STATEMENT OF IMMOVABLE PROPERTY FOR THE YEAR ENDING DECEMBER 2024 FORM

1. NAME OF OFFICER/OFFICIAL (IN FULL) UTKARSH SHRIVASTAVA EMPLOYEE CODE NO. 20019636

2. FATHER'S NAME MR. RAMASHANKER SHRIVASTAVA

3. PRESENT POST HELD J.E.(C) C/o EE(EAP)-II

4. Date of Birth 28.05.1995 Present Pay(BP+GP)

NAME OFDISTRICT SUB-DIVISION, TEHSIL, 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 FROM THE PROPERTY	Remarks
1	2	3	4	5	6	7	8
			NIL				

Dy. Director CR Cell
DELHI JAL BOARD
Dy. No. 1110
Date 31.1.25

Signature

Dated 31-01-2025

Mobile No. 8982449902.

NOT APPLICABLE CLAUSE TO BE STRUCK OUT
IN CASE WHERE IT IS NOT POSSIBLE TO ASSESS THE VALUE ACCURATELY THE APPROXIMATE VALUE IN RELATION TO PRESENT CONDITIONS MAY BE INDICATED.

NOTE:- THE DECALARTION FORM IS REQUIRED TO BE FILLED IN AND SUBMITTED BY EVERY MEMBER OF CLASS I &II (GROUP 'A' & GROUP 'B') SERVICES UNDER RULE 18-(1) OF THE CCS (CONDUCT) RULES, 1964 ON Ist APPOINTMENT TO THE SERVICE AND THEREAFTER AT THE INTERVAL OF 12 MONTHS GIVING PERTICULARS 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.