

FORM NO 2

अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर, हैदराबाद
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR, HYDERABAD
"An INI under the aegis of Ministry of Health & Family Welfare, Govt. of India"
हैदराबादमेट्रोपोलिटनक्षेत्र(एचएमआर), तेलंगाना - 508126, भारत
Hyderabad Metropolitan Region (HMR), Telangana-508126, India

STATEMENT OF ASSETS & LIABILITIES

DETAILED STATEMENT IN RESPECT OF SHARES/DEBENTURES AS ON 31 DEC OF EACH CALENDAR YEAR IN OFFICERS OWN NAME AND ALSO THOSE HELD IN THE NAMES OF SPOUSE AND DEPENDENT CHILDREN

1. Name of Officer (in full) _____
2. Service to which the Officer belongs : AIIMS, Bibinagar, Hyderabad _____
3. Cadre & Batch: _____
4. Present Pay: _____

Ser No	Name of the Company	No of Shares	Face Value	Cost of acquisition	Whether promoters'/ Employees' Quota	How acquired	Position held at the time of acquisition and if the company had any borrowing or other facilities at that time
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

- A. Self
B. Spouse and Dependent Children
C. Any addition/deletions to this statement as on 31 Dec 2024 and the profit/loss incurred by me are given below.

Place :

Date :

Signature

Name

Designation