Employee Name	Emp CodeP/	AN



अखिल भारतीय आयुर्वेद संस्थान

ALL INDIA INSTITUTE OF AYURVEDA (AIIA) (आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

Sub: - Submission of proof of savings in form 12BB for the Financial Year 2023-24

As undersigned is opting for <u>old/new tax regime</u>, eligible investments (in case if individual opt old tax regime) are (on A-4 size papers) enclosed herewith comprises Form 12BB for the Financial Year 2023-24, duly self-attested supported & enclosed documentary evidence(s) as per the following arrangements:

- 1. The enclosures are duly verified, serially numbered, matched with amount and indicated against relevant column of proof of saving annexure.
- 2. I certify that these savings have been made by me from my own salary income/sources during the period 1st April 2023 to 31st March 2024.
- **3.** Proof of the savings made and declared till 10th October, 2023 in Form 12 BB, are being submitted now.

4. Lunderstand that

- a. In view of the time constraint, late submission will not be considered in any case.
- b. If I am unable to submit the Form 12BB with self-attested saving proofs for the current savings by 10th October-2023, Due tax may be deducted from my salary for the month of October, 2023 onwards without any further intimation to me.
- c. The DDO will satisfy himself about the actual deposits/ subscriptions / payments made by me, by calling for such particulars/ information as he deems necessary before allowing the aforesaid deductions. In case the DDO is not satisfied about the genuineness of any deposit(s)/ subscription(s)/ payment(s) made by me, due tax will be deducted from my salary, and I would be free to claim the deductions/ rebates on such amount(s) by filing my return of income and furnishing the necessary proof etc., therewith, to the satisfaction of the Assessing Officer.
- **5.** I will be personally responsible to Income Tax Department, Govt. of India, for all information pertaining to income tax assessment.
- **6.** I certify that particulars furnished are true and correct to the best of my knowledge and belief.

Thanking you.

Enclosure: - 12BB

Yours faithfully;

Mobile No	Signature
Email ID	Name
Remark (if any)	Emp. Code

Employee Name	Emp CodePAI	1
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ALL INDIA INSTITUTE OF AYURVEDA (AIIA) (आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

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FORM NO.12BB (See rule 26C)

(See rule 26C)							
1. Na	me o	f the employee/ employee CODE):					
2. Permanent Account Number of the employee (PAN) (स्थायी खाता सं.):							
3. Fin	ancic	ıl year				2023-24	
4. Ple	ease C	Choose (TAX REGIME)		.D TAX REGIN		NEW TAX R	EGIME
		Details of claims a	ınd	evidence th	ereof		
SI No		Nature of claim (दावे का	प्रका	₹)	Amo	ount Evidence / Rs) particular	
(I) Employees, who are in receipt of house rent allowance (HRA) and want to get exempt HRA under section 10 (13A) in computing of total income, should furnish the followance:						· ·	
	i) ii)	Monthly rent In support of claim, please provide rent agreement; and monthly rent receipts House Owner Name Address Telephone No. PAN of House Owner Note: PAN of Landlord is mandatory to claim HRA rebate, if the aggregate rent paid during the year exceeds one lakh rupees					
	iv)	Address of House taken on rent	:				
	v)	Total Amount of rent paid / will be paid during the financial year 2023-24 (Enclosure No)	:	April-23 Aug-23 Dec-23	May-23 Sep-23 Jan-24	June-23 Oct-23 Feb-24	July-23 Nov23 Mar-24
		,					

Em	oloyee Name		Emp Code	PAN		
. <u>Inc</u>	ome from house property (Give full d	leta	ils)			
SI NO.	Particulars		Details		Enclosure No.	
01	Name of the owner & Co-owner of the House Property	:				
02	Address of House Property (Enclose documentary evidence)	:				
03	Whether it is a a. Purchase of ready built flat/house b. Semi-built up house; or c. Piece of land; on which house is constructed	:		76		
04	Whether Housing loan taken, if yes, a. Name & address of the bank/ Organization; & b. Date of loan (attach sanction / disbursement letter from bank)	:				
05	Permanent Account Number of the Lender	:				
06	Mention Date of Registry of the house property, date of physical possession of house along with completion certificate					
07	Whether the House Property Self-Occupied	:	Yes/No			
80	Whether any part of this House Property is let out during the financial year? If yes, give details.					
09	Housing Loan Interest Due/Paid/to be paid during the Financial Year ending 31st March 2024 (Attach prescribed certificate from Money Lender bank / Organization)					
10	Out of the above Housing Loan interest, how much is being claimed this year as deduction	:				
11	Whether Co-applicant is claiming any deduction from his/her Income	:				
12	Interest on HBA for Pre-construction period claimed during this year	:				
13	Source(s) for repaying the Housing Loan (Principal and Interest, both) In case of Co-owner/Co-borrower, Give full details about his/her employment / profession in a separate sheet	:				
15	House Property is declared in Annual Declaration of property statement to AlIA	:	Yes /	No		

⊨mpi	loyee ivame			Emp	Code	PAN	
3	Deduction under Ch	napter VI	-A	Amount (Paid up to 10.10.23)	Amount (to be Paid after 10.10.23)	Evidence / particular	
	(A) Section 80C,80CC	C and 80	CCD				
	(i) Section 80C						
	(a) LIC Premium						
	(b) Public Provident	Fund					
	(c) Contribution to N						
	superannuation func ULIP of UTI, LIC etc			·			
	(d) <u>Principal Repayn</u>						
	Payment by way of loan taken for purc						
	residential property						
	(e) 5-Yr post office ti						
	The Interest is entirely						
	(f) Fixed deposit for \$\) (under tax saving sch	-	more with	schedule bank			
	(g) Tuition fees to any l India for full time education o	Jniversity / Co		onal Institution in			
	(h)Sukanya Samriddl			ax. limit Rs. 1,50,000)			
	(i)National Savings C	ertificate	s, VIII / IX is	ssue			
	(j) Contributions to 'A						
	Eligible for Tax Deduction under sec			80CCD.			
	Investment in NPS:-			eduction of			
	50,000 u/s 80CCD (1b)	is over and	d above this	1.5 Lakh limit			
	(B) Other sections (e.g.80D,	80E, 80G,	80TTA, etc.) unde	er Chapter VI-A		
	(i) section 80D Healt	h Insuran	ce Policy F	Premium paid in	F.Y. 2023-24		
	Scenarios	Health	Insurance aid for &	Total Eligible			
		Maximum Deduction I	Tax	Amount			
	No One in your family has	Upto	Upto	50,000			
	attained 60 years of age	25,000	25,000				
	The eldest member in your family (yourself, spouse and	Upto	Upto	75,000			
	dependent children) is less than 60 years & your	25,000	50,000				
	parents (either mother or						
	father) are above 60 years The eldest member in your	Upto	Upto	1,00,000			
	family (yourself, spouse and dependent children) has	50,000	50,000	1,00,000			
	attained 60 years & your		20,000				
	parents (either mother or father) are above 60 years						
	(ii) Any Other Eligible Claim						
4	Income from any O	ther Sour			<u> </u>		
			Un	dertaking			
	· · ·	J aul- 1 -			ا ا مام	a and E. He - LH	o informs =: !!
given	son/c above is complete ar						
claimed by me.							
Place							
Date					(Signature of Full Name:	of the employe	ee)
Dosign	action		Ton Name.				