

File No. 20-1-2023
 at 2-00 PM

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



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

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ କାମିସ୍ତ୍ରୀ "ଶ୍ରୀ" ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ

ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ସୁକୁମାର ମାହାନ୍ତି

ପିତା/ଭଗିନୀଙ୍କ ନାମ ସୁକୁମାର ମାହାନ୍ତି

ତାଙ୍କର ତାଙ୍କ ଠିକଣା ଗ୍ରାମ-ମୁକୁତ୍ୟାପୁର, ଗୋବିନ୍ଦ - ଭୁଞ୍ଜକାବାସୀ, ଧାନା-ନିକିଆ
 ଜିଲ୍ଲା-ପୁରୀ
 କାମିସ୍ତ୍ରୀ "ଶ୍ରୀ" ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ୨୮୮, ଗ୍ରା.ପ. : ଭୁଞ୍ଜକାବାସୀ, ଦାହିନୀ-୦୩

ମୋର ନାମ ସୁକୁମାର ମାହାନ୍ତି ଅଟେ ଏବଂ କାମିସ୍ତ୍ରୀ "ଶ୍ରୀ"

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୨୯୧, ଗ୍ରା.ପ. : ଭୁଞ୍ଜକାବାସୀ, ଦାହିନୀ-୧୦ ରେ ତାହା ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ୨୦-୦୧-୨୦୨୨

.....
 ପ୍ରସ୍ତାବକ ସ୍ଵାକ୍ଷର

ମୋର ନାମ ସୁକୁମାର ମାହାନ୍ତି ଅଟେ ଏବଂ କାମିସ୍ତ୍ରୀ "ଶ୍ରୀ"

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୧୨୨, ଗ୍ରା.ପ. : ଭୁଞ୍ଜକାବାସୀ, ଦାହିନୀ-୪ ରେ ତାହା ଦରଜ ହୋଇଅଛି ।

ତାରିଖ ୨୦-୦୧-୨୦୨୨

.....
 ସମର୍ଥକ ସ୍ଵାକ୍ଷର

ମୁଁ ଉପର ମନୋନୀତ ପ୍ରାର୍ଥୀ ମନୋନୟନ ପତ୍ର ସମ୍ପର୍କିତ ଜଣାଉଛି ଏବଂ ଏତଦ୍ଵାରା ଘୋଷଣା କରୁଅଛି ଯେ-

- (କ) ମୋର ବୟସ ୨୨ ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।
- * (ଖ) ମୁଁ ବିଧି କରୁଛି ଦଳଦ୍ଵାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଛି ।
- (ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i) ଶାନ୍ତା
- (ii) ଏବଂ (iii)

ଓଡ଼ିଆ

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

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

ପୁନଶ୍ଚ ମୁଁ ଘୋଷଣା କରୁଅଛି ଯେ ମୁଁ
**କାଡ଼ି/ଜନକାଡ଼ିର ସଦସ୍ୟ ଯାହାକି ଓଡ଼ିଶା ରାଜ୍ୟର ଅନୁସୂଚିତ ଜାତି/ଅନୁସୂଚିତ ଜନଜାତି/ପଛୁଆବର୍ଗ ନାଗରିକ
ଅଟେ ।

ତାରିଖ ୨୦-୦୧-୨୦୨୨
Saraswati Majhi
ପ୍ରାର୍ଥୀଙ୍କ ସ୍ୱାକ୍ଷର

* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

** ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ କରାଯିବ)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା ୦୧

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ ୨୦/୧/୨୨

ତାରିଖରେ ୨୦-୦୧-୨୨ ସମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

ତାରିଖ ୨୦/୧/୨୨

୨୦-୧-୨୦୨୨
ନିର୍ବାଚନ ଅଧିକାରୀ
ରାଜ୍ୟ
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



भारतीय गैर न्यायिक

पांच रुपये

FIVE RUPEES

₹.5

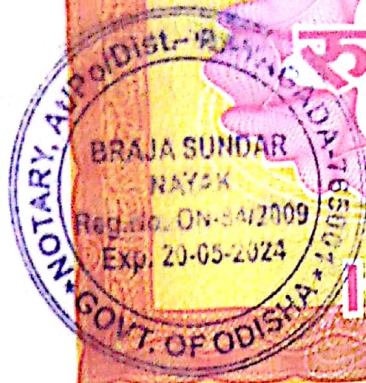
RS.5



सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL



ଓଡ଼ିଶା ଆଇडीଆ ODISHA (BEFORE THE EXECUTIVE MAGISTRATE: NOTARY PUBLIC, RAYAGADA) ANNEXURE - I 17AA 352799

FORMAT OF 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 Panchayat- Sarapanch / Samiti / Member of
..... G.P. in Block of Rayagada District / Member of
..... Panchayat Samiti of District / Member of Kapsi Pur. C. Zilla
Parishad of Rayagada District / Corporator of Municipal Corporation
of District / Councilor of Municipality / N.A.C. of District.
- (Please strike off the ones not applicable to you)

I Saraswati Majhi Aged about 22 years, Son/Daughter/wife of
Pabitra Majhi resident of village: Musunipada PO: T. Kiri (Duduka- Bahal)
 PS: T. Kiri District: Rayagada, Odisha candidates 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 Detailed are as under:-** NIL

- Case No.
 - Selection of the Act and description of the offence for which convicted:
 - Date of conviction
 - Court by which convicted
 - Punishment imposed (Indicate period of imprisonment awarded and/or quantum of the fine imposed)
 - Detail of appeal/revision etc. against conviction
- (Repeat the above sequence in respect of each separate case of conviction)

785

NO :
 DATE: 20/1/22
 TIME: 4.10 pm

Braja Sundar Nayak
 NOTARY, Rayagada-Odisha

Saraswati Majhi
 DEPONENT

Contd..P/02..

भारतीय गैर न्यायिक

पाँच रुपये

FIVE RUPEES

रु. 5

RS. 5



सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL



ଓଡ଼ିଶା ओडिशा ODISHA

Page //02//

17AA 352798

- (B) That I have in the past been discharged/acquitted in the following case(s): NIL
- i) Section of the Act and description of the offence with which charged
.....
 - ii) The Court which had taken cognizance
 - iii) Case No.:
 - iv) Details of appeal/application for revision etc. if any, filed against above order taking cognizance
- (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: NIL
- i) Section of the Act and description of the offence for which cognizance taken
.....
 - ii) The court which has taken cognizance
 - iii) Case No.:
 - iv) Details of appeal/application for revision etc. if any, filed against above order taking cognizance
- (Repeat the above sequence in respect of each separate case of discharge/acquittal)

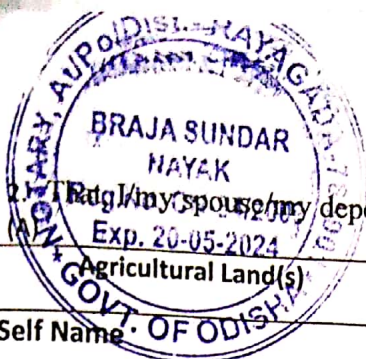
** If information against any of the columns at (A)/(B)/(C) is nil, state NIL, against the corresponding column and strike off the sub-columns below:

785
NO :
DATE: 20/11/22
TIME: 1:10 PM

Braja Sundar Nayak
NOTARY, Rayagada-Odisha

Saraswati mashi
DEPONENT

Contd... P/03..



Myself/my spouse/my dependants*** own the following immovable properties:-

Agricultural 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) on the (Give name) name of Grand father Yodi Dasari	Moxunipadar	Ac. 3.00 cents to our share	Rs. 1,50,000/-
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 & 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

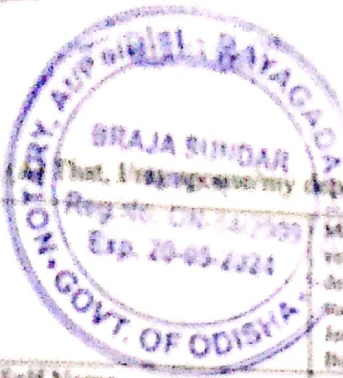
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NO: 201122
DATE: 20/11/22
TIME: 1.10 PM


Braja Sundar Nayak
NOTARY, Ravaada, Odisha

Saraswati Majhi
DEPONENT

Contd... P/04..



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

Self Name	Movable vehicle description such as Car, Jeep, Truck, Bus	Approx. present market value according to you	Gold & gold ornament, other precious stones (in tolas/grams/carat)	Approx. present market value according to you	Silver & silver ornament; (in Tolas/Grams/Carat)	Approx. present market value according to you
Self Name	NIL	NIL	1 Total	5,000/-	5 Tola	3,000/-
Spouse Name (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 names) <i>in the name of father and father</i>	Bank	30,000/-	NIL	NIL	NIL	NIL
In Joint name(s) (Give names)	NIL	NIL	NIL	NIL	NIL	NIL

1. (B) That, I/my spouse/my dependants *** own the following Bank balance/deposits:

Self Name	Name of the Bank	Amount in Fixed Deposit	Name of the Bank/Post office	Amount in Current/Saving Account	Name of the Company & No. of shares held	Face value of shares
Self Name	SBI (Borjose)	NIL	NIL	12,200/-	NIL	NIL
Spouse Name (Give name)	NIL	NIL	NIL	NIL	NIL	NIL
Dependant son(s) (Give name(s))	NIL	NIL	NIL	NIL	NIL	NIL
Dependant (daughters) (Give name(s))	NIL	NIL	NIL	NIL	NIL	NIL
Dependant (others) (Give name) <i>in the name of father father</i>	SBI Tikeri	NIL	NIL	30,000/-	NIL	NIL
In Joint name(s) (Give names)	NIL	NIL	NIL	NIL	NIL	NIL

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

Saraswati majhi
DEPONENT

Contd... P/05..

(Signature)
Braja Sundar Nayak
NOTARY PUBLIC

785
NO:
DATE: 20/11/22
TIME: 1:10 PM

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	NIL		NIL	NIL	NIL
Spouse Name (Give name)	NIL		NIL	NIL	NIL
Dependant son(s) (Give name(s))	NIL		NIL	NIL	NIL
Dependant daughter(s) (Give name(s))	NIL		NIL	NIL	NIL
Dependant (others) (Give name)	NIL		NIL	NIL	NIL
In Joint name(s) (Give names)	NIL		NIL	NIL	NIL

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

5. My educational qualification are as under:

(Enclose the details of School & University Educational Qualification)

B.Sc, Gumpur College Gumpur under Berhampur University -

I, Saraswati Majhi 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 Rayagada this the 20th day of January, 2022.

The above named deponent having been identified by Sri. [Signature] Advocate, Rayagada. on solemn affirmation admits the contents of the affidavit and puts his/her signature in my presence.

Saraswati Majhi
DEPONENT

WITNESSES:

1. [Signature] Advocate, Rayagada.

2. [Signature]
Identified by me

Advocate, Rayagada

Braja Sundar Nayak
NOTARY, Rayagada-Odisha

s/o Lali Jogi Majhi
of Totaguda
P.S. Tikon
s/o Lali Chellia Majhi of Ramaguda P.S. Tikon

NO:
DATE: 20/1/22