

VERIFICATION REPORT PROFORMAVERIFICATION OF DEPENDENTS/FAMILY MEMBERS AND DETAILS OF  
IMMOVABLE PROPERTY OWNED BY THE DECEASED GOVERNMENT  
SERVANT/FAMILY MEMBERS

NAME OF THE APPLICANT	
NAME OF THE DECEASED/RETIRED ON MEDICAL GROUNDS GOVT. SERVANT	
MARITAL STATUS OF APPLICANT (MARRIED/UNMARRIED/WIDOW/WIDOWER)	
ADDRESS	

I. DETAILS OF DEPENDENTS/FAMILY MEMBER(a) LIVING TOGETHER:

S. NO	NAME	DATE OF BIRTH	RELATION- SHIP WITH THE DECEASED	MARITAL STATUS (if married date of marriage thereof)	EMPLOYED/ UNEMPLOYED/ BUSINESS	IF EMPLOYED/BUSINSS, MONTLY INCOME THEREOF

(b) LIVING SEPRATELY:

S. NO	NAME	DATE OF BIRTH	RELATION- SHIP WITH THE DECEASED	MARITAL STATUS (if married date of marriage thereof)	EMPLOYED/ UNEMPLOYED/ BUSINESS	IF EMPLOYED/BUSINSS, MONTLY INCOME THEREOF

**II. Details of immovable Properties owned by the deceased govt. servant/ Family members: (Whether residential/agricultural/ commercial property inside or outside Delhi)**

**(a) If own House:**

i	Area	
ii	Number of Floors	
iii	Value(as per circle rate)	
iv	Whether any business/commercial activities being carried out from the premises. If yes, details/monthly income is required.	

**(b) If residential/agricultural/commercial property other than house inside or outside Delhi :**

(A)	Area	
(B)	Value(as per circle rate)	
(C)	Whether any business/commercial activities being carried out from the premises. If yes, details/monthly income is required.	

**(c) If Rented House:**

(A)	Rent Paid	
(B)	Area of premises	
(C)	Name & Address of landlord	

**(d) If Govt. Accommodation**

(A)	Address	
(B)	Date of allotment	

**Above facts are true and correct.**

**SIGNATURE OF VERIFYING OFFICER AND  
DESIGNATION WITH STAMP/SEAL  
(REVENUE OFFICER NOT BELOW THE  
RANK OF TEHSILDAR)**