

**G.B. PANT NATIONAL INSTITUTE OF HIMALAYAN ENVIRONMENT AND  
SUSTAINABLE DEVELOPMENT, KOSI-KATARMAL, ALMORA**

**PROFORMA FOR INCOME TAX PURPOSE**

1. Name & Designation of the Official .....
2. Department/ Section .....
3. Residential Address .....
- (Mention type of accommodation)
4. Income during the year 2020-21 .....
- (at source) including arrears
- Pay & allowances .....
- Any other income i.e. ....
- Honorarium received .....
- Fee/Remuneration etc., if any .....
5. Contribution by the official .....
- during the year 2020-21 alongwith
- documentary proof thereof

<u>Contribution towards</u>	<u>Policy/Certificate No.</u>	<u>Amount (₹)</u>
I. C.P.F.	.....	.....
II. C.P.F. ( Vol)	.....	.....
III. L.I.C.	.....	.....
IV. G.S.L.I.S.	.....	.....
V. NPS.	.....	.....
VI. P.P.F.	.....	.....
VII. NPS (VOL)	.....	.....
VIII. N.S.C. (VIIIth issue)	.....	.....
VII.S.S.L.I.C.	.....	.....
VIII. Interest accrued on N.S.C. (VIth issue & VIIIth issue)	.....	.....
<b><u>CERTIFICATE</u></b>	<b><u>AMOUNT</u></b>	<b><u>INTEREST</u></b>
<b>Date of issue and year with No.</b>		
Year: .....	.....	.....
<b>Total:</b>	.....	.....

IX . Any other investment please specify: -----

X. House building advance repayment: -----

(with date of occupation/possession thereon)

**6. HOUSE RENT:**

- (a) Whether residing own house -----  
or owned by husband/wife/parent/daughter/son
- (b) Whether residing in rented house, if so the rent -----  
Paid for the year w.e.f. 01.03.2020 to 28.02.2021  
**(Rent paid receipt should be enclosed)**
- (c) Whether he/she wants to split his/her arrears to -----  
the respective financial year for which the  
arrears relate.

**7. CERTIFICATE:**

- (a) Certified that may life insurance premium/postal life insurance premium are up-to-date and premium during the year 2020-2021 have been paid as stated on the reverse.
- (b) Certified that I shall fill-up my tax return for the income of 2020-21 with Tax Department separately.
- (c) Certified that may income is assessed with Assessing Officer and my **Permanent Income Tax Account Number is .....**

.....  
**Signature of the official**

**Date:**

**Name:**  
**Designation:**

**NOTE:** The original document for rebate is to be produced to the Accounts Section for verification. The actual saving made/to be made should be specified and self attested copy should be sent alongwith this Performa. In the absence of proof of saving no rebate will be allow as per the communication of Income Tax Department.