

Sl. No. 03

Zone - 65

Soroda - 3

Dt. 20.1.2022

Time 2.27 PM

ପାରମ ସଂଖ୍ୟା-4

[ ନିୟମ 12 (10) ଦ୍ରଷ୍ଟବ୍ୟ ]

ମନୋନୟନ ପତ୍ର

*[Handwritten signature]*

..... ଶ୍ରୀମତୀ ..... ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ ~~ମନୋନୟନ~~ <sup>ସମାହ୍ୱିତ</sup> ~~ମନୋନୟନ~~ <sup>ମନୋନୟନ</sup> ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ

ବ୍ୟକ୍ତିଙ୍କ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ..... ଶ୍ରୀମତୀ ମୋତି .....

ପିତା/ପତିଙ୍କ ନାମ ..... ମହାଶୟ ମୋତି .....

ତାଙ୍କର ତାଙ୍କ ଠିକଣା ଗ୍ରାମ- ଶୁଣ୍ଢିଗିରି, ପୋଷ୍ଟ- ଏକଲକ୍ଷ୍ମୀ, ଭାଦ୍ରା/ଆଶା- କଟକ, ଜି- ଶ୍ରୀମତୀ

ମନୋନୟନ, ଏକଲକ୍ଷ୍ମୀ, ଶ୍ରୀମତୀ । ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ୨୪୦ (ଭୋଟ ନ-୦୨) ଏକଲକ୍ଷ୍ମୀ ଗ୍ରାମପଞ୍ଚାୟତ, ସୋରଡା ସ୍ତମ୍ଭ,

ମୋର ନାମ ..... ଶ୍ରୀମତୀ କାନ୍ତୀ ପ୍ରଧାନ ..... ଅଟେ ଏବଂ ଏକଲକ୍ଷ୍ମୀ, ଶ୍ରୀମତୀ

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୨୨୧ (ଭୋଟ ନ-୦୪) ଏକଲକ୍ଷ୍ମୀ ଗ୍ରାମ ରେ ତାହା

ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ..... ୨୦-୦୧-୨୦୨୨ .....

ଶ୍ରୀମତୀ କାନ୍ତୀ ପ୍ରଧାନ  
ପ୍ରସ୍ତାବକଙ୍କ ସ୍ୱାକ୍ଷର

ମୋର ନାମ ..... ଶ୍ରୀମତୀ ମାତ୍ୱଳ ..... ଅଟେ ଏବଂ ଏକଲକ୍ଷ୍ମୀ, ଶ୍ରୀମତୀ

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୮୪ (ଭୋଟ ନ-୦୩) ଏକଲକ୍ଷ୍ମୀ ଗ୍ରାମ ରେ ତାହା ଦରଜ

ହୋଇଅଛି ।

ଶ୍ରୀମତୀ ମାତ୍ୱଳ

ତାରିଖ ..... ୨୦-୦୧-୨୦୨୨ .....

ସମର୍ଥକଙ୍କ ସ୍ୱାକ୍ଷର

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

(କ) ମୋର ବୟସ ..... ୪୧ ..... ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।

\* (ଖ) ମୁଁ ଭାଦ୍ରା/ଆଶା କାନ୍ତୀ ..... ଦଳଦ୍ୱାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଛି ।

(ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i) ..... ଭାଦ୍ରା .....

(ii) ..... ଏବଂ (iii) .....

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

(ଙ) ମୋର ଜ୍ଞାନ ଓ ବିଶ୍ୱାସ ଅନୁଯାୟୀ ମୁଁ ପ୍ରାର୍ଥୀ ହେବା ପାଇଁ ଯୋଗ୍ୟ ଏବଂ ଯଦି ମୋତେ **ଓଡ଼ିଆ** .....  
**ଓଡ଼ିଆ, ମାଡ୍ରାସ** ..... ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦର ଆସନ ପୂରଣ ନିମନ୍ତେ ପସନ୍ଦ କରାଯାଏ ତେବେ ମୁଁ  
ଅଯୋଗ୍ୟ ନୁହେଁ ।

ପୁନଶ୍ଚ ମୁଁ ଘୋଷଣା କରୁଅଛି ଯେ ମୁଁ ..... **ଭୁବନେଶ୍ୱର** .....

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

ତାରିଖ ..... **୨୦-୦୧-୨୦୨୨** .....

**U ବିନାୟକ ଚାପ୍**  
ପ୍ରାର୍ଥୀଙ୍କ ସ୍ୱାକ୍ଷର

\* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

\*\* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ ଲାଗି)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା ..... **୦୩** .....

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ ..... **୨୦/୦୧/୨୨** .....

ତାରିଖରେ ..... **୨୦/୦୧/୨୨** ..... ସମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

ତାରିଖ ..... **୨୦/୦୧/୨୨** .....

**ନିର୍ବାଚନ ଅଧିକାରୀ**

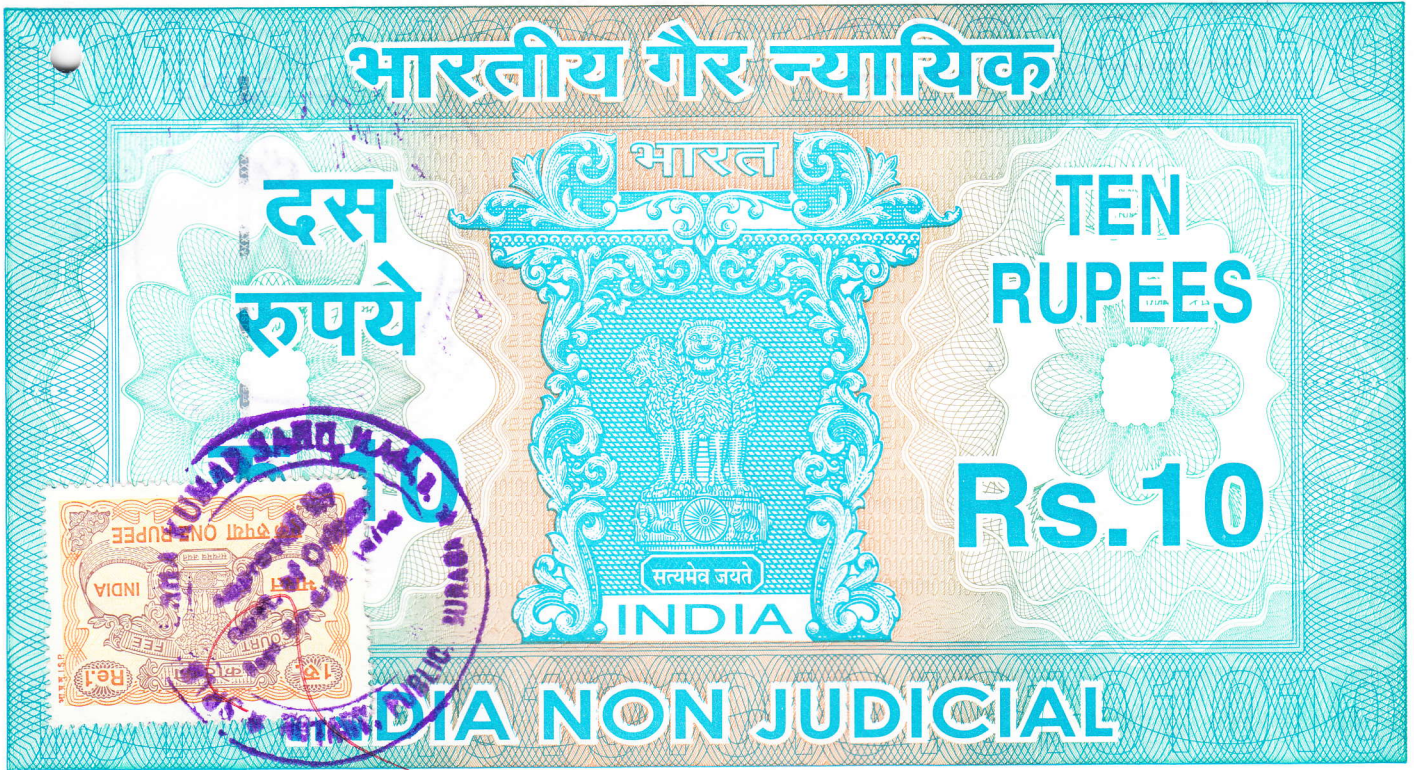
ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କର ମନୋନୟନ ପତ୍ର ମଞ୍ଜୁର କରିବା ବା ନାମଞ୍ଜୁର କରିବା ନିଷ୍ପତ୍ତି

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

\* ମନୋନୟନ ପତ୍ର ଗ୍ରାହ୍ୟ/ଅଗ୍ରାହ୍ୟ

ତାରିଖ .....

ନିର୍ବାଚନ ଅଧିକାରୀ



ଓଡ଼ିଶା ओडिशा ODISHA

BEFORE THE NOTARY PUBLIC, SURADA, GANJAM.

54AA 806485

AFFIDAVIT

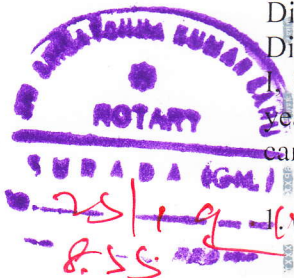
(To be submitted by candidate to the Election Officer/Returning Officer as an accompaniment to the Nomination Paper)

For Election to the Office of M.L.A. of M.L.G.P in Surada Block of Ganjam District / Surada G.P. of SURADA Panchayat samiti (P.S) of Ganjam District / Member of SURADA BLOCK ZONE NO.-65 Zilla Parishad of Ganjam District.

SRI BINAYAK GOUDA Son of LATE MAHADEBA GOUDA, aged about 40 years of Village: BINJAGIRI, PO: EKALAPUR, PS: BADAGADA Dist. GANJAM, candidate at the above election, do hereby solemnly affirm and state on oath as under:-

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

- |   |     |      |
|---|-----|------|
| (i) Case No.  | ... | NIL. |
| (ii) Section of the Act and description of the Offence for which convicted. | ... | NIL  |
| (iii) Date of Conviction  | ... | NIL  |
| (iv) Court by which convicted   | ... | NIL  |



Part of the part  
of the instrument

NOTARY. SURADA

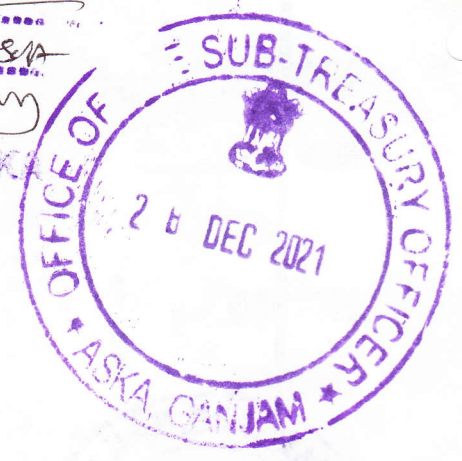
बिनायक गौड़

29.1.22

NO. 433 DT. 13/1/22 RS. 12

Spota ASKA

S.V.S.R.O. ASKA



(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) :

(i) Section of the Act and description of the offence with which charged

\_\_\_\_\_ *nil* \_\_\_\_\_

(ii) The Court which had taken cognizance :

\_\_\_\_\_ *nil* \_\_\_\_\_

(iii) Case No

\_\_\_\_\_ *1000* \_\_\_\_\_

(iv) Details of appeal/application for revision etc., if any, filed against above order taking cognizance :

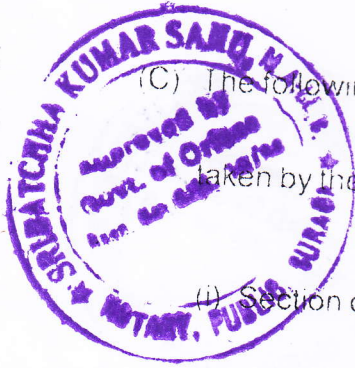
\_\_\_\_\_ *nil* \_\_\_\_\_

Form No. 10 of the Instrument

BY \_\_\_\_\_

(Repeat the above sequence in respect of each separate case of discharge/acquittal).  
*19.1.22*

*गणेश ठोपे*



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

(i) Section of the Act and description of the offence for which cognizance taken :

\_\_\_\_\_ *nil* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) The Court which has taken cognizance :

\_\_\_\_\_ *all* \_\_\_\_\_

(iii) Case No. \_\_\_\_\_

*nil*

(iv) 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 cognizance by Court).

*Sp*  
NOTARY, SURABHI

If information against any of the columns at (A)/(B)/(C) is nil, state 'NIL' against the

*19.1.22*

corresponding column and strike off the sub-columns below.

*शुभकाम श्री*


2. Do my spouse/my dependants own the following immovable properties. ---



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)	Excluse AP Bergim	10 AC Paw	400 lakhs

B.

Urban Land (s)	Location	Area	Appr 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

  
 19.1.22  
 Registrar of Assurances

3. All that /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	Tractor 2 lorry		nil	nil	nil	nil
Spouse (Give name)	<del>Prakash</del> Prakash	nil	nil	nil	nil	nil
Dependant sons(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	30 gm	2 lorry	250	15.00



attest and sign  
in the presence of  
Notary Public

[ 9.1.22 ]

श्री प्रकाश कुमार सायनी

3. (B) That, if my spouse/my dependants \*\*\* have the following Bank balance/deposits —

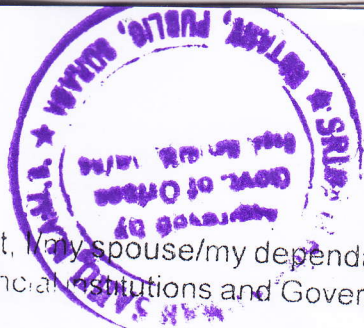
	Name of the Bank	Amount in Fixed deposit.	Name of the Bank/Post. Office	Amount in Current/ Savings Account	Name of the Company & No. of shares held	Face value of shares
Self name	all	nil	nil	nil	nil	nil
Spouse (Give name)	all Bobby	nil	nil	S.B.	nil	nil
Dependant son(s) [Give name(s)]	all	nil	nil	nil	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



NOTARY, SURABH  
[Signature]

[9.1.22]

[Signature]



4. That, 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 Institutions	Any other Dues.
	Details of the nature of demand/dues	Amount			
Self name		₹	₹	C.O.G. Educt, No. words	
Spouse (Give name)		₹	₹	₹	₹
Dependant son(s) [Give name(s)]		₹	₹	₹	₹
Dependant daughter(s) [Give name(s)]		₹	₹	₹	₹
Dependant (others) [Give name(s)]		₹	₹	₹	₹
In Joint name(s) (Give names)		₹	₹	₹	₹

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

Form to be filled  
in accordance with the instructions

DR. S. S. SARKAR

19-1-22

DR. S. S. SARKAR

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

BA class  
Pass  
Aochha  
UP School

I, Bonachar wende, 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 Surada this, the 19th day of Jan 2022

Witnesses :

1. Hari Kanta  
S/O - V. Karishma  
2. श्री श्री श्री श्री श्री

DECLARATION

The above named Deponent duly identified by CA Bonachar Advocate Surada on this 19th day of Jan 2022 appeared before me solemnly affirmed & stated on oath that the contents of this Affidavit are true to the best of his/her/their knowledge & information & belief:

NOTARY PUBLIC

[Signature]

Allanachar  
[Signature]  
19/1/22  
Advocate

[9.1.22]

[Signature]  
Deponent



[Signature]