

# STATEMENTS OF IMMOVABLE PROPERTY FOR THE YEAR 2018 (CALENDER YEAR)

1. Name : YAMUNA.S  
 4. Group/Sub : MG/DAE HOSPITAL/  
 Group/Division/ GYNAECOLOGY  
 Section  
 7. Date of first : 23/06/1997  
 appointment in  
 GSO  
 2. IC NO : 50811  
 5. Service to : Group A  
 which the  
 Officer  
 belongs  
 8. Present :  
 Post held(  
 Design.)  
 3. Grade : NURSE/D  
 6. Date of : 23/06/1997  
 first  
 appointment  
 in DAE  
 9. Present : 75400/-  
 Pay(Rs.)

Name, Village, Taluk & District in which property is situated (Please give full postal address) with PIN Code	Name & Details of Property Housing & other land building (Please indicate Flat No/ Plot No./Survey No.) Area in Sq.ft	Present Value**	If not in own name, state in whose name held & his/her relationship to Govt. Servant	How acquired whether by purchase/lease ( includes short-term lease also) mortgage, inheritance, gift or otherwise with date of acqn. & Name with details of persons from whom acquired	Annual income from the property	Please indicate Ref No. & date of permission obtained
NIL	NIL	NIL	NIL	NIL	NIL	NIL

\* To be submitted in January in the following year. Signature S. Yammang Date: 18/1/19  
 Phone No. 84676

\*\* In case where it is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.



सासेसं (प्रशासन) GSO (Admin)  
 आवक सं. Inward No. ....152  
 दिनांक Date ....21/1)