

Statement of Imovable Property for the Calendar Year Ending January 2021 to December 2021 Of Grade 1/Class 1 Officers

1) Name of the officer in full: SMTI. NIRA RAI  
(Block letters)

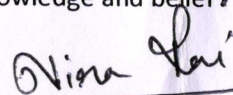
Designation: SDIPRO, Bokakhat

2) Pay : Basic: 43990/- Total allowance: 19076/- Gross Pay: 63066/- Total Deduction: 6503/- Net Salary: 56563/-

Sl. No.	Preciselocation	Nature of land	Extent of Interest	Land-use pattern(Particulars of House/Building/Flat over the plot of land)	Value of the Land & House/Building/Flat		If not in own name, stat in whose name & His/Her relationship to the officer	How acured, whether by purchase ,lease,mortgage, inheritance,gift or otherwise with dates of actulization & name with details from whom acquired.	Annual income from the property	Remarks
					At the time of acquiring/ purchase	Present value				
1	2	3	4	5	6	7	8	9	10	11
	Mouza:					NA				No property owned
	Revenue Town/ Village									
	Patta No:									
	Dag No:									
	Net Area:									
	Mouza:					NA				No property owned
	Revenue Town/ Village									
	Patta No:									
	Dag No:									
	Net Area:									

I hereby declare that the declaration made above is complete true and correct to the best of my knowledge and belief.

Date: 12.8.2022

  
Signature of the Officer



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Statement of Movable Property for the Calender Year Feb. 2021/up to December, 2021 of Class 1 Officers.

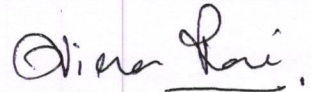
1. Name of the officer in full (Block letters) : SMTI. NIRA RAI Designation: SDIPRO, Bokakhat  
 2. Pay: Basic: 43990/- Total Allowance : 19076/- Gross Pay 63066/- Net Salary: 56563

A) Cash, Bank Balance, Credit and other movable propertys.

Sl. No.	Discription of Item	Value	In whose name (Self, wife/husband, child, dependent, other relation of benamdar) the asset is	Date & Manner of acquisition	Remarks
1	2	3	4	5	6
1	Cash in hand	Rs. 500.00	Self	Salary	
2	Bank Balance	Rs. 13000.00	Self	Salary	

I hereby declare that the declaration made above is complete true and correct to the best of my knowledge and belief.

Date: 12.8.2022

  
 Signature of the Officer



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B) EXPENDITUE

G.P.F/ CPF Account No.	Monthly Contribution	Insurance Policy		Number of those in course of education with monthly expenditure thereon	Monthly cost of maintaining family Rs.
		Annual Premium Amount Rs.	Policy Nos		
1	2	3	4	5	6
NPS 2021309500100003	5895.00	99,420.00	LIC P. No.474941037	----- NA-----	Rs. 30,000/-
		32,424.00	LIC P. No. 474691047		

I hereby declare that the declaration made above is complete true and correct to the best of my knowledge and belief.

Date: 12.8.2022

Signature of the Officer Nina Rai