(No)

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

1. Name 4. Group/Sub Group/Division/ Section	:	N. HASAN KADAR MG/DAE HOSPITAL/	2. IC NO : 5. Service to : which the Officer	52226 Group A	6. Date of first appointment	SO/C(M) 18/05/2016
7. Date of first appointment in GSO	:	18/05/2016	belongs 8. Present Post held(Design.)		in DAE 9. Present Pay(Rs.)	63100/-

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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	Value**	If not in own name, state in whose name held & his/her relationship to Govt. Servant	whether by purchase/lease (Annual income from the property	Please indicate Ref No. & date of permission obtained Y. *
NIL	NIL	N/A	N/A A	N/A	N/A	N/A

* To be submitted in January in the following year. Signature Phone No.85392

Date: 5/2/2020

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



1/2 Office 2000