FORM

Central Health Services

1. Name of Officer in full And service to which the Officer belongs. Present Post held
Present Pay

Central Health Services							
Name of District Sub-Division, Taluk and Village in which property is situated.	Housing & other Building	Details of Lands	Property Present value *	If not in own state in whose name held & his relationship to the Govt. Servant.	How acquired? Whether by purchase, leave @ mortgage % inheritance gift otherwise with date of acquisition & name with details of person from whom acquired	Annual Income from the property	Remarks
1.	2.	3.	4.	5.	6.	7.	8.

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

@ Includes short-term lease also.

% In applicable clauses to be struck out.

Signature:

Note : The declaration form is required to be filled in and submitted by every member of class-I and II service under rule 15(3) of the CCS (CONDUCT) Rules, 1964 first appointment to the service and thereafter at interval owned, acquired/or inherited by him or held by him on leave or mortgage, with either in his own name or in the name of any other person.