# L-20019/1(Policy)/2013—IC (FTS:32400) Government of India Ministry of Health & Family Welfare Department of Health & Family Welfare (I.C. Section)

Room No.244, A-Wing Nirman Bhawan, New Delhi Dated the our July, 2023

#### Office Memorandum

Subject: Revised Guidelines for issuance of Statement of Need (SON) Certificate/ Exceptional Need Certificate (ENC)/ No Obligation to Return to India (NORI) Certificate-reg.

In supersession of this Ministry Office Memorandum No.L.20019/1 (Policy)/2013-IC dated 03.08.2021, it has been decided to revise the guidelines pertaining to the issuance of Statement of Need (SON)/ Exceptional Need Certificate (ENC)/ No Obligation to Return to India (NORI) by the Ministry of Health and Family Welfare. Accordingly, the revised/modified guidelines is hereby circulated for information of all.

This issue with the approval of competent authority.

(Nidhi Kesarwani)

Director (IC/IH) Tel: (011) 23062434

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Distribution:

1. PS to Hon'ble HFM /PS to Hon'ble MoS

2.PPS to Secretary (HFW)

- 3. PPS to AS&FA/ PPS to AS&MD/ PPS to AS(H)
- 4. All Joint Secretaries/EA
- 5. NIC for uploading on the website
- 6. Guard Folder

(লিখি केसरवानी)
(NIDHI KESARWANI)
নিবাল (আর্বা/আর্ব্ব্র্ব্র্যাত)
Director (ICAI+UG20)
হলাক্তব্য এই বাবার কক্ষাত্য ক্ষাল্যব্য
Ministry of Health & F.W.
আব্য নব্যাব্য স্বিক্সাপ্ত Pelini
ব্য বিবলা/New Delini

# Guidelines for issue of Statement of Need(SON) Certificate/ Exceptional Need Certificate(ENC)/ No Obligation to Return to India (NORI) Certificate.

#### A. Statement of Need

- 1. For issuance of SON certificate, applicants shall be required to execute a Surety bond of Rs. 10 Lakhs (Rupees Ten Lakh only) on a non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).
- 2. There will be two sureties, out of which one will be a close relative (who is a citizen of India and based in India) and other one is not related to the applicant, both with sufficient financial standing (\*).
- 3. The first surety will be responsible for payment of the bond amount including interest, if any, in case the candidate defaults on any of the conditions mentioned in the bond. In case the first surety also fails to make payment, the second surety will be liable to make payment.
- 4. Separate surety bond shall have to be executed for each SON Certificate issued.
- 5. SON shall be issued in all cases on first occasion or for extension thereof or subsequent occasions, subject to combined period of maximum 7 years on J-1 visa in the USA or a maximum of 7 years as per any other country laws.
- 6. SON will be issued to Foreign Medical Graduates (who do not have MCI Registration) by taking an affidavit from applicants that within 2 years of the completion of the course/ training, foreign medical graduates will acquire MCI registration (after successfully qualifying FMGE conducted by NBE).

# B. Exceptional Need Certificate

- 1. Exceptional Need Certificate (ENC) will be issued to applicants for all specialty and super specialty where combined duration of fellowship program exceeds 7 years or where the ensuing fellowship program is an extension of earlier program that exceeds 7 years considering all previous training programs clubbing together.
- 2. For issuance of ENC, applicants shall be required to execute a Surety bond of Rs. 10 Lakhs (Rupees Ten Lakh only) on a non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).
- 3. There will be two sureties, out of which one will be a close relative (who is a citizen of India and based in India) and other one is not related to the applicant, both with sufficient financial standing (\*).

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(NIDHI KESARWANI)
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Director (IC/INI/G/20)
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4. The first surety will be responsible for payment of the bond amount including interest, if any, in case the candidate defaults on any of the conditions mentioned in the bond. In case the first surety also fails to make payment, the second surety will be liable to make payment.

# C. No Obligation to Return to India (NORI)

NoC to NORI may be issued to the applicants/persons of following categories applying for NoC for NORI:-

- Medical Professional including Dental Category and Allied Health Services i.e. Pharmacist and Nurses
- ii. Medical professional who are on J1 Visa.
- iii. Foreign Medical Graduate.

#### **General Conditions:**

- 1. The candidate will inform the SON Certificate/ENC issuing authority of his arrival in India within a period of three months from the date of completion of the course mentioned in the SON Certificate/ENC. In case the candidate fails to report within the stipulated time period or takes longer to report because of some unforeseen situation leading to non-compliance of the bond conditions to the SON Certificate/ENC issuing authority and the authority shall have the option to further extend the reporting period for a maximum of 3 months beyond, after considering the explanation offered and taking into account the evidences adduced.
- 2. If the candidate fails to return or fails to inform the authorities beyond the extended period, he/ she shall be liable for enforcement of penal actions, including payment to the Government or as may be directed by the Government, on demand the said sum of Rs. 10 Lakhs (Rupees Ten Lakhs only) together with interest thereon @ 12% per annum from the date of demand.
- (\*) A person filing ITR for three consecutive years on previous occasion including the current accounting year.

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(NIDHI KESARWANI)
निषेक (आर्त्त)त्यार्थन (जीर्थ)
Director (ICHIVGZO)
व्याच्या पर्य परिवार करवाण नंबास्य
Ministry of Health & F.W.
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#### INSTRUCTIONS FOR

Candidates applying for Statement of Need (SON) certificate or Exceptional Need Certificate (ENC) for joining training programme/course in medical specialities in medical institutions out of India.

- (a) The SON and ENC Certificates shall be issued by the Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi.
- (b) For issue of SON Certificate or ENC, the applicants are required to apply in prescribed Application proforma per <u>ANNEX A,</u> along with following documents:
  - a. <u>Copy</u> of offer letter received from the concerned foreign University/Institution (self attested)
  - b. **Copy** of self attested valid INDIAN PASSPORT (excluding the blank pages)
  - c. **Copy** of self attested valid VISA in connection with applicant's present stay in the foreign country.
  - d. **Copy/Copies** of self attested Statement of Need (SON) certificate(s) earlier issued to / received by the applicant.
  - e. **SURETY BOND in original,** along with two Sureties. **FORMAT** of the Surety Bond is at **ANNEX 1.**
- (c) For issue of ENC, the applicant is required to file following documents also, in addition to the documents specified above:
  - a. Copy/Copies of self attested Statement of Need (SON) certificate(s) earlier issued to / received by the applicant.
  - b. **Copy** of ECFMG Rules regarding *'Extension Beyond the Maximum Duration of Stay"* in the USA of seven (7) years under J-1 Visa.
  - c. A "TEMPLATE" on the 'exceptional need' with reference to the course of study/ specialization, i.e., a paragraph having up to 10 lines, signed by the applicant.
  - d. Signed Resume / CV of the Applicant.
- (d) A separate application is required to be given for every fresh issue of SON Certificate for study in any speciality/super speciality or for further study in other specialities / super specialities or for issue of ENC for any speciality/super speciality.
- (e) **Guidelines** for issuance of Statement of Need (SON) Certificate and Exceptional Need Certificate (ENC) are given in <u>ANNEX B.</u>

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(स्तीनु खुनार) (SONU KUMAR) अवर सचिव / Under Secretary स्वास्थ्य एवं परिकार अञ्चल मंत्रालय Ministry of Health & Flaming Welfar

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(f) In respect of the SURETY BOND to be submitted by applicants in original, the first Surety will be a close relative (who is a citizen of India and based in India) to the Obligor. The first Surety will furnish information in respect of himself/herself as in the proforma as per <a href="#">ANNEX - C</a>. The second Surety will not be a relative to the applicant and is required to furnish information in respect of himself/herself in the proforma as per <a href="#">ANNEX - D</a>.

#### (g) Procedure for execution of Surety Bond and other related details are given below:

- (i) The Surety Bond will be executed by applicants on a Non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).
- (ii) The Surety Bond signed by the applicant and both the sureties shall have attestation from the Notary Public / Area Sub-Divisional Magistrate in India.
- (ii) The applicants staying abroad or applying from abroad shall sign the Surety Bond on a plain paper and get it attested from the concerned Indian Consulate / Embassy / High Commission abroad. The Surety Bond signed by the applicant and attested by the Indian Consulate / Embassy / High Commission shall be signed by the Sureties in India. The Surety Bond may then be got stamped in India by depositing the requisite amount, and got attested by either the Area Sub-Divisional Magistrate or the Notary Public in India.

(सोमू गृहगार) (SONU KUMAF) अवर साम्बर / Under Socretary स्वाप्ट्य एवं वरितार करवारा मंत्रालय Ministry of Hanth & Family Welfare भारत करवार / Govt of India नहीं दिख्ली / New Delhi

For use by the Ministry of Health and Family Welfare					
Application Number & Date					
Application for	Statement of Need (SON) Certificate OR Exceptional Need Certificate (ENC) (Specify)				

APPLICATION	[USMLE/ECFMG ID No.
ALL FICH LIGHT	[OSIVILL/ LCI IVIG ID IVO.

[To be filled-up by candidates applying for Statement of Need (SON) Certificate OR Exceptional Need Certificate (ENC) for training programme/course under various medical courses / specialities in medical institutions out of India]

[Note: Application, along with all requisite information / documents (Original or Copy – as applicable) to be sent to: The Under Secretary (IC), International Cooperation Section, Ministry of Health & Family Welfare (Department of Health & Family Welfare), Room No.504, 'D' Wing, Nirman Bhawan, New Delhi – 110011.]

Sl. No.	Items of Information			Inforr candi	natior dates	to to	be	furnished	by
1.	Name of the app Address in India						Q.	5	
2.	Date of Birth (DD	/MM/YYYY)						<del>   </del>	1
3.	Place of Birth								
4.	Nationality:								
5.	Father's name	Father's name							
6.	Mother's Name								
7.	Indian Passport N								
8.	Date of Issue (DD								
9.	Place of Issue								
10.	Valid up to (DD/N	ЛМ/YYYY)							
11.	Validity of Visa up								
	[If applying for a	course in USA	A, please						
	enclose copy of v	alid USA Stan	np Visa/						
	Visa papers]								
12.	Details of Acaden	nic Qualification	ons from N	MBBS o	nward	S			
Sl. No.	Name of Course	Year of		of	the			obtained 5	F01/571 F13/2
	/ Study	Passing	Instituti		and			e for the co	
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								sted copy	
						prev			ued
/:\						SON,	/ENC	furnish det	ails
(i)									
(ii)					-				
(iii) 13.	NACI Desire N								
14.	MCI Registration No.  Date of MCI Registration								
14.	Date of MCI K	egistration						Dogo 2	

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(SONU KUMAR) अवर सन्ति / Under Pacifatry स्वास्थ्य एवं प्रतिकार करवाणा संज्ञानय Ministry of Health & Family Welfare भारत इरकार / Govt. of India नई दिल्ली / New Delti

15.	Details about the Training Programme/Cours	se to be undertaken out of India
	[Enclose copy of Offer letter received from	the University/Institution]
	(a) Name of the Speciality Training /	
	Course of Study	
	(b) Starting from (DD/MM/YYYY)	
	(c) Duration of the Course	
	(d) Name & complete address of the	
	Institution/ University	
16.	WRITTEN ASSURANCE and SUBMISSION	OF BOND:
	l, Dr	, son/daughter/wife of
	, a r	
	India), and at present residing at	
	undertake to return to India upon compl	HILL WAS ENGLISHED SHEW SHEW - BUT HE SHEW TO SHEW TO SHEW THE SHE
,	country) and enter the practice of medicine	in India in the specialty of training.
	I have executed a Surety Bond of Rs. 10 lakh	
	Non-judicial Stamp Paper of Rs.100/- (Rupe	es One Hundred) only and the same
	is enclosed in original.	
	Full Signature	
	Name :	
	E-Mail:	
	Tel. No.:	
	4	=
	Date: Place:	

#### **Enclose the following documents:**

(i) Copy of self attested offer letter received from the concerned foreign University/Institution (ii) Copy of self attested valid INDIAN PASSPORT (excluding the blank pages)

(iii) If applying for a course in USA, <u>Copy</u> of self attested valid US Stamp VISA / US VISA papers [DS-2019, I-20, I-94, I-797, Employment Authorization Card (I-766) in connection with applicant's present stay in the USA.

(iv) **SURETY BOND in original,** along with two Sureties, in the **FORMAT** at **ANNEX – 1**.

If applying for issue of ENC, please also enclose the following documents, in addition to the above:

- (i) Self attested copy/copies of SON Certificate(s) issued earlier
- (ii) A "TEMPLATE" on the 'exceptional need' with reference to the course of study/ specialization, i.e., a paragraph having up to 10 lines, signed by the applicant.

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(iii) A signed Resume / CV of the Applicant.

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Guidelines for issue of Statement of Need(SON) Certificate/ Exceptional Need Certificate(ENC)/ No Obligation to Return to India (NORI) Certificate.

#### A. Statement of Need

- i) For issuance of SON certificate, applicants shall be required to execute a Surety bond of Rs. 10 Lakhs (Rupees Ten Lakh only) on a non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).
- ii) There will be two sureties, out of which one will be a close relative (who is a citizen of India and based in India) and other one should not be a relative to the applicant, both with sufficient financial standing.
- iii) The sureties must be filing ITR for three consecutive years on previous occasion including the current accounting year.
- iv) The first surety will be responsible for payment of the bond amount including interest, if any, in case the candidate defaults on any of the conditions mentioned in the bond. In case the first surety also fails to make payment, the second surety will be liable to make payment.
- v) Separate surety bond shall have to be executed for each SON Certificate issued. The Surety format is at Annexure-I.
- vi) SON shall be issued in cases on first occasion or for extension thereof or subsequent occasions, subject to combined period of maximum 7 years on J-1 visa in the USA or a maximum of 7 years as per any other country laws.
- vii) SON will be issued to Foreign Medical Graduates (who do not have MCI Registration) by taking an affidavit from applicants that within 2 years of the completion of the course/ training, foreign medical graduates will acquire MCI registration (after successfully qualifying FMGE conducted by NBE).

#### B. Exceptional Need Certificate

(i) Exceptional Need Certificate (ENC) will be issued to applicants for all specialty and super specialty where combined duration of fellowship program exceeds 7 years or where the ensuing fellowship program is an extension of earlier program that exceeds 7 years considering all previous training programs clubbing together.

(ii) For issuance of ENC, applicants shall be required to execute a Surety bond of Rs. 10 Lakhs (Rupees Ten Lakh only) on a non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).

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(SONU KUMAR)
अवर सविवा / Under Secretary
स्वास्थ्य एवं परिवार कव्याण संत्रालय
Ministry of Heeth & Family Welfary
भारत सरकार / Govt. of India
नई दिल्ली / New Delhi

- (iii) There will be two sureties, out of which one will be a close relative (who is a citizen of India and based in India) and other one is not related to the applicant, both with sufficient financial standing (\*).
- (iv) The first surety will be responsible for payment of the bond amount including interest, if any, in case the candidate defaults on any of the conditions mentioned in the bond. In case the first surety also fails to make payment, the second surety will be liable to make payment.

#### C. No Obligation to Return to India (NORI)

- (i) NORI (No Obligation to Return to India) certificate shall **not** be issued in general.
- (ii) NORI may be issued to a person attaining 65 years of age.
- (iii) NORI may be issued to the person satisfying the following three (3) conditions:
  - (a) If SON has not been issued previously;
  - (b) If the applicant is a Foreign Medical graduate and has not qualified eligibility test as per IMC/ NMC Act.
  - (c) If the applicant does not have MCI/ NMC/ State Medical Council registration.

#### D. General Conditions:

- (i) The candidate will inform the SON Certificate/ENC issuing authority of his arrival in India within a period of three months from the date of completion of the course mentioned in the SON Certificate/ENC. In case the candidate fails to report within the stipulated time period or takes longer to report because of some unforeseen situation leading to non-compliance of the bond conditions to the SON Certificate/ENC issuing authority and the authority shall have the option to further extend the reporting period for a maximum of 3 months beyond, after considering the explanation offered and taking into account the evidences adduced.
- (ii) If the candidate fails to return or fails to inform the authorities beyond the extended period, he/ she shall be liable for enforcement of penal actions, including payment to the Government or as may be directed by the Government, on demand the said sum of Rs. 10 Lakhs (Rupees Ten Lakhs only) together with interest thereon @ 12% per annum from the date of demand.

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#### **BOND TO BE EXECUTED**

BY CANDIDATES APPLYING FOR NEED CERTIFICATE IN CONNECTION WITH JOINING TRAINING PROGRAMME/COURSE IN MEDICAL SPECIALITIES IN MEDICAL INSTITUTIONS OUT OF INDIA

KNO	WC	ALL	concern	ed	BY	THE	ESE	PRI	ESENTS	THA	Γ	1
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<u> </u>			_ and havir	ng g	raduate	d from				(Nan	ne	and
address o	of	Medical	College/Ins	titutio	on), (h	ereinaf	ter	called	"the	Obligor"	)	and
Shri/Shrim	ati/I	Kumari	-		3			sor	n/daugł	nter		of
		(100)	, Res	ident	t of				(	Address in	ı In	dia)
And Shri/	Shr	imati/Kun	nari		S	on/dau	ghte	r of				,
Resident o	f					_(Addr	ess i	n India)	(herei	nafter call	ed '	'the
Sureties")	do	hereby jo	intly and se	verall	ly bind	ourselv	es a	nd our	respec	tive heirs	and	d/or
executors	to p	ay to the	President of	India	(herein	after ca	lled	"the Go	vernm	<b>ent"</b> ) on d	lem	and
the sum of	Rs.	10 lakhs (	Rupees Ten l	.akhs	only) or	, if payr	ment	is mad	e in a co	ountry oth	er t	han
India, the e	equi	valent of	the said amo	unt ii	n the cu	rrent c	urrer	ncy of th	nat cou	ntry conve	erte	d at
the official	rat	e of excha	inge betwee	n tha	t countr	y and I	ndia	, togeth	er with	interest t	her	eon
@ 12% per	anr	num from	the date of c	lemai	nd, AND	TOGAT	HER	with al	costs k	oetween a	ttor	ney
and client	an	d all char	ges and ex	oense	es that	shall o	r ma	ay have	been	incurred	by	the
Governme	nt.											
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AN	D W	HEREAS fo	or the better	prote	ection o	f the Go	verr	iment, t	he Obli	gor has ag	ree	d to
execute th	is Bo	ond with s	such conditio	n as l	hereund	ler is wi	ritter	n:				
AN	D W	HEREAS tl	ne said Suret	ies ha	ive agre	ed to ex	cecut	e this B	ond as S	Sureties or	n be	half
			bligor				^					
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(SONU KUMAR)
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Ministry of Health & Family Welfare
भारत सरकार / Govi. of India
नई दिल्ली / New Delhi

	NOW THE CONDITION OF THE ABOVE WRITTEN O	BLIGATIONS IS THAT in the ev	ent of
t	the Obligor Shri/Shrimati/Kumari	failing to return to	o India
ć	after completion of the training programme/course, wi	thin a period of three (3) n	nonths
	thereof, and report to the Ministry of Health & Family We		
	Sureties shall forthwith pay to the Government or as may	5	
	demand the said sum of Rs. 10 Lakhs (Rupees Ten Lakhs o	only) together with interest th	nereon
(	@ 12% per annum from the date of demand.		
	AND upon the Obligor Shri/Shrimati/Kumari	aı	nd / or
9	Shri/Shrimati/Kumari		and/or
	Shri/Shrimati/Kumari	, the Sureties afc	presaid
t	making such payment, the above written obligation sh	nall be void and / or of no	effect,
(	otherwise it shall be and remain in full force and virtue:		
	PROVIDED ALWAYS that the liability of the Sureties	s hereunder shall not be impa	ired or
(	discharged by reason of time being granted or by any f	orbearance, act or omission	of the
(	Government or any person authorized by them (wheth	er with or without the cons	ent or
ŀ	knowledge of the Sureties) nor shall it be necessary, for t	the Government to sue the C	Obligor
١	before suing the Sureties Shri/Shrimati/Kumari		and
9	Shri/Shrimati/Kumari	or any of them for an	nounts
(	due hereunder.		
	THE BOND shall in all respects be governed by the	e laws of India for the time b	eing in
1	force and the rights and liabilities hereunder shall where n		
I	by the appropriate Courts of law in India.		
	Signed and dated this (Day) of	(Manth	) Two
	Signed and dated this(Day) of		
	Thousand andatat	(Plac	e) in
1	the(Country).		
	Signed and delivered by the Obligor abovementioned		
		House	fill ad say
	Shri/Shrimati/KumariIn the presence of:		<b>(सोन</b> क्वमार)
		Philip Shares	(SONU KUMAR) सचिव / Under Secretary
	Witnesses: 1	स्वास्थ	पूर्व परिचय क्षास्त्राण संज्ञानय y of Heath & Family Welfare ra सम्बद्ध / Govi. of India
	(Name and Complete Postal Address)	Alle	नई दिल्ली / New Delhi

(Name and Complete Postal Address)

Signed and delivered by the First Surety(#) abovementioned	
Shri/Shrimati/Kumari	
In the presence of:	
Witnesses: 1	
(Name and Complete Postal Address)	
2	
(Name and Complete Postal Address)	
(#)First Surety will be a close relative to the Obligor and will information in respect of himself/herself as in Annex - C	Turnisn
Signed and delivered by the Second Surety(%) abovementioned	
Shri/Shrimati/Kumari	
In the presence of:	
Witnesses: 1	
(Name and Complete Postal Address)	9

(%) **Second Surety** will not be a relative to applicant and will furnish information in respect of himself/herself as in  $\underline{Annex-D}$ 

(Name and Complete Postal Address)

(सोनु बुगार)
(SOMU FUMAR)
अवर समिव / Under Beardary
स्वास्थ्य एवं परित्रा कार्याता करावाव
Ministry of Hearth के निकास (Value भारत स्वराहार / Earth ordina नहीं (देलता / Feet Dalis)

ACCEPTED	_
For and on behalf of the President of India	
Name	
Name:	
Designation	
Ministry of Health & Family Welfare	
Nirman Bhawan, Maulana Azad Road	
New Delhi - 110011	

#### **ANNEX-C**

#### BIO-DATA FORM for Surety - 1 (Relative)

1.	Name	:		Affix	passport
2.	Father's /Husband's Name	:		size pho	otograph
3.	Occupation	:			
4.	Age & date of birth	:			
5.	Educational qualification	:			
6.	Permanent address	•			
7.	Present address				
8.	Other particulars				
	(i) Passport Number	:			
	(ii) PAN	•			
	(iii) Voter's ID Card No.		:		
9	Personal Assets & Liahilities	(As on	1st April of the F.Y.)		

- - a) Details of immovable property:

Present Value

		7.8.2	
i)	Particulars (House/Flat/Land/other	s):	
ii)	Address	· · · · · · · · · · · · · · · · · · ·	
iii)	Extent of land	:	
iv)	In whose name registered	:	
v)	Whether unencumbered	:	Yes/No
vi)	If encumbered,		
	to what extent	• • • • • • • • • • • • • • • • • • • •	
vii)	Book No./Registration Number	:	
viii)	Address of Registrar/Sub-Registrar	:	

#### b) Liquid assets:

ix)

SI.	Particulars	Amount (Rs.)	Whether encumbered (Yes/No/)	If encumbered, to what extent	Remarks
1.	Cash-in-hand				
2.	Cash at Bank				Give Bank account no. With branch address and MICR Code
3.	Govt. Securities				Please give details
4.	Shares				
5.	Life Insurance Policies (Surrender Value)				
6.	Jewellery				
7.	Others				Please give details

(सोनु ब्रुमार) (SONU KUMAR) अवर सचिव / Under Secretary स्वास्थ्य एवं परिवार कल्टाल मंत्रालय Ministry of Health & Family Welfare भारत सर्वार / Govt. of India पर्व दिल्ली / New Delhi

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#### c) Liabilities:

- i) Borrowings from Bank (give details of security furnished)
- ii) Borrowings from Friends & relatives
- iii) Borrowings from other sources (give details)

# 10) Net worth = 9(a)+9(b)-9(c)

I hereby declare that the above information is correct to the best of my knowledge and belief.

Place:

Signature:

अवर सविव / Under Decretary स्वायस्य एवं परिवार अध्यक्ष सम्बद्धाः Ministry of Health & Faculty Welfare भारत सम्बद्धाः / Gov. of India नई दिल्ली / New Dethi

Date:

Name:

Relationship with applicant:

# Bio data for Surety - 2 (Should not be a relative to applicant)

1.	Name		•					
2.	Father's /Husband's Name:							
3.	Occupa	ation						
4.	Age & o	date of birth	:					
5.	Educat	onal qualification	:					
6.	Permar	nent address	:					
7.	Presen	t address						
8.	Other p	articulars						
	(i) I	Passport Number		:				
	(ii) PAI	N	:					
	(iii) Vot	er's ID Card No.		:				
9.	Person	al Assets & Liabilit	es (As	on 1st	April of	the F.Y	<b>'</b> .)	
	a) <u>Deta</u>	<u>ails of immovable p</u>	property	<b>∀</b> :				
i)	Part	iculars (House/Fla	t/Land/	others)	:			
,	ii)	Address		•	9. <b>4</b> 0 5. <b>5</b> 0			
	iii)	Extent of land			:			
	iv)	In whose name re	gistere	d		:		
	V)	Whether unencun	nbered		:		Yes/No	
	vi)	If encumbered,						
		to what extent			:			
	vii)	Book No./Registra	ation Nu	umber				
	viii)	Address of Regist	rar/Sub	-Regis	trar	•		
	ix)	Present Value			:			
		20						

## b) Liquid assets:

SI.	Particulars	Amount (Rs.)	Whether encumbered (Yes/No/)	If encumbered, to what extent	Remarks
1.	Cash-in-hand				
2.	Cash at Bank				Give Bank account no. With branch address and MICR Code
3.	Govt. Securities				Please give details
4.	Shares				
5.	Life Insurance Policies (Surrender Value)				٥
6.	Jewellery				
7.	Others				Please give details

House (प्रोंचु सुमाए)
(SONU KUMAR)
अवर शरिय / Under Secretary
स्वास्थ्य एवं परियार कान्यण मंत्रात्य
Ministry of Health & Frinkly Welfare
भारत रायकार / Govt. of India
नहीं सिकती / New Delhi

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# c) Liabilities:

- iv) Borrowings from Bank (give details of security furnished)
- v) Borrowings from Friends & relatives
- vi) Borrowings from other sources (give details)

## 10) Net worth = 9(a)+9(b)-9(c)

I hereby declare that the above information is correct to the best of my knowledge and belief.

Place:

Signature:

Date:

Name:

Relationship with applicant:

(सोनु कुमार) (SONU KUMAR) अवर सचिव / United Secre

अवर सचिव / Under Secretary स्वास्थ्य एवं परिवार करवाण मंत्रालय Ministry of Health क Family Welfare भारत जारवार / Look, of India नई विक्ती / New Dothi