

STATEMENTS OF IMMOVABLE PROPERTY FOR THE YEAR 2019 (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 : 80000/-
 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. Yernung Date: 6/1/2020
 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)
 आठक सं. Inward No. 62
 दिनांक Date 21/1/20