

**STATEMENT OF IMMOVABLE PROPERTY FOR THE YEAR ENDING OF 31<sup>ST</sup> DECEMBER / 2023**

1. Name of the Officer (BLOCK LETTER) : **DR RAJANI KANTA NATH** . Designation: **ASST. DIRECTOR** .  
 2. Pay Basic Rs. **85770/-** Total Allowances: Gross Pay Rs. **128655/-** Total Deduction Rs. **10608.00** Net Salary Rs. **117947.00**

Sl No.	Precise Location	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, State in whom name & His/her Relationship to the Officer	How acquired, whether by Purchase, Lease, Mortgage, Inheritance, Gift or otherwise with Date of Actualization & Name with Details from whom Acquired	Annual Income from the Property	Remarks
					At the time of Acquiring /Purchase	Present value				
1	Mouza- <b>Beltala</b> Revenue Town- <b>Dispur, 4th Vill- Santi Nagar</b> Patta No.- <b>—</b> Net Area- <b>One Katha</b>	<b>Residential</b>	<b>—</b>	<b>Housing Assam Type House</b>	<b>Rs. 500000</b>	<b>Rs. 10,00000/-</b>	<b>—</b>	<b>Purchasing</b>	<b>—</b>	
2	Mouza- Revenue Town- Vill- Patta No.- Net Area-									
3	Mouza- Revenue Town- Vill- Patta No.- Net Area-									
4										

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

Date: **21/8/2023**

**Dr. Rajani Kanta Nath**  
Signature  
ASST. Director

**A. H. e. Vais. Deputy**  
B.T.C. Kakrajhar

**Asst. Director**  
**A. H. e. Vais. Deputy**  
**B.T.C. KOKRAJHAR**

**STATEMENT OF IMMOVABLE PROPERTY FOR THE YEAR ENDING OF 31<sup>ST</sup> DECEMBER / 20**

1. Name of the Officer (BLOCK LETTER): **DR RASANI KANTA NATH**

Designation: **Asstt. Director**

2. Pay Basic Rs. **85770** / Total Allowances:

Gross Pay Rs. **128655** / Total Deduction Rs. **10608.00**

Net Salary Rs. **117947.00**

**A) CASH, BANK BALANCE, CREDIT AND OTHER MOVABLE PROPERTIES**

Sl No.	Description of items	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
			Self		

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

Date: **21/8/2023**

*[Signature]*  
 Dr. Rasani Kanta Nath  
 Signature Asstt. Director  
 A.H. & Vajit Deptt  
 BTC, KOKRAJHAR

## B) EXPENDITURE

G.P.F / C.P.S. Account No.	Monthly Contribution	Insurance Policy		Number of those in course of education with monthly expenditure thereon	Monthly Cost of Maintaining Family
		Annual Premium Amount	Policy No.		
1	2	3	4	5	6
ASA/VET. 10771	Rs. 10,000'00	Rs. 26496'00	492299371	2 NOS. @ 25000/- = Rs. 50,000/-	Rs. 30,000'00
		Rs. 6794'00	485588850		
		Rs. 11446'00	0280314615		

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

Date:

*[Signature]*  
21/8/2023

Dr. Rajani Kanti Nalin  
Signature Assn. Director.

A. H. a. Vally. Deputy.

B.T.C. KOKKRAJHAR.

Asstt. Director  
A. H. a. Vally  
B.T.C. KOKKRAJHAR