

To, Registrar

CHE-514  
19/4/2018



विश्वेश्वरय्या राष्ट्रीय प्रौद्योगिकी संस्थान, नागपुर & 440 010 महाराष्ट्र  
VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR - 440 010 (India)

FORM No. I

STATEMENT OF IMMOVABLE PROPERTY FOR THE YEAR 20\_\_

1. Name of the Employee DR. C. RAVIKUMAR
2. Designation ASSISTANT PROFESSOR
3. Total length of service in V.N.I.T. (till date) 25/3/2015 - 18/4/2018 (3 years, 23 days)
4. Present pay (Basic) AGP Rs. 8000/-
5. Name of the district, sub-division, Taluka and Village in which property is situated. —
6. Name & details of property (Housing, Land, other buildings etc.) —
7. Present value Rs. —
8. If not in own name, state in whose name held and his/her relationship with the employee —
9. How the property is acquired? Whether by lease, mortgage, inheritance, gift or otherwise, with date of acquisition and name with details of person / persons from whom acquired —
10. Annual income from property Rs. —
11. Remarks NOT ACQUIRED ANY PROPERTY ON MY NAME / ANY OTHERS NAME

DECLARATION

I, hereby declare that the above information (from 1 to 11) is complete, true and correct as on 31.12.2017, 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 Central Services (Conduct) Rules, 1964.

Date: 18/4/2018

Dr. C. Ravikumar  
Signature: Dr. C. RAVIKUMAR