

5.05/2019

20/12/19 (02)

ଫାରମ ସଂଖ୍ୟା-4  
[ ନିୟମ 12 (10) ଦ୍ରଷ୍ଟବ୍ୟ ]  
ମନୋନୟନ ପତ୍ର

..... ଶକ୍ତିମା ..... ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ..... ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ

ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ

ପିତା/ପତିଙ୍କ ନାମ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ

ତାଙ୍କର ତାଙ୍କ ଠିକଣା :- ପ୍ରାମ:- କଟକ, ଗୋ:- ଭେଦପୁର ଡି:- ଶକ୍ତିମା ପାଟଣାପଲି ଗ୍ରାମ:- କଟକ

..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ..... ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ..... ୮୦ ଭାଗ ନଂ-୬

ମୋର ନାମ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ..... ଅଟେ ଏବଂ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ..... ୨୦୪ ଭାଗ ନଂ-୫

ରେ ତାହା ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ୨୦/୦୧/୨୦୨୨

ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ  
ପ୍ରସାବକଙ୍କ ସ୍ୱାକ୍ଷର

ମୋର ନାମ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ..... ଅଟେ ଏବଂ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ..... ୧୧୪ ଭାଗ ନଂ-୬

ରେ ତାହା ଦରଜ ହୋଇଅଛି ।

ତାରିଖ ୨୦/୦୧/୨୦୨୨

ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ  
ସମର୍ଥକଙ୍କ ସ୍ୱାକ୍ଷର

ମୁଁ ଉପର ମନୋନୀତ ପ୍ରାର୍ଥୀ ମନୋନୟନ ପ୍ରତି ସମ୍ମତ କରାଉଛି ଏବଂ ଏତଦ୍ୱାରା ଘୋଷଣା କରୁଅଛି ଯେ-

- (କ) ମୋର ବୟସ ..... ୫୧ ବର୍ଷ ..... ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।
- \* (ଖ) ମୁଁ ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ ..... ଦଳଦ୍ୱାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଛି ।
- (ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i) ..... ଶ୍ରୀ ଶ୍ରୀ ଶ୍ରୀ
- (ii) ..... ଏବଂ (iii) .....

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

(ଙ) ମୋର ଜ୍ଞାନ ଓ ବିଶ୍ୱାସ ଅନୁଯାୟୀ ମୁଁ ପ୍ରାର୍ଥୀ ହେବା ପାଇଁ ଯୋଗ୍ୟ ଏବଂ ଯଦି ମୋତେ .....  
..... ଶ୍ରୀମତୀ ..... କିଲ୍ଲାର କିଲ୍ଲା ପରିଷଦର ଆସନ ପୂରଣ ନିମନ୍ତେ ପସନ୍ଦ କରାଯାଏ ତେବେ ମୁଁ  
ଅଯୋଗ୍ୟ ନୁହେଁ ।

ପୁନଶ୍ଚ ମୁଁ ଘୋଷଣା କରୁଅଛି ଯେ ମୁଁ .....  
\*\*କାଚି/ଜନକାଚିର ସଦସ୍ୟ ଯାହାକି ଓଡ଼ିଶା ରାଜ୍ୟର ଅନୁସୂଚିତ କାଚି/ଅନୁସୂଚିତ ଜନକାଚି/ପଛୁଆବର୍ଗ ନାଗରିକ  
ଅଟେ ।

ତାରିଖ ..... 30/02/2019

ପ୍ରଫୁଲ୍ଲ କୁମାର ପାଣି  
ପ୍ରାର୍ଥୀଙ୍କ ସ୍ୱାକ୍ଷର

- \* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଚି ଦିଅନ୍ତୁ ।
- \*\* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଚି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ କାରି)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା .....

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ .....

ତାରିଖରେ ..... ସମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

ତାରିଖ .....

ନିର୍ବାଚନ ଅଧିକାରୀ

ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କର ମନୋନୟନ ପତ୍ର ମଞ୍ଜୁର କରିବା ବା ନାମଞ୍ଜୁର କରିବା ନିଷ୍ପତ୍ତି

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

\*ମନୋନୟନ ପତ୍ର ଗ୍ରାହ୍ୟ/ଅଗ୍ରାହ୍ୟ

ତାରିଖ .....

ନିର୍ବାଚନ ଅଧିକାରୀ

भारतीय गैर न्यायिक

दस  
रुपये

रु.10

भारत

TEN  
RUPEES

Rs.10

INDIA

INDIA NON JUDICIAL



ओडिशा ODISHA

53AA 171671

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 Parishada Zone No.11 in Khallikote Block of Ganjam District / Member of Zone No.11, Zilla Parishada of Ganjam District / Corporator of ..... Municipal Corporation of ..... District/ Councillor of ..... Municipality/ N.A.C. of ..... District.

**\* (Please strike off the ones not applicable to you)**

I, Purnachandra Sahu, aged about 60 years, S/O: Late Raghunatha Sahu, Permanent resident of Vill: Kandigam, PO: Bhejiput, PS/Block: Khallikote, Dist: Ganjam in the state of Odisha 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 case(s) and the details are as under:- Not Applicable.

- (ii) Case No. ---- NIL
- (iv) Section of the Act and description of the offence for which convicted -NIL
- (iii) Date of conviction--- NIL
- (iv) Court by which convicted---- NIL
- (v) Punishment imposed (indicate 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)

पुनर्चन्द्र साहू

P.T.O.

Part of Affidavit  
NOTARY, KHALLIKOTE  
17/1/22

୩୨୨୩୬ ୩୫/୧୨/୪୬୧୦୮



ଶ୍ରୀ. ଶ୍ରୀ. ରାମଚନ୍ଦ୍ର (ସାମ ଭେଗର)  
(ଖଲ୍ଲିକୋଟ)

ଶ୍ରୀ ରାମ ଚନ୍ଦ୍ର



STAMP AND

Faint, illegible text and signatures covering the lower portion of the document.



आदिशा ODISHA

08AA 452657

- 2 -

(B) That I have in the past been discharge/acquitted in the following case(s): Not applicable.

| (i) Section of the Act and description of the offence with which charged                                       | Approx. Present market value according to your |
|--|--|
| (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: 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 discharge/acquittal)**  
 (C) The following case(s) is / are pending against me in which cognizance has been taken by the court: Not Applicable.

|   |  |
|---|--|
| (i) Section of the Act and description of the offence for which cognizance taken: NIL                           |  |
| (ii) The court which has taken cognizance: NIL  |  |
| (iii) Case No: NIL  |  |
| (iv) Details of appeal/application for revision etc., if any, filled against above order taking cognizance: NIL |  |

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

*(Handwritten signature in Odia script)*

Part of Affidavit  
 NOTARY, KHALLIKOTE





ऑडिशा ODISHA

08AA 452658

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\*\*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.

2. That, I/my spouse/my dependants\*\*\* own the following immorral properties:-  
(A)

| Agricultural Land(s)                                      | Location         | Area         | Approx. Present market value according to your |
|---|------------------|--------------|--|
| Spouse<br>[Give Name]                                     |                  |              |  |
| Self Name   | Mouza: Kandigaon | Ac.0.575Dec. | Rs.30,00,000/-                                 |
| Spouse:<br>[Give name (s)]                                | Mouza: Kandigaon | Ac.0.500Dec  | Rs.2,50,000/-                                  |
| Deponent Son(s)<br>[Give name(s)]                         | Mouza: Gurapalli | Ac.1.800Dec  | Rs.10,00,000/-                                 |
| Deponent daughter(s)<br>[Give name(s)]                    | NIL              | NIL          | NIL  |
| Dependant (others)<br>Give name and relationship)         | NIL              | NIL          | NIL  |
| In Joint name(s) (Give Names) Father: Late Raghunath Sahu | Mouza: Gurapalli | Ac.3.200Dec. | Rs.16,00,000/-                                 |

Part of Affidavit  
NOTARY, KHALLIKOTE

Handwritten signature in Odia script.

NOTARY, KHALLIKOTE



# भारतीय गैर न्यायिक

एक रुपया

ONE RUPEE



सत्यमेव जयते



भारत INDIA

INDIA NON JUDICIAL



ଓଡ଼ିଶା ODISHA

- 4 -

08AA 452665

| Urban Land(s)                                 | Location | Area | Approx. Present market value according to you |
|---|----------|------|---|
| Self Name                                     | NIL      | NIL  | NIL   |
| Spouse (Give Name)                            | NIL      | NIL  | NIL   |
| Deponent Son(s) [Give name(s)]                | NIL      | NIL  | NIL   |
| Deponent daughter(s) [Give name(s)]           | NIL      | NIL  | NIL   |
| Dependant (others) Give name and relationship | NIL      | NIL  | NIL   |
| In Joint name(s) (Give Names) Mother          | NIL      | NIL  | NIL   |

Form Part of Affidavit

NOTARY, KHALLIKOTE

*(Handwritten signatures and names in red ink)*

୧୨୩୪୫୬୭୮୯୦ ୧୨୩୪୫୬୭୮୯୦ ୧୨୩୪୫୬୭୮୯୦

STAMP SECTION  
GANJAM, CHATRAPUR

(ସମ୍ପତ୍ତି) (ସମ୍ପତ୍ତି)  
(ସମ୍ପତ୍ତି) (ସମ୍ପତ୍ତି)

୧୨୩୪୫୬୭୮୯୦

INDIA NON JUDICIAL  
INDIA NON JUDICIAL



| Location | Area | Approx. Present market value according to you |
|----------|------|---|
|          | NIL  | NIL   |
|          | NIL  | NIL   |
|          | NIL  | NIL   |
|          | NIL  | NIL   |
|          | NIL  | NIL   |
|          | NIL  | NIL   |
|          | NIL  | NIL   |

Form Part of Affidavit

NOTARY PUBLIC, KOLKATA

୧୨୩୪୫୬୭୮୯୦



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08AA 452666

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

| 1                                      | 2   | 3   | 4   | 5   | 6   | 7  |
|--|---|---|---|---|---|--|
| Self Name                              | Name of the Bank  | 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 |
| Two wheeler Bajaj Plantina No.OD072993 | Motor vehicle with description such as car, jeep, truck, Blus | Rs.40,000                                     | 10gm  | Rs.30,000/-                                   | NIL   | NIL  |
| Spouse [Give Name] Sudestna Sahu       | NIL   | NIL   | 60gm  | Rs.2,00,000 /-                                | 50gm  | RS.3000/                                     |
| Deponent Son(s) [Give name(s)]         | Bulet No.OD33B9697  | Rs.1,00,000                                   | NIL   | NIL   | NIL   | NIL  |
| Deponent daughter(s) [Give name(s)]    | NIL   | NIL   | NIL   | NIL   | NIL   | NIL  |
| Dependant (Others) Give name           | NIL   | NIL   | NIL   | NIL   | NIL   | NIL  |
| In Joint name (s) [Give names] I       | NIL.  | NIL   | NIL   | NIL   | NIL   | NIL  |

Form Part of Affidavit  
 NOTARY, KHALLIKOTE



भारतीय गैर न्यायिक

एक रुपया

ONE RUPEE



भारत INDIA

INDIA NON JUDICIAL

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08AA 452667

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

| 1  | 2                              | 3   | 4   | 5         | 6   | 7   |
|--|--------------------------------|-----|-----|-----------|-----|-----|
| Self Name<br>Purnachandra<br>Sahu            | SBI, Keshpur<br>Branch         | NIL | NIL | Rs.1100/- | NIL | NIL |
| Spouse<br>[Give Name]<br>Sudenstna<br>Sahu   | Indian Bank,<br>Pathara Branch | NIL | NIL | Rs.2000/- | NIL | NIL |
| Deponent<br>Son(s)<br>[Give name(s)]         | SBI, Keshpur<br>Branch         | NIL | NIL | Rs.2000/- | NIL | NIL |
| Deponent<br>daughter(s)<br>[Give<br>name(s)] | NIL                            | NIL | NIL | NIL       | NIL | NIL |
| Dependant<br>(Others)Give<br>name            | NIL                            | NIL | NIL | NIL       | NIL | NIL |
| In joint<br>Name(s) (Give<br>Names)          | NIL                            | NIL | NIL | NIL       | NIL | NIL |



Form Part of Affidavit  
NOTARY, KHALLIKOTE

पुनर्चन्द्र साहू

୧୩/୩/୨୦୧୯ ୧୩/୩/୨୦୧୯

STAMP SECTION  
GANJAM, CHATRAPUR

ଶ୍ରୀମତୀ ସୁମିତ୍ରା ଦେବୀ (ସ୍ତ୍ରୀ ଭାବେ)  
(ଅଭିଭାବିକା)

ଶ୍ରୀମତୀ ସୁମିତ୍ରା ଦେବୀ

ONE RUPEE

₹ 1

भारत INDIA

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All this depositor's dependants\*\* have the following bank balance deposits



| Sl. No. | Name of the depositor | Name of the bank           | Amount in hand deposit | Name of the bank           | Amount in hand deposit | Name of the bank           | Amount in hand deposit |
|---------|-----------------------|----------------------------|------------------------|----------------------------|------------------------|----------------------------|------------------------|
| 1       | Self Name             | SBI, Kaptipada Branch      | NIL                    | SBI, Kaptipada Branch      | ₹ 1100/-               | SBI, Kaptipada Branch      | NIL                    |
| 2       | Spouse (Give Name)    | Indian Bank, Patana Branch | NIL                    | Indian Bank, Patana Branch | ₹ 2000/-               | Indian Bank, Patana Branch | NIL                    |
| 3       | Spouse (Give Name)    | SBI, Kaptipada Branch      | NIL                    | SBI, Kaptipada Branch      | ₹ 2000/-               | SBI, Kaptipada Branch      | NIL                    |
| 4       | Daughter (Give Name)  | NIL                        | NIL                    | NIL                        | NIL                    | NIL                        | NIL                    |
| 5       | Daughter (Give Name)  | NIL                        | NIL                    | NIL                        | NIL                    | NIL                        | NIL                    |
| 6       | Daughter (Give Name)  | NIL                        | NIL                    | NIL                        | NIL                    | NIL                        | NIL                    |
| 7       | Daughter (Give Name)  | NIL                        | NIL                    | NIL                        | NIL                    | NIL                        | NIL                    |
| 8       | Daughter (Give Name)  | NIL                        | NIL                    | NIL                        | NIL                    | NIL                        | NIL                    |

ଶ୍ରୀମତୀ ସୁମିତ୍ରା ଦେବୀ

Notary Public, State of Odisha, Ganjam District



ओडिशा ODISHA

08AA 452659

- 7 -

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

| 1                                      | Governments Dues                     |        | Income Tax Dues | Dues to Financial Institutions | Any Other Dues |
|--|--------------------------------------|--------|-----------------|--------------------------------|----------------|
|  | 2                                    | 3      |                 |                                |                |
|  | Details of the nature of demand/dues | Amount |                 |                                |                |
| Self Name                              | NIL                                  | NIL    | NIL             | NIL                            | NIL            |
| Spouse<br>[Give Name]                  | NIL                                  | NIL    | NIL             | NIL                            | NIL            |
| Deponent Son(s)<br>[Give name(s)]      | NIL                                  | NIL    | NIL             | NIL                            | NIL            |
| Deponent daughter(s)<br>[Give name(s)] | NIL                                  | NIL    | NIL             | NIL                            | NIL            |
| Dependant (Others) Give name           | NIL                                  | NIL    | NIL             | NIL                            | NIL            |
| In joint name(s)<br>(Give Names)       | NIL                                  | NIL    | NIL             | NIL                            | NIL            |

P.T.O

*(Handwritten signature in Odia)*

Form Part of Affidavit

NOTARY, KHALLIKOTE

*(Handwritten signature in red ink)*

Regd No 1938, Exp. 27/08/2026  
Khallikote, Dist- Jagann P.O-781036  
Mob 937701721

୧. ୨୨.୨୫. ୦୩/୧୨/୨୫. ୧୮



STAMP SECTION  
GANJAM, CHATRAPUR

(ଅମଳକର) (ଅମଳକର)  
(ଅମଳକର)

୧୮/୧୨/୨୫

ONE RUPEE

୧୮

INDIA

INDIA NON JUDICIAL

୦୮୫୫ ୫୫୫୫

ODISHA



\*\*\* are liable to pay the following dues to public institutions and Government dues (Give details):-

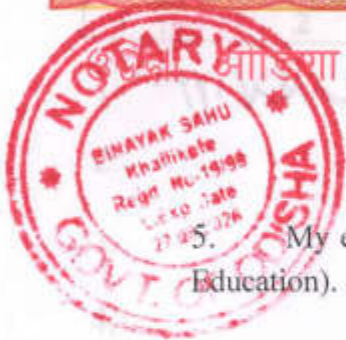
| Sl. No. | Details of the nature of demand/dues | Amount | Income Tax Dues |     | Due to Financial Institutions | VAT, Other Dues |
|---------|--------------------------------------|--------|-----------------|-----|-------------------------------|-----------------|
|         |                                      |        | 1               | 2   |                               |                 |
| 1       | Self/Spouse (Give Name)              | NIL    | NIL             | NIL | NIL                           | NIL             |
| 2       | Department (Give name)               | NIL    | NIL             | NIL | NIL                           | NIL             |
| 3       | Person (Give name)                   | NIL    | NIL             | NIL | NIL                           | NIL             |
| 4       | Daughter (Give name)                 | NIL    | NIL             | NIL | NIL                           | NIL             |
| 5       | Dependent (Give name)                | NIL    | NIL             | NIL | NIL                           | NIL             |
| 6       | Other (Give name)                    | NIL    | NIL             | NIL | NIL                           | NIL             |
| 7       | In joint name (Give Name)            | NIL    | NIL             | NIL | NIL                           | NIL             |

P.T.O

Notary Signature

Form Part of Affidavit

Notary, Khallikote



ODISHA

08AA 452660

- 8 -

5. My education qualification are as under: (Give the details of School & University Education). 5<sup>th</sup> Pass in Govt. Primary School, Kandigaon, Dist. Ganjam.

I, Purnachandra Sahu, do hereby verified 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 there from.

Verified at Khallikote this 17<sup>th</sup> day of January 2022.

Identified by

Advocate, Khallikote

Witnesses:

1. *केशव चंद्र*
- 2.

The deponent being identified by  
Sri *P. Sahu* Advocate on  
this *17/01/22* at *10* A.M./P.M.  
solemnly affirms and state on oath

Deponent

Notary

SRI BINAYAK SAHU, LL.M NOTARY  
Govt. of Odisha  
Regd. No 19/98 Exp. Dt-27/08/2026  
Khallikote, Dist-Ganjam, Pin-761030  
Mob-9337701791

NOTE

2. *SUSIL NAYAK*

କାମୀ... ୨୮.୧୨.୨୪... ୦୨/୧୧/୨୪... ୧/୧

STAMP  
GANJAM. CHATRA

ONE RUPEE

(ସ୍ୱାକ୍ଷର)  
(ସ୍ୱାକ୍ଷର)

ସ୍ୱାକ୍ଷର

INDIA NON JUDICIAL  
INDIA

08AA 425660

08AISHA



- 8 -

education qualification as is under: (Give the details of School & University)

I, Pramesh Chandra Sahu, do hereby certify 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 no entry material has been concealed there from.

Witnessed at Khallikote this 17<sup>th</sup> day of January 2024.

ସ୍ୱାକ୍ଷର

Deponent

ସ୍ୱାକ୍ଷର

Witnesses

The deponent being identified by  
Sh. Advocate on  
this 17<sup>th</sup> day of January 2024 A.M.P.M.  
solemnly affirms and state on oath

ସ୍ୱାକ୍ଷର

ସ୍ୱାକ୍ଷର

ସ୍ୱାକ୍ଷର

SRI BHAYAK SAHU, LL.M. NOTARY  
Govt. of Odisha  
Raghu No 1985 E-2 DISTRICT 2028  
Khallikote Dist. Ganjam Pin-751038  
Mob-9737107391