN	Rs. _____
7. TUTION FEE	Rs. _____
8. I.C.I.C.I / IDBI BONDS/MUTUAL FUND	Rs. _____
9. PENSION (UPTO RS. 10,000)	Rs. _____
10. ANY OTHER	RS. _____
TOTAL	Rs. _____

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F.	NET TAXABLE INCOME	Rs. _____
G.	TAX PAYABLE	Rs. _____
	EDUCATION CESS	Rs. _____
	TOTAL TAX PAYABLE	RS. _____
	LESS : DEDUCTED	Rs. _____
	BALANCE TAX	Rs. _____

LAST DATE OF SUBMISSION -

15.09.2014

Undertaking

I hereby undertake that in case I fail to comply with the above noted information, any penalty or interest to be levied by the Income tax authority on you that shall be paid by me without demur in relation to the above noted information and default thereto.

Signature _____
Name _____
Designation _____
Department _____
Residence Address _____
Mobile No. _____
Land Line No. _____