

MOST URGENT
DATE BOUND

GOVT. MEDICAL COLLEGE & HOSPITAL, CHANDIGARH
(ACCOUNTS BRANCH)

1. The Additional Director (Admn.),
2. The Medical Superintendent,
3. All the HODs,
4. The Deputy Controller (F&A),
5. Assistant Controller (F&A)-I&II,
6. Assistant Registrar (Academic),
7. O.Suptd. (E-I, E-II, E-III, E-IV), OS(Estate Br.), OS(HA-I), OS(HA-II)
8. OS(PB-I), OS(PB-II), Stores Officer, SO(A), SO(IAC), Legal Cell, RTI Cell.
9. Nursing Supdt., Pharmacy Supdt., Librarian, Chief Dietician, Computer Programmer, Supervisor Comm., DPE,
10. PA to Director Principal, PA/Medical Superintendent, PA/Addl. Director (Admn.), PA to DC(F&A),
11. College of Nursing

Memo No. GMCH/AC(F&A)-I/DDO/2017/ 36245-55
Dated, Chandigarh the 08 SEP 2017

Subject: Deduction of Income Tax at Source(TDS) under Sub Section 1 of Section 192 of Income Tax Act, 1961 for the Financial Year 2017-2018 and Assessment Year 2018-2019.

Reference to the subject cited above.

The Income Tax Department, Chandigarh Circle, on various occasions has drawn our attention and emphasized the need for deduction of Income Tax at Source on the estimated income of the employee, on proportionate basis from the salary of the staff under Sub Section 1 of Section 192 of Income Tax Act, 1961 followed by punitive action in case of non-compliance.

The Income Tax, needs to be assessed by the faculty and other staff members of this institute for the financial year 2017-18 and assessment year 2018-19 so as to enable this office to deduct the Income Tax on the estimated income of the employee on proportionate basis. The requisite proforma for declaring income from other sources and savings/proposed savings is attached herewith so as to enable the faculty/staff members (assessee) to fill the said proforma.

You are, therefore, again requested to direct all the officers/officials working under your control, to fill up the requisite information, in the prescribed format (copy enclosed) and forward the same to the Accounts Branch **on or before 31.10.2017 positively, failing which this office will be constrained to deduct the advance payment of income tax so calculated on their respective income, without allowing the benefit of saving or otherwise.** It may also be brought to the notice of all the concerned officers/officials that non-compliance shall attract penalty as well as prosecution proceeding under I.T.Act, 1961.

This may please be treated as '**MOST URGENT/DATE BOUND**'.

Assistant Controller (F&A)
Govt. Medical College & Hospital,
Sector-32, Chandigarh.

GOVERNMENT MEDICAL COLLEGE AND HOSPITAL, SECTOR 32, CHANDIGARH
FORM FOR SUBMITTING PARTICULAR OF INCOME AND SAVINGS PROOF FOR THE PURPOSE
OF CALCULATING INCOME TAX DURING THE FINANCIAL YEAR 2017-18

1	PERSONAL DETAILS		
	Full Name in Block Letter		
	Father's Name		
	Designation		
	PERMANENT ACCOUNT NUMBER (PAN)		
	EMPLOYEE CODE (New & Old)		
	Department		
	Date of Birth		
	Address		
	Cell Phone No.		
	Owned house/Hired accommodated (if hired the monthly rent paid (Rent receipt should be attached)		
2	Income from previous employer, if any		
3	Income from House property		
	a) Rent received/receivable/commercial property		
	b) Less standard deduction @ 30% of the rent		
	c) Less interest paid on borrowed capital for acquiring the said property during the financial year (HBA loan- Interest Amount)		
	d) (Education Loan – Interest amount)		
4	Deductions		
	i) Mediclaim (U/S 80D)		
	ii) Rent paid (U/S 80GG)		
	iii) Others (if any)		
	Total		
5.	Deductions U/S 80C, 80 CCC		
	i) GPF (TO BE FILLED BY OFFICE)		
	ii) NPS (TO BE FILLED BY OFFICE)		
	iii) GIS (TO BE FILLED BY OFFICE)		
	iv) Life Insurance Premiums		
	v) Pension Plans		
	vi) PPF		
	vii) NSCs		
	viii) Interest from NSCs		
	ix) Repayment of HBA (Principal amount)		
	x) Full time children tuition fee (upto 2 children)		
	xi) PLI		
6.	Any other scheme/savings notified by IT Deptt.		
	Total		
<p>(1) I hereby declared that the information given above are true and correct to the best of my knowledge and belief and nothing has been concealed therein.</p> <p>(2) I undertake to supply the documents in support of deductions/savings claimed above <u>before 31.10.2017</u>, otherwise office will be at liberty to deduct the income tax from salary without taking into account the relief in income tax on my proposed saving and I will have no objection to it.</p> <p>(3) I shall be personally responsible for furnishing the false information(s) and concealment of income/non-submission of any document any proofs in support of deductions claimed above.</p>			

Signature _____

Name _____

Designation _____ E. Code (old) _____

Employee Code (New) _____

Dated : _____

Department & Branch/Ward _____