

FORM

2. NAME OF OFFICER / OFFICER'S NAME FOR THE YEAR ENDING DECEMBER

2. NAME OF OFFICER / OFFICIAL (IN FULL) LOKESH CHANDR GUPTA

4. PRESENT POST HOLD AF (CIVIL) 2. FATHER'S NAME CHANDR GUPTA

EMPLOYEE CODE NO.

2. FATHER'S NAME Shr S. C. Gupta

Present Pay (BP+Gp)

Dy. Director CR Cell
DELHI JAL BOARD
Dy. No. 707
Date .. 21/1/82

NOT APPLICABLE CLAUSE TO BE STRUCK OUT
IN CASE WHERE IT IS NOT POSSIBLE

THE DECLARATION FORM IS REQUIRED TO BE FILLED IN AND SUBMITTED BY EVERY MEMBER OF CLASS I & II (GROUP 'A' & GROUP 'B') SERVICE MEMBERS AFTER AT THE INTERVAL OF 12 MONTHS GIVING PARTICULAR OF ALL IMMOVABLE PROPERTY OWNED ACCORDING TO THE NAME OF ANY OTHER PERSON.

ON 1ST APPOINTMENT TO THE SERVICE AND THE
HER IN HIS OWN NAME OR IN THE NAME OF ANY