

EMPLOYEE CODE NO 20016404

STATE OF INDIANA

	2024
<u>SUBJECT TO TAX FOR THE YEAR ENDING DECEMBER,</u>	

STATEMENT OF INMOVABLE PROPERTY FOR THE YEAR ENDING DECEMBER 2017

NAME OF DECEDENT (OFFICIAL USE ONLY) LALIT GOSWAMI

FATHER'S NAME Manga Ram

4.	NAME OF OFFICER/OFFICIAL (IN FULL)	DATE	4. DATE OF BIRTH	PRESENT PAY (BP+GP)
	ASST C/O	15/03/1984	47600	

PERCENT POST HOLD ASO c/o DOV

3. PRESENT POST HOLD			C/O		D.O.V.		
NAME OF DISTRICT SUBDIVISION TERSEIL VILLAGE IN WHICH PROPERTY IS SITUATED	NAME & DETAIL OF PROPERTY HOUSING AND OTHER BUILDING	LANDS	PRESENT VALUE	IF NOT IN OWN NAME STATE IN WHOSE NAME HELD AND HIS/HER RELATION SHIP IF ANY TO THE GOVT SERVANT	How acquired (whether by purchase mortgage lease inheritance gift or otherwise) with date of acquisition & name with details of person/persons from whom acquired	ANNUAL INCOME FORM THE PROPERTY	Remarks
1.	2.	3.	4.	5	6.	7.	8.
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Dy Director CR Cell

DEI HI JAL BOARD

Dv. No.

Date 2011/7/12

Signature: _____

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Mobile No.:

NOT APPLICABLE CLAUSE TO BE STRUCK OUT

NOTE: - THE DECALARTION FORM IS REQUIRED TO BE FILLED IN AND SUBMITTED BY EVERY MEMBER OF CLASS (A & B) SERVICES UNDER RULE 18-(1) OF THE CCS (CONDUCT) RULES, 1964 ON 1ST APPOINTMENT TO THE SERVICE AND THERE AFTER AT THE INTERVAL OF 12 MONTHS GIVING PARTICULARS OF ALL IMMOVABLE PROPERTY OWNED, ACQUIRED OR INHERITED BY HIM OR HELD BY HIM ON LEASE OR MORTGAGE EITHER IN HIS OWN NAME OR IN THE NAME OF ANY MEMBER OF HIS FAMILY OR IN THE NAME OF ANY OTHER PERSON.