

EAST COAST RAILWAY

- Name of Declaration Regarding:
- i) Payment of Life Insurance Premium
 - ii) Ownership of Motor Car etc. used for purposes of employment and
 - iii) Period of leave, if any availed during whole of a month from 1-3-93 onwards and
 - iv) Payment towards CTD etc.

Ref:- Rly. Bd's letter No. E(X)I-88/23/3, dt/ 5.9.88. Estt. Srl. No. 246/88, dated 10.10.1988.

- (1) I name _____ Designation _____
Station _____ do hereby declare that I held Insurance Policy details of which are given on the reverse and a total sum of Rs. _____ has to be paid towards premium by me during _____. In case discontinuance of any Policy within the financial year undertake to inform the Pay Bill compiling Office accordingly.
- (2) I am residing in my own house/rented house/dependents house in a rented house and paying rent of Rs. _____ P.M. (actual rent of the premises).
(Those who are residing in Railway Quarters or rented Rly. Houses, need not give declaration on this item).
- (3) I hereby declare that I have 10 years/15 years Post Office Saving Bank Deposit (CTD) Account of Rs. _____ details of which are given on reverse.
- (4) I do hereby declare that my D/Children/Brother/Sister is studying for diploma Degree/Post Graduate Course in medicine (including surgery and Obstetrics) Architecture Engineering Technology and Business Management or for any other Degree for Post Graduate Course.

Dated: _____

PAN No. _____

PF No. _____

Signature : _____

Name : _____

Designation : _____

Office : _____

RESIDENTIAL ADDRESS:

Name of Insurance Company	No. of Policy	On whose Life Insurance was made	Amount of Premium paid yearly	Remarks
(1)	(2)	(3)	(4)	(5)

Post Office Savings Bank (Cumulative Time Deposit) Rule, 1955.
Unit Trust, ULIP etc., Public Provident Fund, NSC & NSS.

Name of Office	Post Book No.	In whose name the book was made	Amount paid yearly	Remarks
(6)	(7)	(8)	(9)	(10)

Signature of the employee

INCOME TAX RULES, 1962

FORM NO. 12 C

(See Rule 26B)

Form for sending particulars of income under section 192(2B) for the Ending 31ST March' 20

1. Name and address of the employee:
2. Permanent Account Number:
3. Residential status:
4. Particulars of income under any head of income other than "Salaries" (not being a loss under any such head other than the loss under the head "Income from house property") received in the financial year:

- | | | |
|-------|---|---------|
| (i) | Income from house property
<i>(In case of loss, enclose computation thereof)</i> | Rs..... |
| (ii) | Profit and gains of business or profession: | Rs..... |
| (iii) | Capital gains | Rs..... |
| (iv) | Income from other sources: | |
| | (a) Dividends: | Rs..... |
| | (b) Interest: | Rs..... |
| | (c) Other incomes: | Rs..... |
| | (Specify) | |
| | Total | Rs..... |

5. Aggregate of sub-items (i) to (iv) of item 4: Rs.....

6. Tax deducted at source (enclose certificate (s) issued Rs.....

Place:

Date:

Signature of the employee

Verification

I do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today the day of 20

Place:

Date:

Signature of the employee

STATEMENT OF COMPUTATION OF LOSS ON HOUSE PROPERTY

A	Income from House Rent		
B	Property Tax		
C	A minus B		
D	Maintenance (30% of C)		
E	C minus D		
F	HBA interest paid *		
G	Loss/Income on House Property (E minus F)		

* Note : Interest as certified by the employer.

1. Name :
2. PAN :
3. Address of the house property :
4. Whether independently or jointly :
owned with some other person(s).
5. If jointly owned mention the :
share of the assesses.
6. Whether self occupied or let out :
on rent(detail to be furnished).
7. Loan availed if any (name of Bank :
amount of installment & date of
receipt of loan)
8. Date of completion of house. :

Signature of the employee

Verification

I, _____ do hereby declare that what is stated above is true to be best of my knowledge and belief. Verified today, the _____ day of _____

Place:

Date:

Signature of the employee