

(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-VIVEK RATHOUR
2.	Service to which he belongs:	ANIMAL HUSBANDRY DEPARTMENT
3.	Total length of service up to date	25 years & Four Month's Join on dt.
	(i) in Non-gazetted rank	GAZETTED
	(ii) in gazetted rank	GAZETTED
4.	Present Post held and place of posting	VET. HOSPITAL SANDHOLE
5.	Total annual income from all sources during the calendar year immediately preceding the 1 st January	3,00,000/-

DECLARATION

I hereby declare that the return enclosed namely Forms 1 to V are complete, true and correct as on 31/12/2012 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: 1/3/2013


Signature Veterinary Officer
Veterinary Hospital
Sandhole Distt. Mandi

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.

2

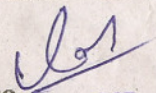
FORM No. 1

Statement of immovable property on first appointment as on 31/12/2012

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

How acquired	Value of property	Particulars of land	Total annual income from the property	Remarks
9	10	11	12	13

Date: 1/3/2013

Signature 
Veterinary Officer
Veterinary Hospital
Chandore Dist. Mandi H.B.

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 Governments 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 periodicity 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.

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FORM - II

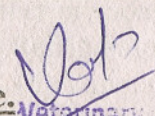
STATEMENT OF LIQUID ASSETS ON FIRST DAY OF APPOINTMENT AS ON

31/12/2012

- (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
	Saving BANK Account 2099000407011319	PMB Sandhole	1,60,000	—	—	—

Date: 1/3/2013

Signature: 
 Veterinary Hospital
 Sandhole Distt. 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.

(4)

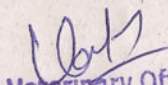
FORM No. III

STATEMENT OF MOVEABLE PROPERTY ON FIRST APPOINTMENT AS ON THE

31/12/2012

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
J	Gold Jewellery 80 gm	2,60,000/-	EKTA SINGH Wife	Parental Gift	—

Date: 1/3/2013

Signature 
 Veterinary Officer
 Veterinary Hospital
 Sandhole Distt. Mandi H.P

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.

(5)

FORM NO. IV

30/12/2012

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

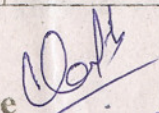
INSURANCE POLICIES

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.
1.	PLI-HP56389.CS	Postal Life Insurance (PLI)	5,00,000, 23/1/2038	15,300 Rs/Annu.
2.	LIC - 151486257	Life Insurance Company (LIC)	3,00,000 28/3/2015	15,642 Rs/Annu.
3.	LIC - 153330024	L.I.C. India.	1,25,000 21/3/2014	25,000 Rs/Annu.
4.	SBI Life 44042218104	S.B.I Life Smart Performer.	2,50,000 1/11/2017	50,000 Rs/Annu.
5.	SBI-Life -17011823301	S.B.I Life Smart Performer-2 child plan.	2,00,000. 6/5/2025	13,601 Rs/Annu.

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.
-	-			-

Date: 11/3/2013

Signature 
Veterinary Officer
Veterinary Hospital
Sandhole Distt. Mandla, M.P.

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FORM NO. V

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

Sl. No.	Amount	Name and address of Creditor	Date of incurring liability	Details of Transaction	Remarks
1.	2.	3.	4.	5.	6.

Date: 1/3/2013

Signature 
Veterinary Officer,
Veterinary Hospital,
Sandhole Distt. Mandla