## STATEMENTS OF IMMOVABALE PROPERTY FOR THE YEAR 2023 (CALENDER YEAR)

1. Name	: DEVI.P		2. IC NO : :	50817	3. Grad	le : NURSE/D
4. Group/Sub Group/Division/ Section	: MG/DAE HOSPITAL/ GYNAECOLOGY		5. Service to : 0 which the Officer belongs	Group A	6. Date first appoint in DA	tment
7. Date of first appointment in GSO	: 01/08/1997		8. Present : Post held( Design.)	9. Pres 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	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
NO. H69 Kurinji F6 Thiruvanmiyur chennai 41	Flat NO. H 69 RS 46,00000	4600000	Self	Purchase	Nil	Own use

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

\* To be submitted in January in the following year. Signature Phone No.85282

जावक सं. Inward No. २००१ तिवाक Date