FORM No.-1

STATEMENT OF IMMOVABLE PROPERTY AS ON 31 DECEMBER' 201 L(e.g. LANDS, HOUSE, OTHER BUILDINGS etc.)

Name & Designation of the Officer	of the Property.	Precise location (Name of District, Division, Taluk & Village in which property is situated and also its distinctive number etc.)	Land (in case of land and	of land (in case of landed property)	interest.	If not in own name, state in whose name held & his/her relationship, if any to the Government Servant.	Date of acquisition	How acquired (whether by purchase, Mortgage, lease, inheritance, gift or otherwise) and name with details of person/persons from whom acquired (address and connection of the Government servant, if any, with the person/persons concerned). Please see note 1 below.	Value of the Property (see Note 2 below)	of the Sanction of	Total Annual income from the Property.	Remarks
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
							NIL					

Station: New Bellini

Date: 12-1-2015

Signature

Name

Designation:

(कमलजीत सिंह)
जन संपर्क अधिकारी
भारत सरकार
पर्व परिवार कल्याण मंत्रालय
सफदरजंब अस्पताल, नई दिल्ली