STATEMENTS OF IMMOVABALE PROPERTY FOR THE YEAR 2018 (CALENDER YEAR)

1. Name : 4. Group/Sub : Group/Division/ Section	UMARANI.MMG/DAE HOSPITAL/ GYNAECOLOGY			50808 Group A	3. Grade : NURSE/D 6. Date of : 16/06/1997 first appointment in DAE	
7. Date of first appointment in GSO	10,00,155		8. Present : Post held(Design.)		9. Prese 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		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
nu 3, lakshmi nagar, selaiyur village, tambram tk, kanchipuram dist	Flat nu:3, lakshmi nagar, selaiyur village tambram tk kanchipuram dist	20,25,000	own name	mrs. Ganesan MS no 5 vettri vinayagar koil st, anna nagar selaiyur, tambram	nil sef use	nil

^{*} To be submitted in January in the following year. Signature Mynth Str. 3341775.

Phone No.84676

Date: 10 - 1 - 19

तासेसं (प्रशासन) GSO (Adin...; आवक सं. Inward No. ...\?).. दिलांक Date

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