BRANCH: AIISH, Mysure	
PARTICULARS TO BE SUPPLIED BY APPLI	CANT/Co-APPLICANT/ Directors/ppartners/ Prop., Gurantor FOR
I give below the particulars of my self, my fa	amily and my Assessts & Liabilities as at
1. Name in Full: Dr. Shijith Kumar C	
2. Date of Birth: 14.05.1973	& Age :48
3. Father's/ Husband's Name : Balan Na	mbiar
4. Residential Address :	
PERMANENT Chengottil	PRESENT D2 Staff Quarters
Oravil	All India Institute of Speech & Hearing
Naduvannur, Calicut	Manasagangotri
Kerala Pin: 673614	<u>Mysuru</u> Pin: <u>570 006</u>
5. Telephone Numbers. Office/Sho	op:_0821-2502150 Residence:_0821-2502412
Mobile	: 8618667835, 8904430355
6. Occupation/ Line of Business	Government of India Service
A. If in service Name of employer and Address Designation B. If in Business/Professional i) Name/s of the firm/company and its Address ii) Line/s of activities iii) Since when established iv) In which capacity he/she is representing 7. Annual Income 8. PAN (if an Income Tax Assesses) 9. Details of Assets	Director All India Institute of Speech & Hearing Manasagangotri, Mysuru Library and Information Officer Rs. 12 lakhs AUSPS2875B
	ies (held in own name / joint name):
A. Nature of properties (Please ti	ck which ever applicable):
i) Plot of land	:
ii) Agriculture Land	:
iii) House / Godowns	:
iv) Others	:

Village / Town : Vythiri			District : Wayanad, Kerala			
C. I Toporty III Wilder Hamo:		<u>:</u> <u>Dr.</u>	Dr. Shijith Kumar C & Mrs. Sinimol P.V.			
		ase) : Rs.	32 lakh			
E. Present estimated market value of the property/ies : Rs. 60 lakhs						
encum with wh and co	er encumbered/un-encumbe bered/un-encumbe om. Consideration nditions. s of movable prop	red/partially and major term	is	Mortgaged for ho	ousing loan with L	IC HFL
A. LIC po	licies					
Policy No. Of Policy	Date of issuance (Rs.)	Sum assi	ured	Branch Name (in Rs.)	Annual Premium up to what per.	Premium Pai
(1)	(2)	(3)		(4)	(5)	(6)
722040982	05.02.2011	25,000)00	LIC, Mysuru	Rs.43944/-	Rs.439440
B. Shares/ L	Debentures etc. Total No. of Shares	Certifica	te No	Total Amount	Whether fully	Cur. Market
Company	Shares held	A/C No.		Rs. (Face Value)	Paid (yes/No)	Value Rs.
		NIL				
C. Term Dep	osits					
FDR/RD/YSJY A/c No.	Date	•	Amount Rs.	Name of Bank Branch	Due date	Maturity Value Rs.
		NIL				
D. Investme	nt in Govt. Securit	ies like Bonds	/NSC et	tc.		
Bond/Cert- ificate No.	Date of Purchase	Issuing Office/F Office Add.(incl Mutual Funds)		Amount Rs.	Due Date	Maturiy Value Rs.
		NIL				
9.3 Details li	ke Reg. No. type ar y me.	nd value of veh	icle/s	: Nil		
•	vestment in busine y (As on latest shee		rm/	: Nil		
	ls of other investme ellery, Investment in	•)	: Nil		
9.6 Total of all assets (9.1 to 9.5)			· Rs 65 la	khs		

B. Location : <u>Vythiri, Wayanad, Kerala</u> Survey / House No: <u>R.Surey No.</u> 151/5; House <u>No. 33/C</u>

Area / Locality : Ward 13, Vatta vayal, Vythiri

10. Details of Loans in individual name/firms Name /Company's Name :

: (1) LIC HFL (2) Bajaj Finserv A. Name/s of the Bank /other Institution and its branch

. (1) Housing loan; Rs. 38 lakhs (2) Personal loan; Rs. 2.5 lakhs B. Purpose and amount of Loan availed

. (1) Loan end: 2033 ; Interest : 9 % (2) Loan end: 2022;

C. Security & repayment schedule/rate of interest Interest: 12 %

: (1) 30 lakhs (2) Rs. 1 lakhs D. Present balance outstanding

: Nil E. Liabilities other than to bank and Financial Institution

11. Other Details

Details of personal guarantee given for any person/firm If so furnish details (i.e. Name of Bank /Institution, on whose behalf amount of guarantee present status of a/c etc.) NIl

12. (A) Particulars of Legal Heirs

Sr. No (1)	Name (2)	Relationship (3)	Age (4)	Present Address (5)
1)	Sinimol P.V.	Wife	43	D2 Staff quarters, AIISH
2)	Aarya S	Daughter	13	D2 Staff quarters, AIISH
3)	Krupa S	Daughter	07	D2 Staff quarters, AIISH

Sr.No.	Description of Asset Bank/Organisation		Accont/certi- Amount (at	
01.110.	(Bank Dep., Co. Dep.,		ficate No.	present /at
	Terminal Benefits etc.)			maturity)
(1)	(2)	(3)	(4)	(5)

In support of my above declaration, I enclose

- 1. Balance sheet, Profit and Loss Accounts, Trading Account, Capital Account (audited/unaudited).
- 2. Copy of employment certificated with details of salary drawn.
- 3. Copies of agreement/revenue records/society certificates in respect of land/ building/flat owned by me.
- 4. Copies of Income Tax/Wealth tax returns/ Assessment Order.

13. I declare that.

11.03.21

Date:

- I am/I am not (tick as applicable) a Director in ____/any Bank . There is no litigation against me or the firm/ Co. in which I am the proprietor/ a partner/ a Director.
- The name of the firm /Co. or the name of the partners/Proprietor/Director of the firm/ Co. is not the caution list of RBI/ECGC.
- The proprietor/partners/directors of the firm/Co. is/are not the Directors in any Co-operative Bank.
- I also declare that the above information is complete, true and correct.

Encls:		Signature of the Applicant/Co-Applicant /Guarantor :
Place:	Manasagangotri	