

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

1. Name : SELVAMANIS
 4. Group/Sub : MG/DAE HOSPITAL/
 Group/Division/ GYNAECOLOGY
 Section
 7. Date of first : 16/01/2006
 appointment in
 GSO
 10. Date of Birth : 24/01/1980
 2. IC NO : 52045
 5. Service to : Group A
 which the
 Officer
 belongs
 8. Present :
 Post held(
 Design.)
 11. Date of : 31/01/2040
 Retirement
 3. Grade : NURSE/D
 6. Date of : 16/01/2006
 first
 appointment
 in DAE
 9. Present : 90000/-
 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	Present 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
nil	nil	nil	nil	nil	nil	nil

* To be submitted in January in the following year. Signature S. Selvamani Date: 4/1/2025
 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.

