



भारतीय आयुर्विज्ञान अनुसंधान परिषद INDIAN COUNCIL OF MEDICAL RESEARCH

वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली - 110 029
V. RAMALINGASWAMI BHAWAN. ANSARI NAGAR. POST BOX 4911. NEW DELHI - 110 029

No.Vig/IPR/01/2017

Dated: 20th January, 2017

The Director/Director in Charge of all
Permanent Institutes/Centres & Hqrs Office of the
Council.

Sub:- Declaration of Immovable Property etc. owned by Group 'A' & 'B'
Employees of all Institutes/Centres & Hqrs. Office – as on 1.1.2017

Sir/Madam,

As per the instructions of DOPT, please find enclosed herewith the performa of Immovable Property return with the request that the performa showing the position of immovable property etc. duly filled up may be submitted to the undersigned before 15th February, 2017 positively, as this information is to be depicted in the CR's of the individual.

In the remarks column of the property return the up to date information as to whether permission of the competent authority was obtained for the acquisition of the immovable property, may also be indicated.

Full details of immovable property are given and expressions like "No change" or "same as last year" will not be accepted. If an Officer does not own any property he/she should state so in the return rather leaving it blank and it should duly signed by the Officer with date.

Yours faithfully,

Mrs Iqbal Kaur
Janan
31/1/17

(B.P. Singh)
Sr. Administrative Officer (Vig.)
For Director General

Encl:- as above.

Copy to: Head, BIC, ICMR - with the request to upload the declaration form of IPR on ICMR's website.

INDIAN COUNCIL OF MEDICAL RESEARCH

STATEMENT OF IMMOVABLE PROPERTY RETURN FOR THE YEAR 2016 AS ON 01/01/2017

Bank Account No.....
Bank's Name & Branch.....

1. Name of Officer (in block letter) _____ 2. Designation _____ 3. Division/Section _____ Cont. No./Ext. _____

(1) Name of District, Sub-Division, Taluk & Village or City in which property is situated (full location & postal address)	(2) Name & Details of Property Housing, Lands and Other Buildings	(3) Cost of construction /Acquirement (and year when purchased) including of land in case of house	(4) Present Value *	(5) If not in own name, state in whose name held & his/her relationship to the Govt. Servant	(6) How acquired, whether by purchase, lease**, mortgage, inheritance, gift or otherwise with date of acquisition & name with details of person(s) from whom acquired.	(7) Annual Income from property	(8) Remarks

Signature : _____
Date : _____

Note

- 1) * In case where is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.
- 2) ** Includes short term leases also.
- 3) The declaration form is required to be filled in and submitted by every member of Class/ and Class II services under relevant provisions of Conduct Rules and the first appointment to the Service and thereafter, at the interval of every twelve months, giving particulars of all immovable property owned, acquired or inherited by him or held by him on lease or mortgage, either in his own name or in the name of any member of his family or in the name of any other person dependent on Government servant.
- 4) The wording "No change or No addition or as in previous year" may be avoided and all details filled up.
- 5) The columns should be filled up neatly in capital letters..

Signature : _____