

(1)

SWAMI'S - C.C.S (CONDUCT) RULES

(RULE-18)

THE SCHEDULE

(See Rule 18(1))

Return of Assets and liabilities on first appointment on the 31st December, 200__

| | | |
|----|---|---|
| 1. | Name of the Government servant in full (In block letters) | DR. DEEP KUMAR THAKUR |
| 2. | Service to which he belongs: | Animal Husbandry & Vety. Services. Class - I |
| 3. | Total length of service up to date | 7 yrs & months. |
| | (i) in Non-gazetted rank | - |
| | (ii) in gazetted rank | Gazetted |
| 4. | Present Post held and place of posting | Veterinary Officer Veterinary Hospital : Kataula, Mandi H.P. |
| 5. | Total annual income from all sources during the calendar year immediately preceding the 1 st January | 3,31,740/- |

DECLARATION

I hereby declare that the return enclosed namely Forms 1 to V are complete, true and correct as on 31.12.12 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: 27.2.13

Signature.

Dr. Deep K. Thakur
VETERINARY OFFICER
Incharge Vety. Hospital
KATAULA
Distt. Mandi (H.P.)

NOTE:

1. This return shall contain particulars of all assets and liabilities of the Govt. servant either in his own name or in the name of any other person.
2. If a Government servant is a member of Hindu Undivided Family with coparcenaries rights in the properties of the family either as a "Karats" or as a member, he should indicate in the return in Form No.1 the value of his share in such property and where it is not possible to indicate the exact value of such share, it's approximate value. Suitable explanatory notes may be added wherever necessary.

FORM No. 1

Statement of immovable property on first appointment as on 31.12.12

| Sl. No. | Description of property | Name of District, Division, Taluka and village in which the property is situated and also its distinctive member etc. | Area of land in case of land & building. | Nature of land (in case of landed property). | Extent of interest | If not own name in whose name | Date of acquisition. |
|---------|-------------------------|---|--|--|--------------------|-------------------------------|----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| a. | Land | V.P. Nagaruma | 3 Bigha: 4 biswa | Agriculture | - | a. sub Achhaei | -2012 |
| b. | Land | Teh: Joginder Nagar | 5 biswa | Land | - | Dev: (mother) | - |
| c. | Land. | Dist: Mandi H.P. | 1 Bigha + 1 Biswa | do + abadi sch. | - | b. c | - |

| How acquired | Value of property | Particulars of land | Total annual income from the property | Remarks |
|---------------------|-------------------|---------------------|---------------------------------------|-----------------------|
| 9 | 10 | 11 | 12 | 13 |
| a. In mother's name | 1,20,000/- | for cultivation | - | ⊕ In own family house |
| b. ancestral | 5,00,000/- | for building work | - | |
| c. ancestral | 1,50,000/- | for cultivation | - | |

Date: 27.2.13

NOTE:-

- For purpose of Column 9, the term "Lease" would mean a lease of immovable property from year to year or for any term exceeding one year or reserving a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government's servant, such a lease should be shown in this column irrespective of the term of the lease, whether it is short term or long term, and the period of the payment of rent.
- In column 10 should be shown: -
 - Where the property has been acquired by purchase, mortgage or lease, the price of premium paid for such acquisition.
 - Where it has been acquired by lease, the total annual rent thereof also; and
 - Where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired.

Signature: [Signature]
 VETERINARY OFFICER
 Incharge Vety. Hospital
 KATAULA
 Dist. Mandi (H.P.)

FORM - II

STATEMENT OF LIQUID ASSETS ON FIRST DAY OF APPOINTMENT AS ON 31.12.12

- (1) Cash and Bank balances exceeding 3 months emoluments.
- (2) Deposits, loans advances and investments (such as shares, securities, debentures, etc.)

| Sl. No. | Description | Name & address of Company, Bank etc. | Amount | If not in own name, name and address of person whose name held and his/her relationship with the Govt. servant. | Annual Income derived. | Remarks |
|---------|--------------------------------|--------------------------------------|---------|---|------------------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. | Fixed Deposit (31931355274) | SBI, GUMMA Mandi | 50000/- | sub Sumita | - | - |
| 2. | saving account 1152140001g | do - | 15000/- | in my name | | |
| 3. | PNB - Saving A/c | PNB, Kamara Mandi | 6000/- | do - | | |

Date: 31.02.12

Signature.

[Signature]
 SUPERVISORY OFFICE
 incharge Vety. Hospital
 KATAULA
 Dist. Mandi (H. P.)

NOTE:

- 1. In column 7, particulars regarding sanctions obtained or report made in respect of the various transactions may be given.
- 2. The term, "emoluments" means the pay and allowances received by the Government servant.

FORM No. III


STATEMENT OF MOVEABLE PROPERTY ON FIRST APPOINTMENT AS ON THE

31.12.12

| Sl. No. | Description of items. | Price or value at the time of acquisition and the total payments made up to the date of return as the case may be in case of articles purchased on hire purchase or installments basis | If not in own name, name and address of the person in whose name and his/her relationship with the Govt. servant. | How acquired with approximate date of acquisition. | Remarks. |
|---------|-----------------------|--|---|--|----------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| a. | Printer | 4000/- | - - - - - - - - - - J. Sub Sunita wife. | Nov/11 | - |
| b. | UPS | 2000/- | | Jan/12 | |
| c. | Micro Max Mohel | 500/- | | Jan/11 | |
| d. | LG | 10000/- | | | |
| e. | TV | 10000/- | | | |
| f. | Freeze | 8000/- | | Dec/2005 | |
| g. | Dinning table | 3000/- | | - do - | |
| h.) | Gold : 15.680 x 14 = | 95200/- | | - do - | |
| i.) | TV | 4000/- | | - do - | |
| j.) | Double bed : | 10000/- | | - do - | |
| k.) | Almirah | 4000/- | - do - | | |
| l.) | Bike (Bajaj) | | - do - | | |

Date: _____

Signature.
Jun/07


Dr. Deepak Thakur
VETERINARY OFFICER
Incharge Vety. Hospital

NOTE:

1. In this form, information may be given regarding items like jewellery owned by him (total value). (b) silver and other precious metals and precious stones owned by him not forming part of jewellery (total value); (c) (i) Motor cars (ii) Scooters/ Motor cycles; (iii) Refrigerators/Air-conditioners; (iv) Ratios/ Radiograms/ Television sets and any other articles, the value of which individually exceeds Rs.1,000/- (d) Value of items of movable property individually worth less than Rs.1,000/- other than articles of daily use such as clothes, utensils, books, crockery etc., added together as lump sum.
2. In column 5, may be indicated whether the property was acquired by purchase, inheritance and gift or otherwise.
3. In column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

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FORM NO. IV

STATEMENT OF PROVIDENT FUND AND LIFE INSURANCE POLICY ON FIRST APPOINTMENT AS ON 31.12.12

INSURANCE POLICIES

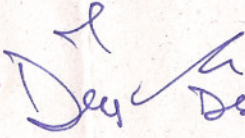
| Sl. No. | Policy No. & date of policy | Name of Insurance company. | Sum insured/ date of maturity. | Amount of annual premium |
|---------|-----------------------------|--------------------------------|-----------------------------------|--------------------------|
| 1. | 2. | 3. | 4. | 5. |
| a. | 01950061487 | Bajaj Allianz (in wife's name) | 2,00,000/- | 20000/- |
| b. | 153693768 | LIC | 5,50,000/- | 16989/- |
| c. | 740631288 | Max New York life | 2,00,000/- | - Discontinued. |
| d. | 15552755 | HDFC (Term policy) | NIL | Rs. 6838/- |

PROVIDENT FUNDS

| Type of Provident Funds/ GPF/ CPF with 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 Govt. servant should also be mentioned in this column). |
|--|--|--------------------------------|---------|--|
| 1. | 2. | 3. | 4. | 5. |
| PPF. | 18400/- | 500/- | 18900/- | - |

Date: 27.03.12

Signature


Dr. Deep K. Thakur.
VETERINARY OFFICER
Incharge Vety. Hospital
KATAULA
Distt. Mandi (H. P.)

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FORM NO. V

STATEMENT OF DEBTS AND OTHER LIABILITIES ON FIRST APPOINTMENT AS ON 31.12.12

| Sl. No. | Amount | Name and address of Creditor | Date of incurring liability | Details of Transaction | Remarks |
|---------|--------|------------------------------|-----------------------------|--|---------|
| 1. | 2. | 3. | 4. | 5. | 6. |
| 1. | - | No loan availed on my name. | - | Pay ^{rs} 6500/- worth for loan availed in the name of my wife (Acc No. <u>320 17206621</u>) | |

Date: 27.02.13

Signature

Deep
Dr. Deep K. Thakur
VETERINARY OFFICER,
Incharge Vety. Hospital
KATAULA
Distt. Mandi (H. P.)