## Statement of Immovable Property for the Calendar Year Ending 31st December/2022

Name of the Officer: DR PRABIN KUMAR DAS Designation: Joins Durector (AHA)

2) Pay: Basic: 94020' Orotal Allowance: 4.0.338 moross Paks 2.34.358 Total Deduction 8.24288 "Net Salary: Ra. A. OHA 70' ST

	2				щ	-		No.
Patta No. :  Dag No. :  Net Area :	Mouza:  Revenue Town/ Village:	Net Area:	Patta No.: 1 748/779	Village : Voger	Mouza: Bellula	2	e	Precise Location
			Miodi	Kharcy		3		Nature of Land
		,				4		Interest
97	į.		es. 3	Howing		5	House/Building/ Flat over the Plot of Land)	(Particulars of
				Ro 1400/- Ro 70		6	At the Time of Acquiring/ Purchase	House/Building/Flat
			(approx)	got of		7	Present Value	ding/Flat
				10		00	whose name & His/Her relationship to the officer	name, state in
				Calcural pasporny	?	9	inheritance, gift or otherwise with dates of actualization & name with details from whom acquired	purchase, lease, mortgage,
				1		10	property	Income
				1		11		

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

(Signature of the Officer) (A.H.Admn)
Joint Director (A.H.Admn)
A.H. & Vety. Deptt. Assam
Chenikuthi, Guwahati- 03

Date:

Statement of Movable Property for the Calendar Year Ending 31st December/2022

Name of the Officer (Block Letters): DR PRABIN KUMAR DAS

Designation: Joint Derather (AMA)

Pay: Basic: 94020 'W Total Allowance: 40,338 WGross Pay: 1,34,358 Whotal Deduction: 24,888 Wet Salary: Rs. 1209, 470. So

A) Cash, Bank Balance, Credit and other Movable Properties

11	10	9	00	7	6	5	4	3	2	1	1	No.	SI.
7						Cash in Bank Ragoussel- 1		Gold	CAR	CAR	2		Description of Item
						N Ragous		Ro 100,000/	Ry 800,000	Rs 60,000	3		Value
				,		- Dr. Prabin Kr. Dan		100,000 Karabi Das.	- DR. Posson Kr. Das 2021	Dr. Przebin Kr. Das.	4	child, dependent, other relation of benamdar) the asset is	In whose name (self, wife/husband,
					Branch.	SBI, Punbaga	Ceremony Asset.	1995/Namiay	2021/Can lean	2014/Car loan	5	acquisition	Date & Manner of
					1		1		1	1	6		Remarks

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

(Signature of the Officector (A.H.Admn)
John Signature Of the Officector (A.H.Admn)
A.H. & Vety. Deptt. Assam
Chenikuthi, Guwahati- 03

Date:

## B) Expenditure

G.P.F./C.P.S. Account	Monthly Contribution	Insurance Policy	Policy	Number of those in course of	Monthly cost of
No.		Annual Premium Amount	Policy Nos.	expenditure thereon	maintaining ramily
1	2	3	4	5	6
GPR	Jason 14,000/	140087 By 4080 1400			1
9 Montande		Ro 500,000/ 54283323	54283323	Jano 105 erg	Ra Sosoon/
0	(a)	1000 89 ed	54233999		
		Ro 3,50,00	5 422 0680		
	,				

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

(Signature of the Office A.H. Admn)
A.H. & Vety. Deptt. Assam
Chenikuthi, Guwahati-03