ICMR - NATIONAL INSTITUTE OF NUTRITION

Tarnaka, HYDERABD - 500 007

INCOME TAX DECLARATION FOR THE YEAR 2023-24 (ASSESSMENT YEAR 2024-25)

In order to calculate the Income Tax by the Pay Bills Section, the staff member is hereby requested to furnish the required/ revised information against the columns indicated in *block letters* only.

All columns are to be filled in by his/ her own handwriting.

| F | PAN_ | (Pl. provide photo copy) | _ | | Emp. Pay Slip No Internal Phone/Cell No | | | | | | |
|-----|---|---|-------------|-----------------------------------|--|---------------------|-------------------|--------------------|--|--|--|
| T | ax Ca | lculation (please t | tick one op | otion) | Option - I | | Option- | -II | | | |
| _ 1 | . Na | me in full (no initials | | | | | | | | | |
| | | Name & Des | ignation | | Surname | | | Date of Birth | | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| 2. | Cor | mplete Residential / | Address (wh | nere currentl | y living): | | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | | | | | | |
| | | | | | | PI | N Code : | - | | | |
| | | | | | | | | | | | |
| 3. | Spo | use employment o bloyed: | | Name : Designation Office : | | | | | | | |
| 4. | Cic., | ils of Insurance Pol (receipts must be a | llached) | than Salary I | Recoveries. | /PF/NSC/Ba | ank FDs (| Tax Saver 5Yrs.) | | | |
| | SI. No. | Name of the policy holder | Relati | OUSHID | irm Name/ Policy No. | Premium M/Q/HY/Y | Date of Renewa | | | | |
| | i. ii. | | | | | | | | | | |
| | iii. | | | | | | | | | | |
| | iv. | | | | | | | | | | |
| | V. | | | | | | | | | | |
| 5. | Doto | ile of commediate | | | | | | | | | |
| J. | Details of accrued interest earned from SI. No. Certificate No Term | | Date | Amount | | | crued Interest | | | | |
| | | | | K | | ye | ear wise (Rs.) | | | | |
| | | | | | | | | | | | |
| 6. | Tuitio | n Fee naid (analass | roccinto - | onica) | | | | | | | |
| 0. | SI. No. | n Fee paid (enclose Name of the | | | | | | s/year Amount paid | | | |
| | , 40. | | | | | , 0/2 | co, year | p.a. (Rs.) | | | |
| | | | | | | | | | | | |

| 7. | . [| Details of House Rent paid. | Rent paid per month : Rs |
|-----|-----------------------|--|--|
| | Ν | lame of the House Owner: | |
| | | | months for which IT exemption is claimed) |
| 8. | Det 1 | ails of House Building Advance . Address of the house : | e (HBA) taken from Office (through ICMR only). |
| | 2. | . Date of loan taken : | |
| 9. | 1° fro | or Mortgage : Details of House om HDFC, LIC Housing Financ | e Building Advance (HBA) other than office. (HBA loan taker ce etc.,) |
| | a. | Name of the house owner | : |
| | b. | Relationship with the house owner (If other than employee) | |
| | C. | Address of the house | : |
| | d. | Name of the Bank/Institution | : |
| | e. | Date of loan taken | |
| | Pri | incipal Amount Rs | p.a. Interest Amount Rs p.a. |
| 10. | 2 ⁿ | ^d Mortgage : Details of House om HDFC, LIC Housing Financ | e Building Advance (HBA) other than office. (HBA loan taken se etc.,) |
| | a. | Name of the house owner | : |
| | b. | Relationship with the house owner (If other than employee) | : |
| | C. | Address of the house | : |
| | d. | Name of the Bank/Institution | |
| | e. | Date of loan taken | : |
| | Prir | ncipal Amount Rs | p.a. Interest Amount Rs p.a. |

| 11. | Educational Loan details(80E): 10(23C) of Govt. of India) | eligible for State/ Cen | tral | recognized institutions under Section |
|-------|---|--|---------------|--|
| | a. Name of the student | : | | |
| | b. Present employment details of the student | ; | | |
| | c. Name of the course | : | | |
| | d. Period of the course | : From | | To |
| , | Name of the e. college/University with full address | | | |
| | f. Date of loan taken | : | | |
| , | g. Name of the Bank | : | | |
| | Interest Amount of | on education loan paid | Rs. | |
| 12. | Amount of Income earned from towards Honorarium, Fee, valua (provide details) | : | Rs. | |
| 13. | Rental income per year | | | |
| 14. | Whether the official proceeded a If yes, Income earned/ received | | : | Rs. |
| 15. | Any other information pertaining 80DD (Exemption allowed only t submitted). | : | Rs. | |
| 16. | Any other savings/ relaxations (peridence) | provide documentary | : | Rs. |
| | Any income earned pertaining to informed earlier | previous years if not | : | |
| | Other information, if any | | : | Rs. |
| | | | | |
| 1. | fied that : Above tax exemptions (eg. LI spouse/ parents/ children/ brother the above information given by | ners. | | not claimed by anybody else viz., the best of my knowledge. |
| Hydei | rabad – 500 007 Signature of t | ne employee : _ | | · |
| Date | Name (in bloc | k letters) : _ | | |
| Note: | The tax deduction will be made every more amount arrived as per previous year ca | nth i.e., from March to Februar culation / declaration statem | y (12 ent. | months) as per IT rules depending upon the tax In this connection the staff member is hereby |

requested to verify the actual figures personally with Pay Bills Section before 31st January, 2024 for final payment/ calculation of Income Tax.

Tax exemption is given if savings are not withdrawn before 31st March of the current financial year

TO BE OBTAINED FROM THE BANK FROM WHICH EDUCATION LOAN IS AVAILED

| 1. Name of the applicant | : | | | | | | |
|--|--------------|--|--|--|--|--|--|
| 2. Name of the student | : | | | | | | |
| 3. Relationship with the student | -: | | | | | | |
| 4. Name of the course & duration | ; | | | | | | |
| College/ Institution/ University & full address | ; | | | | | | |
| | | | | | | | |
| 6. Amount sanctioned | : | | | | | | |
| 7. Date of loan sanctioned | : | | | | | | |
| 8. Interest paid during F.Y. 2023-24 | : | | | | | | |
| Signature of the B | ank Manager: | | | | | | |
| Name : | | | | | | | |
| Designation | | | | | | | |
| Note: Education Loan interest is exempted from Income Tax for recognized institutions/colleges notified as per Govt. of India under Section - 23C. | | | | | | | |
| Signature of the loan applicant | | | | | | | |
| | | | | | | | |





आई सी एम आर - राष्ट्रीय पोषण संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार ICMR - National Institute of Nutrition Department of Health Research, Ministry of Health and Family Welfare, Government of India

INCOME TAX DECLARATION FOR THE YEAR 2023-24 (ASSESMENT YEAR 2024-25) (UNDER OPITION-I / OPTION-II)

Option-I: (Under OLD TAX REGIME):

| INCOME | TAX RATES |
|--|--|
| Upto Rs. 2,50,000/- | NIL |
| Rs.2,50,001/- to Rs. 5,00,000/- | 5% of the total income exceeding Rs. 2,50,000/- |
| Rs.5,00,001/- to Rs.10,00,000/- | Rs.12,500/- + 20% of the total income exceeding Rs. 5,00,000/- |
| Above Rs.10,00,000/- Plus Cess @ as applicable | Rs.1,12,500/- + 30% of the total income exceeding Rs. 10,00,000/- |

Option-II: (Under NEW TAX REGIME):

| INCOME | TAX RATES | | | | | | |
|----------------------------------|-----------|--|--|--|--|--|--|
| Upto Rs. 3,00,000/- | NIL | | | | | | |
| Rs.3,00,001/- to Rs. 6,00,000/- | 5% | | | | | | |
| Rs.6,00,001/- to Rs.9,00,000/- | 10% | | | | | | |
| Rs.9,00,001/- to Rs, 12,00,000/- | 15% | | | | | | |
| Rs.12,00,001/- to 15,00,000/- | 20% | | | | | | |
| Rs. 15,00,001/- and above | 30% | | | | | | |

Plus cess @ as applicable.

| I hereby declare that Inco | me Tax for the year 2023-24 (Assessment year 2024-25) may be by me (Pl. write Option – I Or Option–II) | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Further, I agree for the deduction of the Income Tax as applicable as per the option in c increase / decrease of Annual income after the date of exercising the option. | | | | | | | | |
| | Signature: | | | | | | | |
| Place: | Name of the Employee: | | | | | | | |

Date:

Pay Slip No.

Designation:

Name of the Employee:

FORM NO. 10BA

[See rule 11B]

Declaration to be filed by the assessee claiming deduction under section 80GG

| I/We | | | | (N | lame of | the a | ssesse | e with | h perm | anent ac | count | number |) do |
|------------------|------------|--------------------------|------------|----------|-----------|-------------------------------|--------------------------|-----------|----------------|------------|--------|--|------------|
| hereby premis | / certi | fy that | during | the | previou | s y | ear | | | | осс | | the |
| | *** | | | | | | | | | | | A CONTRACTOR OF THE PARTY OF TH | (full |
| addres | s of the p | oremise) fo | r the purp | ose of m | ny/our o | vn res | sidenc | e for a | period | of | | _months | and |
| | | | | | | | | | | | | | |
| Dr/Shr | i/Mrs/Ms | | | | | (N | lame a | and co | mplete | address | of the | landlord | 1). It |
| | | ed that no o | | | | | | | II Eccloropace | | | | ., |
| (a) | me/my | spouse/n | | | | | | | | assessee | | | at nere |
| | I/we ord | inarily resid | le/perform | duties o | of office | or emp | oloyme | ent or o | carry o | n business | or pr | ofession, | , or |
| (b) | | any other ned u/s 23(| | | | n in m | у оссі | ıpation | , the va | alue of wh | ich is | to be | |
| | | | | S | ignature | of the | emplo | oyee: | | | | | |
| | | | | | Full na | me in t | the cap | oital let | ters : | | | | |
| | | ***** | ***** | ***** | **** | · ት ት ት [‡] * | اندل بالديات بالديات | | | 5 | | | |
| | | | | | | | · ·· · · · · · · · · · · | ጥጥጥጥችን | `~*** | ***** | * | | |

PRACTICE NOTES

This Form prescribes the format for a declaration which is to be filed by the assessee claiming deduction for payment of rent under section 80GG.

The assessee should not be a person who is in receipt of house rent allowance under clause (13A) of section 10.

The declaration has to be filed every year in which deduction is claimed and should be appended to the return of income.

Documents in evidence of payment of rent of residential accommodation should be preserved which may prove helpful to assessee during assessment proceedings.

It may be noted that the new Forms of Income-tax Return (ITR 1 to ITR 8) are not to be accompanied with any other document including any statutory form or report of audit which is otherwise required to be furnished before the due date or along with the return for making any claim. The provisions of the law shall be deemed to have been complied with in respect of the requirement of the filing of the attachments or reports along with the return. No penalty shall be initiated/levied for not furnishing such documents
