Patra Komi 1123112022

Declaration of Assets and Liabilities

Year-2021-2022

I,Md Jibrail Alam, Son of Md Alimuddin Ansari aged 34 years, belonging to The Bihar State Cooperative Bank Ltd, Patna service and presently posted as Branch Manager, Mauryalok Branch, Patna give herein below the details of the assets (immovable, movable, bank balance, etc) of myself & my Spouse:

A. Details of movable assets

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

SI no	Description	• Self	Spouse Name Zeenat Afroz	Dependent- Father-Md Alimuddin Ansari	Dependent-	Dependent-3
(i)	Cash	Rs. 2000	Rs. 2500	Rs. 5000		
(ii)	Deposits in Banks, Financial Institutions and Non-Banking Financial Companies	RD Rs 10000/Month and Balance Rs. 2841.40 Saving Bank Account at Bankipur, Branch, BSCB, Patna	NIL	NIL	NIL	Bihar S.
(iii)	Bonds, Debentures and Shares in Companies	NIL	NIL	NIL	NIL	NIL
(iv)	Other financial institutions, NSS, Postal Savings, LIC Policies, etc	RS. 47092	NIL	NIL	NIL	NIL
(v)	Motor Vehicles (details of make, etc)	NIL	NIL	NIL	NIL	NIL :
(vi)	Jewellary (give details of weight and value)	GOLD 10 Grm	Gold 50 Grm	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 and as per books in the case of non listed companies should be given.

Dependent here means a person substantially dependent on the income of the employee.

B Details of Immovable assets

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

SI no	Description	Self	Spouse Name-	Dependent-1 Name	Dependent-2 Name	Dependent-3 Name
	Agriculture Land - Location - Survey number(s) - Extent (Total measurement) - Current market value	NIL	NIL	NIL	NIL	NIL

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(ii)	Non Agriculture					_
	Land - Location - Survey number(s) - Extent (Total measurement) - Current market value	NIL	" NIL	NIL	NIL	NIL
(iii)	Buildings (Commercial and residential) -Location - Survey number(s) - Extent (Total measurement) - Current market value	NIL	NIL		NIL	NIL
(v)	Others (such as		`.			
	interest in property)	NIL	NIL	NIL	NIL	NIL

					IVIL	I NIL	
(2)	I give herein below t	he details of my liabilities/overdues to pub	lic financial institution	ne and govern	n+ du		
SI no		Description	Name & address of Bank/ Financial Amount outstanding as on				
(a)	(i) Loans from Banks	Loan against NSC	Mauryalok Brand		Rs 665000/- (Accumulated loar from last 2 years.)		
	(ii) Loans from financial institutions	NIL .	NIL	NIL	NIL	NIL	
	(iii) Government dues:- (a) dues to dpartments dealing with government accomodation	NIL	NIL	NIL	NIL	NIL	
	(b) dues to departments dealing with supply of water	NIL	NIL	NIL	NIL	, NIL	
	(c) dues to departments dealing with supply of electricitry	NIL	NIL	NIL	NIL	NIL	
,	(d) dues to departments dealing with telephones	NIL	NIL	NIL	NIL	NIL	
t	(e) dues to departments dealing with government transport (Including aircraft and helicopters)	NIL	NIL.	NIL	NIL	NIL	
(f) Other dues if any	NIL	NIL	NIL	NIL	NIL	

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Name of Name of								
Including surcharge [Also indicate the assesment year upto which income Tax return filed. Give also PAN no. (I) Wealth Tax [Also indicate the assesment year upto which which wealth Tax return filed. Give assesment year upto which wealth Tax return filed. III Sales Tax [Only in case of proprietary business] (IIV) property tax NIL	(b)							
Indicate the assement year upto which wealth Tax return filed. (iii) Sales Tax [Only in case of proprietary business] (iv) property tax NIL		including surcharge [Also indicate the assesment year upto which Income Tax return filed. Give		INIL	NIL	NIL	NIL	
in case of proprietary business] (iv) property tax NIL		indicate the assesment year upto which wealth Tax		NIL	NIL		NIL	
(iv) property tax		in case of proprietary business]	NIL	NIL .	NIL	NIL	NIL	a a
GPF/CPF/PAN GORD GORD Date of Birth 10-03-87 Class/Group Cadre ASSISTANT MANAGER Home District AURANGABAD AURANGABAD AURANGABAD AURANGABAD NIL NIL I hereby declare that the above details are true to the best of my knowledge and belief. Place: Patna Date: 29.01.2022 Name of Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office		(iv) property tax	NIL	NIL	NIL	NIL	NIL	
Geder MALE Date of Birth 10-03-87 Class/Group A Cadre ASSISTANT MANAGER Home District AURANGABAD AURANGABAD NIL NIL I hereby declare that the above details are true to the best of my knowledge and belief. Place: Patna Date: 29.01,2022 Name of Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office		Personal Detail						
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Class/Group Cadre ASSISTANT MANAGER Home District AURANGABAD AURANGABAD AURANGABAD NIL NIL I hereby declare that the above details are true to the best of my knowledge and belief. Place: Patna Signature Name of Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office		Geder	MALE					
Cadre ASSISTANT MANAGER Home District AURANGABAD AURANGABAD AURANGABAD NIL NIL I hereby declare that the above details are true to the best of my knowledge and belief. Place:- Patna Signature Date:- 29.01.2022 Name of Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office		Date of Birth	10-03-87					<u>^_</u>
Home District AURANGABAD AURANGABAD AURANGABAD NIL NIL I hereby declare that the above details are true to the best of my knowledge and belief. Place:- Patna Signature Name of Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office		Class/Group	A		ni		\$	
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Place: Patna Signature Date: 29.01.2022 Name of Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office			AURANGABAD	AURANGABAD	AURANGABAD	NIL	NIL	
Date:- 29.01.2022 Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office		I hereby declare that the above details are true to the best of my knowledge and belief.						
Date:- 29.01.2022 Employee- MD JIBRAIL ALAM Designation- ASSISTANT MANAGER Department- BSCB Head Office	Place:-	Patna	-		Signature	din a	ifalai	2022
Department- BSCB Head Office	Date:-	29.01.2022			Name of	MD JIBRA		, ,
Department- BSCB Head Office					Designation-	ASSISTANT MANAGED		
Note:- Please sign each page of declaration BSCB Head Office						- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
		Note:- Please sign each	n page of declaration		vepartment-			

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