

FORM A

(See Rule 2)

Statement of assets and liabilities filed by.....

..... (Name and Designation

of the public servant) for the period to.....

1. Name	
2. Permanent Address with Telephone No. if any	
3. Name of the members of the family and his relationship	
4. Present monthly income	
5. Liabilities a. Nature extent and other particulars of liability and the date when it was incurred.	
b. Nature and address of the person to whom the public servant is liable	

I,..... do solemnly declare that the information furnished above is true and that nothing has been omitted there from.