



FORM No. I

STATEMENT OF IMMOVABLE PROPERTY FOR THE YEAR 20 19

1. Name of the Employee Dr. M. Ghosal
2. Designation Associate Professor
3. Total length of service in V.N.I.T. (till date) thirty years five months
4. Present pay (Basic) _____
5. Name of the district, sub-division, Taluka and Village in which property is situated. N/A
6. Name & details of property (Housing, Land, other buildings etc.) Nil
7. Present value Rs. N/A
8. If not in own name, state in whose name held and his/her relationship with the employee N/A
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 N/A
10. Annual income from property Rs. Nil
11. Remarks Nil

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 : 9.1.19

Ghosal
Signature : Dr. M. Ghosal