



ANNUAL CTC DECLARATION

The below is required by SOTI to workout the CTC allowance as per Income Tax eligibility

I Acknowledge, understand , declare and agree that :

I am eligible for the Children Education Allowance

Yes ☐

No ☐

Number of Dependent Children

0 ☐ 1 ☐ 2 or more than 2 ☐

I have a physical disability in accordance with the Disability Act (1995)

Yes ☐

No ☐

I agree to submit an original signed copy of this declaration to the HR for drafting my CTC model. This is a one-time submission and can be changed only during next year's CTC revision.

Employee Signature: _____

Employee Name: _____

Date: _____