

INDIAN COUNCIL OF MEDICAL RESEARCH

STATEMENT OF IMMOVABLE PROPERTY RETURN FOR THE YEAR 2018 AS ON 01/01/2019

Bank Account No. _____
Bank's Name & Branch _____

1. Name of Officer _____ 2. Designation _____ 3. Division /Section _____ 4. Cont.No./Ext _____
(in block letter)

Name of District, Sub-Division, Taluk & Village or City in which property is situated (full location & postal address)	Name & Details of Property Housing, Lands and Other Buildings	Cost of construction /Acquirement (and year when purchased) including of land in case of house	Present Value *	If not in own name, state in whose name held & his/her relationship to the Govt. Servant	How acquired, whether by purchase, lease**, mortgage, inheritance, gift or otherwise with date of acquisition & name with details of person(s) from whom acquired.	Annual Income from property	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature : _____

Date : _____

Note

- 1) * In case where is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.
- 2) ** Includes short term leases also.
- 3) The declaration form is required to be filled in and submitted by every member of Class/ and Class II services under relevant provisions of Conduct Rules and the first appointment to the Service and thereafter, at the interval of every twelve months, giving particulars of all immovable property owned, acquired or inherited by him or held by him on lease or mortgage, either in his own name or in the name of any member of his family or in the name of any other person dependent on Government servant.
- 4) The wording 'No change or No addition or as in previous year' may be avoided and all details filed up.
- 5) The columns should be filled up neatly in capital letters.