

FORM NO.1

Statement of immovable property on first appointment as on the _____ (e.g., Lands, Houses, Shops, Other Buildings, etc)

Sl. No.	Description of property	The area of the plot or extent of the land and buildings	Value of the property as assessed by the Government	Whether the property is situated in a notified area or not	Whether the property is situated in a notified area or not	Whether the property is situated in a notified area or not	Whether the property is situated in a notified area or not	Whether the property is situated in a notified area or not	Whether the property is situated in a notified area or not	Whether the property is situated in a notified area or not
1.	-	-	-	-	-	-	-	-	-	
2.	-	-	-	-	-	-	-	-	-	

Date :


Signature

FORM No. II

Statement of liquid assets on first appointment as on the

(A) Cash and Bank Balances exceeding the prescribed limits.
 (B) Deposits, loans and investments (such as shares, securities, debentures, etc.)

S.No.	Description	Particulars of Depositor (Name etc.)	Particulars of Depositor	Particulars of Depositor	If not a new firm, name and address of person in whose name held and his relationship with the Government or P.W.D.	Amount in Rupees	Amount in Rupees	Amount
1								
2								
3								

Dated: _____


 Signature

FORM NO. III

Statement of movable property on first appointment

Asset No.

Sl. No.	Description of asset	Place or office of the holder of movable property acquired by purchase or by gift or by way of exchange or by any other mode of transfer, as the case may be, and the date of acquisition of the asset on the basis of which the asset is being reported.	If the asset is movable property, whether acquired by purchase or by gift or by way of exchange or by any other mode of transfer, as the case may be, and the date of acquisition of the asset on the basis of which the asset is being reported.	Total amount and description of the asset.	Remarks
1	—	—	—	—	—
2					
3					

Date :

Signature

Statement of Provident Fund and Life Insurance Policy on First Appointment as on the

1.	2.	3.	4.	5.
Sl.No.	Policy No. and date of policy	Name of Insurance Company	Sum insured/date of maturity	Amount of annual premium
1	154603951 31/8/2009	LIC	1,00,000/-	6569/-
2	152439189 23/7/2008	LIC	50,000/-	3209/-

Provident Fund

1.	2.	3.	4.	5.
Type of Provision (PF/PT/CP/Account No.)	Closing balance as last reported by the Audit/Accounts Officer (along with date of such balance)	Contributions made subsequently	Total	Remarks (if there is dispute regarding closing balance, the figures according to the Government records should also be mentioned in this column)

Date : 25/09/2011



Signature

