

THE SCHEDULE

[Sec. 18(1)]

Return of assets and liabilities for the year
terminating on 31st December 2010

1. Name of the Government servant in
Full (in block letters)

Giam Singh

2. Service to which belongs

Revenue

3. Total length of service up to date

(i) in Non-gazetted rank

(ii) in Gazetted rank

23-12-1983 to up to date

4. Present Post held and place of posting

patwari J. C. Jhisen

5. Total annual income from all sources during the
Calendar Year immediately preceding the 1st

January 2010 to 31st 2010

290000/-

6. Declaration:-

I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as
on..... to the best of my knowledge and belief, in respect of information due to be furnished by me
under the provisions of sub-rule(1) of Rule 18 of the Central Services(Conduct) Rules, 1964.

Date.....

Signature.....



FORM No. II


Statement of liquid assets as on the 31 December 2010

(1) Cash and Bank balances exceeding 3 months emoluments.

(2) Deposits, loans advances and investments (Such as shares, securities, debentures, etc.)

Sr.No.	Description	Name and Address of Company, Bank, etc.	Amount	If not in own name, name and address of person in whose name held and his/her relationship with the Government servant.	Annual income derived	Remarks
1	2	3	4	5	6	7
-	-	-	-	-	-	-

Date.....

Signature... 

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FORM No III

Statement of movable property as on the 31st December, 2000

Sr.No.	Description of items	Price of value at the time of acquisition and/or the total payments made up to the date of return as the case may be /in case of articles purchased on hire purchase of instalments basis	If not in own name name and address of the perso whose name and his/her relationship with the Government Servant	How acquired with approximate date of acquisition	Remarks
1	2	3	4	5	6
-	-	-	-	-	-

Date.....


Signature... 

FORM No.IV

Statement of Provident Fund and Life Insurance Policy as on 31st December, 2000

Insurance Policy				Provident Fund					
Sl. No.	Policy No. and date of Policy	Name of Insurance Company	Sum insured/date of maturity	Amount of annual premium	Type of Provident Funds/GPF/CPF Account No.	Closing balance as last reported by the Audit/Accounts Officer along with date of such balance	Contribution made subsequently	Total	Remarks (if there is dispute regarding closing balance, the figures according to the Government servant should also be mentioned in this column)
	No 150460675 28/9/95	L.I.C	28/9/2015	448/- 1075/-	G.P.F HP-12 4641	797000/-	8000/- monthly 797000/-	9	10

Date

Signature... 

2000

FORM No. A

Statement Debts and other Liabilities as on 31st December, 2000

Sr.No. 1	Amount 2	Name address Creditor 3	and of Date incurring Liability 4	of Details Transaction 5	of Remarks 6
—	—	—	—	—	—

Date.....

Signature 