

FORM No. 1

**STATEMENT OF IMMOVABLE PROPERTY HELD BY UNIVERSITY EMPLOYEES
(i.e) LANDS HOUSE SITES, OTHER BUILDINGS ETC.)**

1. Serial Number :
2. Description of property :
3. Precise location (Name of district, Division, Taluk and village in which the property is situated and also its distinctive number etc. :
4. Area of land (in case of Land and buildings) :
5. Nature of land (in case of landed property) :
6. Extent of Land :
7. If not in own name state in whose name held and his/her relationship if any to the University employee :
8. Date of acquisition :
9. How acquired (whether by purchase mortgage, lease, inheritance gift or otherwise) and name with details of person/persons from whom acquired (Address and relation of the University employee, if any with the person/persons concerned)(please see note 1 below) :
10. Value of the property (See note 2 below) :
11. Source of income :
12. Total annual income from the Property. :
13. Remarks :

Signature

FORM No. 2

**STATEMENT OF LIQUID ASSETS HELD BY UNIVERSITY EMPLOYEES
AS ON**

1. Cash and Bank balance exceeding
3 months emoluments :

2. Deposits, loans advanced and
investments (such to shares
securities debentures etc.) :

3. Serial Number. :

Description. :

Name and address of company
bank etc. :

Amount :

If not in own name, names and
address of persons in whose name
held and his/her relationship
with the University employee. :

Annual income derived :

Remarks.

Dated:

Signature

Note: 1. The term Emoluments names the pay and allowances received by the
University Employee.

FORM No. 3

STATEMENT OF MOVABLE PROPERTY HELD BY UNIVERSITY EMPLOYEES

Sl. No.	Description of items	Price or value at the time of acquisition and/or the total payments made up to the date of return as the case may be in case of particulars purchased on hire purchase on installment basis	If not in own name and the persons in whose name and his/her relationship with the University employee.	How acquired with approximate date of acquisition	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

FORM No. 4

STATEMENT OF PROVIDENT FUND AND LIFE INSURANCE (LIC) HELD BY UNIVERSITY EMPLOYEES

Insurance Policies					Provident Funds				
Sl. No.	Policy number and date of policy	Name of Insurance Company	Sum/insured date of maturity	Annual amount of premium	Type of provident funds/CPF account numbers	Closing balance as last reported by the Audit accounts officer along with date of such balance	Contributions made subsequently	Total	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

FORM No. 5

STATEMENT OF DEBITS AND OTHER LIABILITIES OF UNIVERSITY EMPLOYEES

Sl. No.	Amount	Name and address of creditor	Date of incurring liability	Details of transactions	Source of income	Details of payment	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
