



भारत सरकार / GOVERNMENT OF INDIA

डॉ. राम मनोहर लोहिया हॉस्पिटल

स्नातकोत्तर चिकित्सा शिक्षण एवं अनुसंधान संस्थान, नई दिल्ली

Dr. Ram Manohar Lohia Hospital,

Postgraduate Institute of Medical Education and Research, New Delhi - 110001



INCOME TAX DEDUCTION FORM FOR THE FINANCIAL YEAR 2024--25

(To be filled by the employee in their own handwriting)

In order to finalized the income tax calculation for the year 2024-25 the following information may be made available in Accounts Section along with photocopy of PAN number and original documents.

(All photocopies must be self- attested)

Please Select Tax Deduction Scheme: **OLD REGIME/SLABS* - () SAVINGS BENEFIT**

NEW REGIME/SLABS* - () NO SAVINGS BENEFIT

1. Name and Designation:
2. Emp Code*: Emp. Pan Card No *
3. Address *
4. Policy Name. Policy No. Installment Amount with Period Yearly/claimed Amount
(a) _____
(b) _____
(c) _____
(d) _____
(e) _____
5. Tuition Fees (PM/Qtr) + Rs..... Total Rs.....(Annual)
6. N.S.C/ULIP
7. Home-Loan(Rs.)..... Claimed-Interest.....
Claimed Principle
- (Copy of possession letter of home will be attached with the statement/certificate of HBA Int. and Principle of F.Y-24-25 and Office order, otherwise the benefit will not be provided.)
8. Higher Education Loan Int. (Copy of statement/certificate of Int. will be attached otherwise the benefit will not be provided)
9. Yearly/Claimed Rent Amount Rs..... Monthly Amount Rs.....
(If staying rented accommodation Rent Receipt and Affidavit will be attached, if rent more then . . .
. Rs.8333/- PM as per rule Photocopy of Rent Agreement and Rent Receiver PAN Card will be . . .
attached Otherwise the benefit will not be provided)

I hereby declare that all information provided in this tax saving form is correct to the best of my knowledge and belief. I understand that any discrepancies or inaccuracies may lead to penalties or legal consequences.

MOBILE NO.....

DEPARTMENT.....

(SIGNATURE OF EMPLOYEE)