

**File No.:AIIMS-FIN/CIR(IT)/2/2024-Fin and Acc AIIMS MG
All India Institute of Medical Sciences
(Finance & Accounts Section)**

Room No. 230, Admin & Library Building
Mangalagiri – 522503
Dated: 27/05/2024

CIRCULAR

Sub: Furnishing of income tax savings / investments / deductions in Form No. 12 BB for the financial year 2024-25 (Assessment Year 2025-26).

All officials / staff of AIIMS Mangalagiri are hereby informed to furnish income tax savings / investment documents duly attested for the financial year 2024-25 (assessment year 2025-26) to this office latest by 15.06.2024 positively.

2. The saving certificates / receipts regarding expenditure being incurred towards house rent, LIC, PPF etc and other deposit scheme under Income Tax rule may invariably be submitted along with 12 BB Form (copy enclosed) as prescribed by the Income Tax Authorities inter alia mentioning liability of rent paid by them, to enable this office to take necessary action towards calculation of income tax liability and effect recovery accordingly.

3. In case of non-receipt of 12 BB form / assessment details / documents by above due date, Income Tax will be calculated according to the details available in pay bills and recovery will be made by this office. The certificate / statement issued by concerned bank should invariably be furnished for tax benefit in reference to interest on home loan etc. It is also required to provide possession certificate for HBA rebate. Those officials who wish to change tax regime option from default New-without exemption to old – with exemption should also be mentioned in 12 BB form.

4. The requisite information in the prescribed proforma may please be furnished through e-office receipt (electronic) to the undersigned.

5. This issues with the approval of competent authority.

Signed by

C Somasekhar

Date: 03-06-2024 13:36:28

(C Somasekhar)

Accounts Officer &

Drawing and Disbursing Officer

Encl: As above.

To:

1. TeamAIIMS, Mangalagiri
2. IT Cell - with a request to upload the Circular on Institute's portal.

Copy to for information:

1. PA to Director, AIIMS, Mangalagiri
2. DDA / FA / Dean / MS / SE / AO
3. Guard File.

FORM No. 12BB
(see rule 26C)

1. Name, Designation and address of the employee:				
2. Employee ID and Deptt.				
3. Permanent Account Number of the employee:				
4. Financial year:				
5. Tax Regime		<input type="checkbox"/> Old tax regime	<input type="checkbox"/> New Tax Regime	
Details of claims and evidence thereof				
SI No	Section	Nature of claim	Amount	Evidence /particulars
(1)	(2)	(3)	(4)	(5)
1	10(13A)	House Rent Allowance: (i) Rent paid to the landlord (ii) Name of the landlord (iii) Address of the landlord (iv) Permanent Account Number (PAN) of the landlord Note: PAN shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees		
2	24(1)(b)	Deduction of interest on housing loan borrowing: (i) Interest payable/paid to the lender (ii) Name of the lender (iii) Address of the lender (iv) Permanent Account Number of the lender (v) Financial Institutions(if available) (vi) Employer(if available) (vii) Others (Maximum up to Rs.2,00,000/- (Rs.3,00,000/- for senior citizen). Bank certificate is required to be furnished. Under construction /Self occupied / Let out [Please strike out whatever is not applicable] ** Claimed only after occupation of flat / house		
3	80EE	Additional deduction for Interest paid on housing loan Max. deduction up to Rs. 50,000/- (Housing loan not exceeding Rs. 35.00 lakh should be sanctioned during the FY 2016-17 to an assessee not having any other residential house to acquire / construct a house valued less than Rs. 50.00 lakh)		
4	80EE A	Additional deduction for Interest paid on housing loan Max. deduction upto Rs. 1,50,000/- (Carpet area should not exceed 645 sqft in metropolitan cities and 968 sqft in other cities. Loan should be sanctioned on or after 01.09.2019. Stamp duty value of the house property should be Rs 45.00 lakhs or less		
5	80C	<i>Particulars</i>	<i>Amount</i>	<i>Amount</i>
	(i)	PPF / GPF		
	(ii)	LIC (Certify that the policy / policies is/are paid by self only)		
	(iii)	Sukanya Samriddhi savings		
	(iv)	GIS / NSC		
	(v)	Tuition fees for full time education		

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		[excluding any development fee or donation or capitation fees]: for two children only.		
	(vi)	NPS (other than deducted by office)		
	(vii)	Post office time deposits / 5 year tax savings fixed deposits		
	(viii)	Repayment of principal amount of housing loan / HBA		
	(ix)	Any other allowed Investment if any, please specify		
	(x)	Additional deduction u/s. 80CCD(1B) (up to Rs. 50,000/-)		
		(Maximum deductions of up to Rs. 2,00,000/-)		
6	80D	<i>Particulars</i>		
	(i)	<u>For self / dependent children:</u> Medical Premium / payment on account of preventive health check-up, (max deduction upto Rs. 25,000/-, for senior citizen up to Rs. 50,000/-)		
	(ii)	<u>For parents:</u> Medical Premium / payment on account of preventive health check-up, (max deduction up to Rs. 25,000/-, for senior citizen up to Rs. 50,000/-).		
7	80D D	Expenditure on dependent with disability (Maximum deduction up to Rs.75,000/- for disability, and Rs.1,25,000/- for severe disability 80% and above).		
8	80E	Interest on a loan taken for higher education (for self, spouse and children) for first 8 years (No limit).		
9	80EE B	Deduction for Interest on Loan taken to Buy Electrical Vehicle during 01.04.2019 to 31.03.2023 (Maximum deduction up to Rs. 150,000/-)		
10	80G	Donations u/s 80 G in cash or cheque or draft [donation exceeding Rs.10,000/- should be made by cheque / draft / electronic mode]. Donation should be made only to specified Fund (Prime Minister's Relief Fund, Chief Minister's Relief Fund or Lt. Governor's Relief Fund). Original donation receipts & PAN of donee should be furnished.		
11	80G G	Rent paid in excess of 10% of total income for furnished / unfurnished residential accommodation (subject to maximum of Rs. 5,000 p.m. or 25% of total income, whichever is less)		
12	80U	On account of physical disability (Maximum deduction up to Rs.75,000/- for disability and up to Rs.1,25,000/- for severe disability 80% or more). Disability certificate to be furnished.		

Verification

I,....., son / daughter of..... do hereby certify that the information given above is complete and correct.

Place.....

Date.....

(Signature of the employee) Full Name