



वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद्  
COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH  
मानव संसाधन विकास समूह  
Human Resource Development Group

सी.एस.आइ.आर. कॉम्प्लेक्स  
इंस्टीट्यूट ऑफ होटल मैनेजमेंट के सामने,  
लाइब्रेरी एवेन्यू, पूसा, नई दिल्ली-110 012  
CSIR Complex  
Opp. Institute of Hotel Management  
Library Avenue, Pusa, New Delhi-110 012

संख्या .10-4(वेतन आयकर)/2024 -25  
No. 10-4(INCOME TAX)/2024-25

दिनांक :- 30-09-2024  
Dated :-30-09-2024

सूचना/Notice

**विषय: आयकर की पुरानी व्यवस्था के तहत वित्तीय वर्ष 2024-25 (निर्धारण वर्ष 2025-26) के लिए बचत घोषणा-संदर्भ। Savings declaration for Financial Year 2024-25 (Assessment Year 2025-26) under old regime of Income Tax –reg.**

सभी सीनियर रिसर्च एसोसिएट्स, जिन्होंने आयकर की पुरानी कर व्यवस्था का विकल्प चुना है, से अनुरोध है कि वे वित्तीय वर्ष 2024-25 (मूल्यांकन वर्ष 2025-26) के लिए संलग्न फॉर्म 12 बीबी (बचत की प्रति के साथ) में अपनी पूरी बचत घोषणा दिनांक 31.10.2024 तक प्रस्तुत करें। All the Senior Research Associates, who have opted for the old tax regime of Income Tax, are requested to submit their complete savings declaration for the Financial Year 2024-25 (Assessment Year 2025-26) in the attached Form 12 BB (along with the copy of savings) by the date 31.10.2024 via., e-mail at [sodstp@csirhrdg.res.in](mailto:sodstp@csirhrdg.res.in).

**आयकर की नई व्यवस्था चुनने वाले सीनियर रिसर्च एसोसिएट्स को संलग्न फॉर्म नहीं जमा करना है।**  
**SRA's opting for the new Income Tax Regime do not require to submit the attached form.**

  
(Ekalabya Bhargava)  
अनुभाग अधिकारी पूल  
Section Officer Pool

प्रतिलिपि/copy to :-

1. सभी को ई-मेल द्वारा/All concerned through e-mail.
2. सभी को इंटरनेट /All concerned through Intranet.

**FORM NO. 12BB**

[See rule 26C]

**Statement showing particulars of claims by an employee for deduction of tax under section 192**

1. Name and address of the employee:
2. [Permanent Account Number or Aadhaar Number] of the employee:
3. Financial year:

| <b>DETAILS OF CLAIMS AND EVIDENCE THEREOF</b> |  |              |                      |
|---|--|--------------|----------------------|
| Sl. No.                                       | Nature of claim  | Amount (Rs.) | Evidence/particulars |
| (1)   | (2)  | (3)          | (4)                  |
| 1.  | House Rent Allowance:<br>(i) Rent paid to the landlord<br>(ii) Name of the landlord<br>(iii) Address of the landlord<br>(iv) [Permanent Account Number or Aadhaar Number] of the landlord<br><br><b>Note :</b> [Permanent Account Number or Aadhaar Number] shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees |              |                      |
| 2.  | Leave travel concessions or assistance   |              |                      |
| 3.  | Deduction of interest on borrowing:<br>(i) Interest payable/paid to the lender<br>(ii) Name of the lender<br>(iii) Address of the lender<br>(iv) [Permanent Account Number or Aadhaar Number] of the lender<br>(a) Financial Institutions (if available)<br>(b) Employer (if available)<br>(c) Others  |              |                      |
| 4.  | Deduction under Chapter VI-A<br>(A) Sections 80C, 80CCC and 80CCD<br>(i) Section 80C<br>(a) .....<br>(b) .....<br>(c) .....<br>(d) .....<br>(e) .....<br>(f) .....<br>(g) .....  |              |                      |

|  |  |
|--|--|
| <p>(ii) Section 80CCC</p> <p>(iii) Section 80CCD</p> <p>(B) Other sections (e.g. 80E, 80G, 80TTA, etc.)<br/>under Chapter VI-A</p> <p>(i) section.....</p> <p>(ii) section.....</p> <p>(iii) section.....</p> <p>(iv) section.....</p> <p>(v) section.....</p> |  |
|--|--|

**Verification**

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

*Place* .....

*Date* .....

*Designation* .....

.....

*(Signature of the employee)*

*Full Name:* .....