STATEMENTS OF IMMOVABALE PROPERTY FOR THE YEAR 2024 (CALENDER YEAR)

1. Name

DEVI.P

2. IC NO 50817 3. Grade : NURSE/D

4. Group/Sub

MG/DAE HOSPITAL/

5. Service to: Group A 6. Date of : 01/08/1997

Group/Division/

GYNAECOLOGY

which the

first appointment

Section

GSO

Officer belongs

in DAE

7. Date of first appointment in

10. Date of Birth:

01/08/1997

28/05/1973

8. Present

9. Present : 92700/-

Post held(

Pay(Rs.)

Design.)

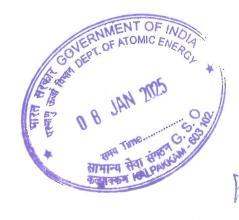
11. Date of:

31/05/2033

Retirement

Retirent						
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/	whether by purchase/lease (includes short- term lease also) mortgage, inheritance, gift or otherwise with date of acqn. & Name with details of persons from		Please indicate Ref No. & date of permission obtained
NO HEO Vininii	Flat NO. H 69	4600000	Self	whom acquired Purchase	Nil	Own use
NO. H69 Kurinji F6 Thiruvanmiyur chennai 41	RS 46,00000	400000	Pell	Purchase	1411	Own use

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



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