

## Declaration of Assets and Liabilities

Year- 2016-17

I. DR. DEOKINANDAN PRASAD, Son/daughter/wife of **SRI BALDEO PRASAD SINGH** aged 56 Years, belonging to BIHAR HEALTH service and presently working as **P.S. TO WHIP BIHAR ASSEMBLY, PATNA** give herein below the details of the assets (immovable, movable, bank balance, etc.) of myself, my spouse and dependants:

**A. Details of movable assets**

Assets in joint name indicating the extent of joint ownership will also have to be given)-

Sr. No	Description	Self	Spouse Name (S)	Dependant 1 Name	Dependant 2 Name	Dependant 3 Name
			SHASHIKALA KUMARI	MANISH KUMAR	RITU ARYA	NIL
i.	Cash	Rs. 90000-	Rs. 60000/-	NIL	NIL	NIL
ii.	Deposits in Banks Financial Institution and Non Banking Financial companies	Rs. 1500000-	Rs. 600000/-	NIL	NIL	NIL
iii.	Bonds, Debentures and Shares in companies, M/F	NIL	NIL	NIL	NIL	NIL
iv.	Other Financial institutions, NSC, Postal Savings, LIC Policies, etc.	Six LIC Policy	One LIC Policy PPF Rs350000/-	Four LIC Policy	NIL	NIL
v.	Motor Vehicles (details of Make etc.	Alto Maruti 2011	Tata Indica 2008 & Force 2014	NIL	NIL	NIL
vi.	Jewellery ( give details of weight and value	Gold 60gm Rs 200000/-	Gold 500gm Rs. 1500000/-	NIL	NIL	NIL
vii.	Other Assets, Such as values of Claims/ interests	NIL	NIL	NIL	NIL	NIL

Note:- Value of Bonds/Shares/ Debentures as per the latest Market value in Stock Exchange in respect of listed companies of as per books in the case of non listed companies should be Given:

- Dependant here means a Person substantially dependent on the income of the employee.

Dr. Deokinandan Prasad

**B. Details of Immovable assets**

(Note: Properties- in joint ownership indicating the extent of joint ownership will also have to be indicated)

Sr. No	Description	Self	Spouse Name (S)	Dependant 1 Name	Dependant 2 Name	Dependant 3 Name
i.	Agricultural Land Locations (S) survey number (S) Extent Total measurement) Current Market Value	9 Katha Mahmood Chowk, Sonpur, Chapra	NIL	NIL	NIL	NIL
ii.	Non Agricultural land Location (S) Survey number (S) Extent Total measurement) Current Market Value	2 Katha Khajpura, Patna	2 Katha Khemni Chowk Patna	NIL	NIL	NIL
iii	Buildings (Commercial and residential Locations (S) Survey/ door number (S) Extent (Total measurement ) Current market Value)	NIL	NIL	NIL	NIL	NIL
iv	House/ Apartments. etc. Survey/ door Number ( S) Extent ( Total measurement) Current market value	Two Flat at Patna	NIL	NIL	NIL	NIL
v	Others ( such as interest in property)	NIL	NIL	NIL	NIL	NIL

(2) I give herein below the entails of my liabilities/ over dues to Public financial institutions and government dues:-

(Note: Please give separate details for each item)

Sr. No.	Description	Name & address of Bank/ Financial Institutions ( S) Department ( S)	Amount Outstanding as on 24.3.2017
(a)	(1) Loans from Bank institutions	LIC 32 Lacs	Rs. 30 Lacs
	(i) Loans from financial institutions	NIL	NIL
	(iii) Government Dues:		
	(a) dues to departments dealing with government accommodation	NIL	NIL
	( b) dues to departments dealing with supply of water	NIL	NIL

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	(c) dues to departments dealing with supply of electricity	NIL	NIL
	(d) dues to departments dealing with telephones	NIL	NIL
	(e) dues to departments dealing with Government transport (including aircraft and helicopters)	NIL	NIL
	(f) Other dues, if any	NIL	NIL
(b)	(i) Income Tax including surcharge (Also indicate the assessment year up to which income Tax Return filed. Give also permanent Account Number (Pan))	Assessment year 2016-17 Pan No-AERPP6490A Income Tax Rs.1231869/- (Rupees twelve lacs thirty one thousand eight hundred sixty nine only)	NIL
	(ii) Wealth Tax (Also indicate the assessment year up to which wealth Tax return filed.	NIL	NIL
	(iii) Sales Tax ( Only in case of Proprietary business)	NIL	NIL
	(iv) Property Tax	NIL	NIL

### C. Personal Detail

GPF/CPF/PRAN No. :

BHR/BHS-7435

Gender :

M

(M/F)

Date of Birth :

0 3 0 1 1 9 6 1

(DD/MM/YYYY)

Class/Group :

B

(A / B / C)

Cadre :

BIHAR HEALTH SERVICE

Home District :

Banka

I hereby declare that the above details true to the best of my knowledge and belief.

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

Name of Employee. : Dr. Deokinandan Prasad

Designation : P.S. TO WHIP Bihar Assembly

Patna

Department : Health

Place: PATNA

Date: 24.03.2017

Note: Please sign each page of the declaration. Asset declaration form must be in A4 size white paper with computer typed (single side) in prescribed format.

*Dr. Deokinandan Prasad*