

VERIFICATION REPORT PROFORMA

VERIFICATION 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	RELATIONSHIP WITH THE DECEASED	MARITAL STATUS (if married date of marriage thereof)	EMPLOYED/ UNEMPLOYED/ BUSINESS	IF EMPLOYED/BUSINSS, MONTHLY INCOME THEREOF

(b) LIVING SEPRATELY:

S. NO	NAME	DATE OF BIRTH	RELATIONSHIP WITH THE DECEASED	MARITAL STATUS (if married date of marriage thereof)	EMPLOYED/ UNEMPLOYED/ BUSINESS	IF EMPLOYED/BUSINSS, MONTHLY 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)**