

NATIONAL INSTITUTE OF MEDICAL STATISTICS (I.C.M.R.)
ANSARI NAGAR, NEW DELHI-110 029

DECLARATION FOR THE PURPOSE OF INCOME TAX

S.No.	Name	Designation	Pay Roll. No.
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1. Amount contributed towards:-

- (a) G.P.F. subscription per annum Rs. _____
- (b) Effect or to keep in force Institute Policies _____
- (c) Certified that the above policy/policies is/are not financed by C.P.F. (Premium paid on policies which are going to mature during the assessment year are to be omitted).
- (d) Post Office Saving Bank/Commutative Time Deposit of 10 years and 15 years only Rs. ____ per annum

2. Amount received and expected to be received as :

- | | |
|--|-----------|
| (A) Over Time Allowance | Rs. _____ |
| (B) Honorarium | Rs. _____ |
| (C) Tuition fee and Laboratory fee reimbursement | Rs. _____ |
| (D) Children Education Allowance | Rs. _____ |

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3. (i) I am residing in my own house. Government Quarters/Rent free quarters.
- (ii) I am residing in a rented house and paying rent of Rs. _____ from _____ to _____

PLACE :
DATED :

SIGNATURE OF OFFICIAL

INSTRUCTIONS

- (A) The proforma completed in all respects should be handed over to Admn. Section on or before _____
- (B) The details regarding rent receipt, Insurance Policies and CTD account No. should be furnished in Column provided overleaf and in support thereof the relevant rent receipts, premium paid receipts in respect of private Insurance and the Pass book relating to C.D. Accounts produced for verification and record.

P.T.O.

FOR OFFICIAL USE ONLY

Rent Receipt for Rs. _____
For the month of _____ verified.

SECTION OFFICER/ADMN. OFFICER

Policy No.	Sum Assured	Amount of Premium per annum	Whether deducted at source/ remitted directly
1.	2.	3.	4.

Premium paid receipt verified.

1. C.T.D. Account No. _____
2. Branch of Post Officer verified _____

SECTION OFFICER/ADMN. OFFICER