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STATEMENTS OF IMMOVABALE PROPERTY FOR THE YEAR 2019 (CALENDER YEAR)

1. Name : 4. Group/Sub : Group/Division/Section : 7. Date of first appointment in GSO	BARATHY.S MG/DAE HOSPITAL/ GYNAECOLOGY 17/04/1997			60796 Group A	3. Grad 6. Date first appoin in DA 9. Pres Pay(Rs	e of : 08/09/1987 tment E ent : 91100/-
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
133, P dot G Express Kundrathur	S/F:124 / I B NEW SF No.124/IBI as per Patta No. 5289	2861900	SELF	PURCHASE	NA	-

* To be submitted in January in the following year. Signature ______ . Karally Date: 6-1-20 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.

