

(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 31<sup>st</sup> December, 200\_\_

1.	Name of the Government servant in full (In block letters)	Dr. VIPIN KUMAR SHARMA.
2.	Service to which he belongs:	Himachal Pradesh state services.
3.	Total length of service up to date	6 years 11 months.
	(i) in Non-gazetted rank	
	(ii) in gazetted rank	Gazetted rank.
4.	Present Post held and place of posting	Veterinary officer. V.H. Janghel
5.	Total annual income from all sources during the calendar year immediately preceding the 1 <sup>st</sup> January	3,59,630/-

**DECLARATION**

I hereby declare that the return enclosed namely Forms 1 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: 1-4-013

*Sharma*  
**Signature.**  
Veterinary Officer,  
t/o. V. Hospital Janghel,  
Distt. Mandi (HP)

**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. I 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 16/3/2006

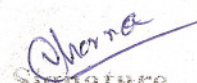
Sl. No.	Description of property	Name of District, Division, Taluka and village in which the property is situated and also its distinctive member etc.	Area of land in case of land & building.	Nature of land (in case of landed property).	Extent of interest	If not own name in whose name	Date of acquisition.
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: \_\_\_\_\_

NOTE:-

1. 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.
2. In column 10 should be shown: -
  - (a) Where the property has been acquired by purchase, mortgage or lease, the price of premium paid for such acquisition.
  - (b) Where it has been acquired by lease, the total annual rent thereof also; and
  - (c) Where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired.

  
 Signature.  
**Veterinary Officer,**  
 I/c. V. Hospital Janjehda  
 Dist. Mandi (J.P.)

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## FORM - II

STATEMENT OF LIQUID ASSETS ON FIRST DAY OF APPOINTMENT AS ON \_\_\_\_\_

- (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	P.P.F 1099916737	S.B.I Sankar Nagar	98056-	—	—	—
2.	Savings Account No 1099983981	S.B.I. Sankar Nagar	99020-	—	—	—

Signature: \_\_\_\_\_

*Sankar*  
**Signature.**  
Veterinary Officer,  
I/c. V. Hospital Janjehli,  
Distt. Mandi (EMP)

**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

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

Date: \_\_\_\_\_

*Sharma*  
 Signature  
 U/c. V. Hospital Janjehli  
 Distt. Mandi (HP)

**NOTE:**

- 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) Radios/ 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.
- In column 5, may be indicated whether the property was acquired by purchase, inheritance and gift or otherwise.
- In column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

# FORM NO. IV

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.
I	15564130 - 12/11/2012	H.D.F.C Life	30 year	8000/- Annucl.
2	159020189 - 29-6-2006	L.I.C of India	15 year	21392/- to

## 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: \_\_\_\_\_

*Ohorne*  
 Signature  
 Veterinary Officer,  
 U.C. V. Hospital Janjehli,  
 Distt. Mandi (HP)

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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.	—	—	—	—	—

Date: \_\_\_\_\_

*Merve*  
**Signature**  
**Secretary Officer,**  
**Uc. V. Hospital Janjati**  
**Distt. Mandi (G.P.)**