

ପାରମ ସଂଖ୍ୟା—4
[ନିୟମ 12 (10) ଦ୍ରୁଷ୍ଟବ୍ୟ]
ମନୋନୟନ ପତ୍ର

Sl. No. ୧
Dt. ୧୯.୧.୨୨
Time ୨.୦୦ PM

ଶତାବ୍ଦୀ

ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ **ଡାକ୍ତର - ୭୭, ଅନ୍ଧାର୍ଥାୟୁଧାଦ - ୫୫** ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ
ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୟନ କରୁଥାଏ ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ **କୃତ୍ତି ମାତ୍ରଜି**

✓ ପିତା/ପତିଙ୍କ ନାମ **ଶ୍ରୀ ମାତ୍ରଜି**

ତାଙ୍କର ଡାକ ଠିକଣା **୩୨/ପ୍ରାକ୍ତ - ଡ୍ୟାର୍କ୍ଟ୍ସଟ୍ରାଟ୍ୟୁନ୍ଟ୍ୟୁନିଟ୍, ଭାନ୍ଦା - କୁଳାଳ୍, ଓଡ଼ିଶା**

୭୭, ଅନ୍ଧାର୍ଥାୟୁଧାଦ ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ବରଜ ହୋଇଥିବା
୫୦ (ପ୍ରାପ୍ତ କର୍ତ୍ତାଙ୍କୁଷ୍ଟାକି, ପ୍ରାପ୍ତ - ଅନ୍ଧାର୍ଥାୟୁଧାଦ, ଭ୍ରାନ୍ତ ନା - ୦୩)

ମୋର ନାମ **କୃତ୍ତି ମାତ୍ରଜି** ଅଗେ ଏବଂ **୭୭, ଅନ୍ଧାର୍ଥାୟୁଧାଦ** ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା **୫୫ (ପ୍ରାପ୍ତ କର୍ତ୍ତାଙ୍କୁଷ୍ଟାକି, ପ୍ରାପ୍ତ - ଅନ୍ଧାର୍ଥାୟୁଧାଦ)** ରେ ତାହା ହୋଇଥିବା

ବରଜ କରାହୋଇଥାଏ ।

ତାରିଖ **୧୨.୦୧.୨୦୨୨**

କୃତ୍ତି ମାତ୍ରଜି
ପ୍ରତାବକଙ୍କ ସ୍ଵାକ୍ଷର

ମୋର ନାମ **ମଧୁଦ ଶେଷ**

ଅଗେ ଏବଂ **୭୭, ଅନ୍ଧାର୍ଥାୟୁଧାଦ - ୧**

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା **୧୮୮ (ପ୍ରାପ୍ତ କର୍ତ୍ତାଙ୍କୁଷ୍ଟାକି, ପ୍ରାପ୍ତ - ଅନ୍ଧାର୍ଥାୟୁଧାଦ)** ରେ ତାହା ଦରଜ ହୋଇଥାଏ ।

ହୋଇଥାଏ ।

ତାରିଖ **୧୨.୦୧.୨୦୨୨**

ମଧୁଦ ଶେଷ
ସମଥକଙ୍କ ସ୍ଵାକ୍ଷର

ମୁଁ ଉପର ମନୋନୟନ ପ୍ରାର୍ଥୀ ମନୋନୟନ ପ୍ରତି ସମ୍ମତି ଜଣାଉଛି ଏବଂ ଏତଦ୍ୱାରା ଘୋଷଣା କରୁଥାଏ ଯେ-

(କ) ମୋର ବୟସ **୭୮** ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଥାଏ ।

*(ଖ) ମୁଁ **ଭାନ୍ଦାର୍ଥାୟୁଧାଦ** ଦରଜ ହୋଇଥାଏ ।

(ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i) **ମଧୁଦ ଶେଷ**

(ii) ଏବଂ (iii)

ଓର୍ଧୀଆ

(ଘ) ମୋର ଏବଂ ମୋର ପିତା/ପତିଙ୍କର ନାମ ଉପରେ
..... (ଭାଷାର ନାମ) ଠିକ୍ ଭାବରେ ବନାନ କରାଯାଇଛି ।

(ଡ) ମୋର ଜ୍ଞାନ ଓ ବିଶ୍ୱାସ ଅନୁଯାୟୀ ମୁଁ ପ୍ରାର୍ଥୀ ହେବା ପାଇଁ ଯୋଗ୍ୟ ଏବଂ ଯଦି ମୋତେ **୫୫. ଅନୁଯାୟୀ**

ଜ୍ଞାନାବ୍ୟବାନ୍ - ୧ ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦର ଆସନ ପୂରଣ ନିମନ୍ତେ ପସଦ କରାଯାଏ ତେବେ ମୁଁ
ଅଯୋଗ୍ୟ ନୁହେଁ ।

ପୁନଶ୍ଚ ମୁଁ ଘୋଷଣା କରୁଅଛି ଯେ ମୁଁ **ଅନୁଯାୟୀ ଜାତି**

**ଜାତି/ଜନଜାତିର ସଦସ୍ୟ ଯାହାକି ଓଡ଼ିଶା ରାଜ୍ୟର ଅନୁସୂଚିତ ଜାତି/ଅନୁସୂଚିତ ଜନଜାତି/ପଛ୍ଚାନାବର୍ଗ ନାଗରିକ
ଅଟେ ।

ତାରିଖ **୧୮. ୦୯-୨୦୨୭**

ବ୍ରିଜ୍ ମାର୍କ୍
ପ୍ରାର୍ଥୀଙ୍କ ସ୍ଵାକ୍ଷର

* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

** ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶରକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧ୍ୟକ୍ଷାରୀଙ୍କରାର ପୂରଣ ଲାଗି)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା **୦୧**.

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟଠାରେ **୧୯/୧୯୭**

ତାରିଖରେ **୨୦.୦୯ PM** ସମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରାପ୍ତାବକଳେ ଦ୍ୱାରା ଦିଆଗଲା ।

ତାରିଖ **୧୯/୧୯୭**

ନିର୍ବାଚନ ଅଧ୍ୟକ୍ଷାରୀ

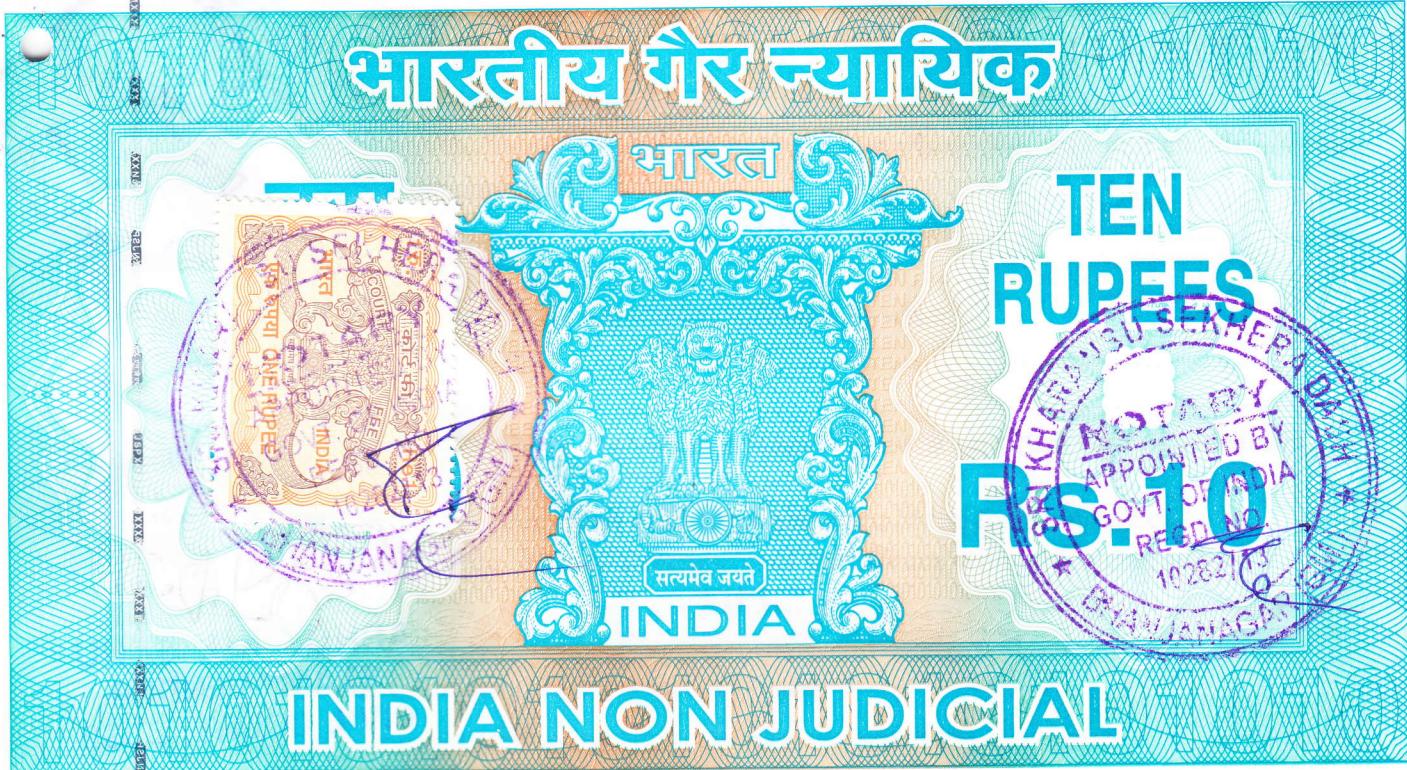
ନିର୍ବାଚନ ଅଧ୍ୟକ୍ଷାରୀଙ୍କର ମନୋନୟନ ପତ୍ର ମଞ୍ଚର କରିବା ବା ନାମଞ୍ଚର କରିବା ନିଷ୍ପତ୍ତି

ମୁଁ ଓଡ଼ିଶା ଜିଲ୍ଲା ପରିଷଦ ଅଧ୍ୟନୟମ, 1991ର ବ୍ୟବସ୍ଥା ଅନୁସାରେ ଏବଂ ତଦଧୀନ ପ୍ରଣୀତ ନିୟମାବଳୀ ଅନୁଯାୟୀ ଏହି
ମନୋନୟନ ପତ୍ରଟିକୁ ପରୀକ୍ଷା କରି ଦେଖାଇଛି ଏବଂ ନିମ୍ନମତେ ନିଷ୍ପତ୍ତି କରୁଅଛି :—

*ମନୋନୟନ ପତ୍ର ଗ୍ରାହ୍ୟ/ଅଗ୍ରାହ୍ୟ

ତାରିଖ

ନିର୍ବାଚନ ଅଧ୍ୟକ୍ଷାରୀ



ଓଡ଼ିଶା ଓଡ଼ିଶା ODISHA

52AA 728202

**BEFORE THE NOTARY PUBLIC: BHANJANAGAR, GANJAM
AFFIDAVIT**

(TO BE SUBMITTED BY CANDIDATE TO THE ELECTION OFFICER/RETURNING OFFICER AS AN ACCOMPANIMENT TO THE NOMINATION PAPER)

For Election to the office of **Zilla Parishad** of **BHANJANAGAR (Gm)** GP.

in **JAGANATH PRASAD** Block of **GANJAM** of District/Member

of **ZONE - 22** P.S. of **NIL** of District/Member

of Zone No. 22 Zilla Parishad of **Ganjam** District/Corporation of **NIL**

Municipal Corporation **NIL** District/Councillor of

NIL Municipality/N.A.C. of **NIL** district.

(*please strike off the ones not applicable to you)

I **Litu Naik**, son of **Saita Naik** candidate at the above election, do hereby solemnly affirm and state on oath as under:-

I(A) I have in the past been convicted of criminal offence in the following case(S) and the details are as under :-

- i) Case No. **NIL**
- ii) Section of the Act and description of the offence for which convicted

Place : **BHANJANAGAR** iii) Date of conviction **NIL**

Time **5.00 P.M.**

Serial No. **70**

Date **18/11/22**

Litu Naik

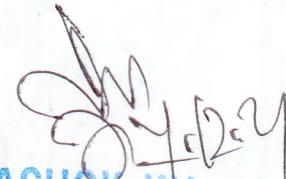
Sri **Kharansu Sekhera Dash**
NOTARY
BHANJANAGAR (Gm.) Odisha
LL.B

RS-10

S.L NO - 15795

DE - 7/12/21




ASHOK KU. SAHU
STAMP VENDOR
CIVIL COURT, BBSR

RECEIVED

BELONGS TO THE NOTARY PUBLIC: BHUMANAGAR CIVIL

WITNESS

TO BE SUBMITTED BY CANDIDATE TO THE ELECTION OFFICER OR TURNING OFFICER AS AN
ACCOMPLIMENT TO THE NOMINATION PAPER

For Election to the office of Notary Public or
District Member of Legislative Assembly or
District Member of Legislative Council

In the year _____ of the month of _____ B. P. of _____ of District Member

of _____ of _____ B. P. of _____ of District Member

of _____ of _____ B. P. of _____ of District Member

of _____ of _____ B. P. of _____ of District Member

of _____ of _____ B. P. of _____ of District Member

(*Please sign in all the boxes not applicable to you)

I, (The witness), son of _____ Notary Public convoked in the space below to certify

that the above name is true and correct as under-

(A) Name in the box given below convoked in the following offices in the following order:

certifies the same as under:-

i) Case No.

ii) Section of the Act any description of the Office for which conviction

iii) Date of conviction

Notary Public
Bhuwanagar Civil Court
District Member of Legislative Assembly
District Member of Legislative Council
Date _____

- iv) Court by which convicted NIL
- v) Punishment imposed (indicate period of imprisonment awarded and/or quantum of the fine imposed) NIL
- vi) Details of appeal/revision etc., against conviction NIL

(Repeat the above sequence in respect of each separate case of conviction)

(B) That I have in the past been discharged/acquitted in the following case(s)

- Section of the Act and description of the offence with which charged
..... NIL
- The Court which had taken cognizance :
.....
- Case No. NIL
- Details of appeal/application for revision etc., if any, filed against above order taking cognizance :
..... NIL

(Repeat the above sequence in respect of each separate case of discharge/acquittal)

(C) The following case(s) is/are pending against me in which cognizance has been taken taken by the Court :

- Section of the Act and description of the offence for which cognizance taken :
..... V/S 506, 294, 148, 1.P.C.
- The court which has taken cognizance :
..... S.D.T.M. BHANJANAGAR
- Case No. G.R. - 442/2021
- Details of appeal/application for revision etc., if any filed against above order taking cognizance :
..... NIL

(Repeat the above sequence in respect of each separate case of discharge/acquittal)

** if information against any of the columns at (A)/(B)/(C) is nil, state "NIL" against the corresponding column and strike off the sub-columns below.

Sri Kharansu Jefteral D.L.L.B
NOTARY
BHANJANAGAR (H.M.) Odisha
18

Lekha neik

2. That, I/my spouse/my dependants *** own the following immovable properties:-

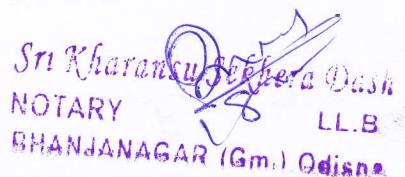
(A)

| Agricultural Land(s) | Location | Area | Approx. present market value according to you |
|--|-------------------------|---------------|---|
| Self name LITU NAIK | KHETTA MUNDALI mausa | 0:1223 dec | Rs 2500/- Twenty Five Thousand |
| Spouse [give name] | -NIL | -NIL | -NIL |
| Dependant Son(s) [Give name(s)] | -NIL | -NIL | - NIL |
| Dependant daughter (s) [Give name(s)] | -NIL | -NIL | - NIL |
| Dependant (others) (Give name and relationship) | -NIL | -NIL | - NIL |
| In joint name(s) (Give names) | -NIL | -NIL | - NIL |

(B)

| Urban Land(s) | Location | Area | Approx. present market value according to you |
|--|----------|-------|---|
| Self name | -NIL | - NIL | -NIL |
| Spouse [give name] | -NIL | - NIL | -NIL |
| Dependant Son(s) [Give name(s)] | -NIL | -NIL | - NIL |
| Dependant daughter (s) [Give name(s)] | -NIL | -NIL | - NIL |
| Dependant (others) (Give name and relationship) | -NIL | -NIL | - NIL |
| In joint name(s) (Give names) | -NIL | -NIL | - NIL |

*** Dependant means a person wholly dependent on the income of the candidate.

Sri Kharanu 
NOTARY
BHANDANAGAR (Gm.) Odisha
LL.B.

Litu Naik

3. (A) That, I/my spouse/my dependants*** own the following movable property :

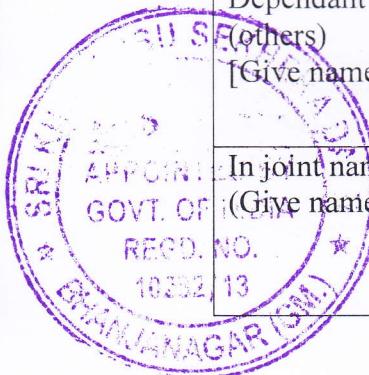
| | Motor vehicle with description such as Car, Jeep, Truck, Bus | Approx. present market value according to you | Gold & gold ornaments; other precious stone(s) (in tolas/gram/carat) | Approx. present market value according to you | Silver & silver ornaments (In tolas/grams) | Approx. present market value according to you |
|---------------------------------------|--|---|--|---|--|---|
| Self name | -NIL- | -NIL- | -NIL- | -NIL- | -NIL- | NIL |
| Spouse (Give Name) | - NIL - | - NIL - | - NIL - | - NIL - | Nil | NIL |
| Dependant Son (s) [Give name(s)] | NIL | NIL | NIL | NIL | NIL | NIL |
| Dependant daughter (s) [Give name(s)] | NIL | NIL | NIL | NIL | NIL | NIL |
| Dependant (others) [Give name(s)] | NIL | NIL | NIL | NIL | NIL | NIL |
| In joint name (s) (Give names) | NIL | NIL | NIL | NIL | NIL | NIL |

Sri Kharansu Sekhera Dash
LL.B
NOTARY
BHANJANAGAR (Gm.) Odisha

Lekha Plazaik

3(B) That, I/my spouse/my dependants *** have the following Bank balance/deposits

| | Name of the Bank | Amount in fixed deposit | Name of the Bank/post Office | Amount in Current/ Savings Account | Name of the company & No. of shares held | Face value of shares |
|--|----------------------------|-------------------------|--|------------------------------------|--|----------------------|
| Self name | S.B.I Jagannath Pradhan | -NIL- | Bank of Baroda S.B.I Jagannath Pradhan | 50,000/- 1537786 | -NIL | -NIL |
| Spouse (Give Name) | -NIL | -NIL | -NIL | -NIL | -NIL | -NIL |
| Dependant Son (s) [Give name(s)] | -NIL | -NIL | -NIL | -NIL | -NIL | -NIL |
| Dependant daughter (s) [Give name(s)] | -NIL | -NIL | -NIL | -NIL | -NIL | -NIL |
| Dependant (others) [Give name(s)] | -NIL | -NIL | -NIL | -NIL | -NIL | -NIL |
| In joint name (s) (Give names) | -NIL | -NIL | -NIL | -NIL | -NIL | -NIL |



Litera

Sri Kharak Sekharia Dashi
 LL.B
 NOTARY
 BHANJANAGAR (Gm.) Odisha

4. That, I/my spouse/my dependants *** are liable to pay the following dues to public, financial institutions and Government dues (Give details).

| | Government Dues | | Income Tax dues | Dues to Financial Institution | Any other dues |
|--|---------------------------------------|--------|-----------------|-------------------------------|----------------|
| | Details of the nature of demand/ dues | Amount | | | |
| Self name | -NIL- | -NIL- | -NIL- | -NIL- | -NIL- |
| Spouse (Give Name) | -NIL- | -NIL- | -NIL- | -NIL- | -NIL- |
| Dependant Son (s) [Give name(s)] | -NIL- | -NIL- | -NIL- | -NIL- | -NIL- |
| Dependant daughter (s) [Give name(s)] | - NIL | -NIL- | -NIL- | -NIL- | -NIL- |
| Dependant (others) [Give name(s)] | -NIL- | | NIL | NIL | NIL |
| In joint name (s) (Give names) | -NIL- | -NIL- | -NIL- | -NIL- | -NIL- |

*** Dependant means a person wholly dependent on the income of the candidate.

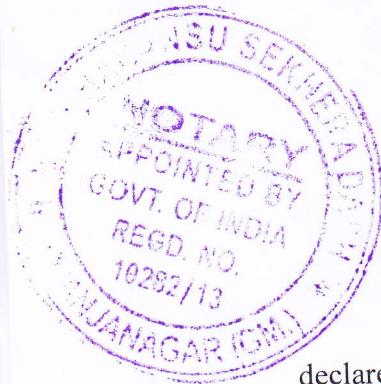
After review

Sri Kharansu Debi Prakash
NOTARY
BHANJANAGAR (Mm.) Odisha
LL.B

5. My educational qualification are as under :
(Give the details of School & University Education)

M.E.D

- pass M.K. Bidya Pitha Mlasugumar - 2010
+2 pass Anchalikar mukhi Bidya leya J.N. Prasad - 2012
+3 pass Berhampur University - 2018
MFD DPLAISE Berhampur - 2021



I, Litu Naik....., do hereby verify and declare that the contents of this affidavit are true and correct to the best of my knowledge and belief, that no part of it is false and that nothing materials has been concealed therefrom.

Verified at Bhujanagar this, the 18th day of January 2022.

Litu Naik
DEPONENT

Witnesses :

1. Alarayan Naik
2. Debjani Naik

Identified by

Sathapna
18.1.2022
Advocate

The deponent having duly identified by Sri/Smt./Miss J. Pradhan, Advocate, on the 18th day of January 2022 at 5.00 A.M. P.M. solemnly affirm & state before me that the contents mentioned in this Affidavit are true to the best of his/her knowledge & information and belief.

Sri Kharansu Sekheta Dash
NOTARY
BHUJANAGAR (GM.) ODISSA
LL.B