

Handwritten notes and signatures at the top left of the page.

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



ଉତ୍କଳପୁର ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ 'ଉତ୍କଳପୁର ଜିଲ୍ଲା' ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ

ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ..... ଚିନ୍ତାମଣି ମିଶ୍ରା

ପିତା/ସ୍ୱାମୀଙ୍କ ନାମ ..... ଶ୍ରୀ ଶ୍ରୀ ମିଶ୍ରା

ତାଙ୍କର ଡାକ ଠିକଣା ..... ଗ୍ରାମ: ଉତ୍କଳପୁର, ଗୋ: ଉତ୍କଳପୁର ।

ଉତ୍କଳପୁର ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ..... ଉତ୍କଳପୁର ଗ୍ରାମ, ଉତ୍କଳପୁର ଡାକ ନଂ: 6 କ୍ର.ନଂ 224.

ମୋର ନାମ ..... ମୁନୀ ମିଶ୍ରା ଅଟେ ଏବଂ ଉତ୍କଳପୁର ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ କ୍ରମିକ ସଂଖ୍ୟା ..... ଉତ୍କଳପୁର ଗ୍ରାମ, ଉତ୍କଳପୁର ଡାକ ନଂ: 6 କ୍ର.ନଂ: 206

ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ..... 20/1/2022

ମୁନୀ ମିଶ୍ରା  
ପ୍ରତ୍ୟାବଦ୍ଧ ସ୍ୱାକ୍ଷର

ମୋର ନାମ ..... ଅଜି ମିଶ୍ରା ଅଟେ ଏବଂ ଉତ୍କଳପୁର ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ କ୍ରମିକ ସଂଖ୍ୟା ..... ଉତ୍କଳପୁର ଗ୍ରାମ, ଉତ୍କଳପୁର ଡାକ ନଂ: 6 କ୍ର.ନଂ: 194

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ କ୍ରମିକ ସଂଖ୍ୟା ..... ଉତ୍କଳପୁର ଗ୍ରାମ, ଉତ୍କଳପୁର ଡାକ ନଂ: 6 କ୍ର.ନଂ: 194

ହୋଇଅଛି ।

ତାରିଖ ..... 27/1/2022

ଅଜି ମିଶ୍ରା  
ସମର୍ଥକଙ୍କ ସ୍ୱାକ୍ଷର

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

(କ) ମୋର ବୟସ ..... 29 ..... ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।

\* (ଖ) ମୁଁ ..... ଉତ୍କଳପୁର ଗ୍ରାମ ଉତ୍କଳପୁର (ମିଶ୍ରା) ..... ଦଳଦ୍ୱାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଅଛି ।

(ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i) ..... ନା, ଉତ୍କଳପୁର ଡାକ ନଂ: 6

(ii) ..... ନାକକ କ୍ରମିକ ..... ଏବଂ (iii) ..... ନାକକ

ଦିଆ

(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 ..... ଅନୁସୂଚିତ ଜାତି (ମଧ୍ୟ) .....

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

ତାରିଖ ..... ୨୦/୧/୨୦୨୨ .....

ଚଳିତାସୁ ମିଶାପାଳୀ  
ପ୍ରାର୍ଥୀଙ୍କ ସ୍ୱାକ୍ଷର

\* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

\*\* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ କାରି)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା ..... ୦୫ .....

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ ..... ୨୦/୧/୨୨ .....

ତାରିଖରେ ..... ୨୦/୨୦ ..... ସମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

ତାରିଖ ..... ୨୦/୧/୨୨ .....

ନିର୍ବାଚନ ଅଧିକାରୀ  
ଉପ ଜିଲ୍ଲାପାଳ  
ସମ୍ବଲପୁର

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

पाँच रुपये

FIVE RUPEES



RS. 5

CO. RAJAGADA 755001  
LEAJA SUNDAR  
NAYAK  
ON-84/2009  
No. ON-84/2009  
Date: 20-05-2024  
COURT OF

भारत INDIA

INDIA NON JUDICIAL

ଓଡ଼ିଶା ଆଇशा ODISHA

FORMAT OF AFFIDAVIT

16AA 229077

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

For election to the office of \_\_\_\_\_  
G.P. in \_\_\_\_\_ Block of \_\_\_\_\_ District/  
Member of \_\_\_\_\_ P.S. of \_\_\_\_\_ District/  
Member of Kumbhikota Ka Zilla Parishad of Rayagada  
District.

I, Kailash Minika, aged 29 years S/o. Sini Minika.  
Vill: Rapukona, P.O. Kumbhikota, P.S. Rayagada, Dt. Rayagada  
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:-
- |  |        |
|--|--------|
| (i) Case No.   | :- Nil |
| (ii) Section of the Act and des-<br>-cription of the offence for<br>which convicted. | :- Nil |
| (iii) Date of Conviction   | :- Nil |
| (iv) Court by which convicted  | :- Nil |

NO: 1582  
DATE: 15/11/22  
TIME: \_\_\_\_\_

Kailash Minika  
Deposant

..2/2  
Contd. P/2

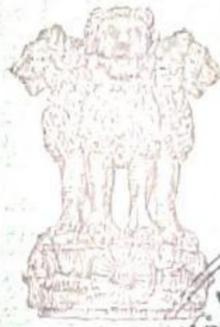
भारतीय गैर न्यायिक

पाँच रुपये

FIVE RUPEES

रु.5

RS.5



भारत INDIA

INDIA NON JUDICIAL

1/2/11

16AA 229005  
(v) Punishment imposed (indicate period of imprisonment awarded and/or quantum of the fine imposed).

(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. :- 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:-

(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, filed against above order taking cognizance. :- Nil

(Repeat the above sequence in respect of each separate case of cognizance by Court).

\*\* 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.

NOTARY, Rayagada-Odisha

..p/3 Kailash Nuniaka  
Contd. P/3

13



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

(A)

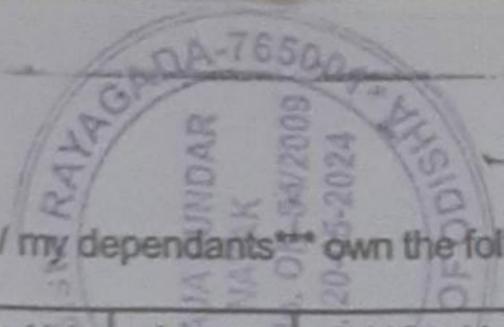
Agricultural Land(s)	Location	Area	Approx. present Market Value according to you
Self name N/A	—	—	—
Spouse (Give name) N/A	—	—	—
Dependant son(s) [Give name(s)] N/A	—	—	—
Dependant daughter(s) [Give name(s)] N/A	—	—	—
Dependant (others) (Give name and relationship) Fatho Sibi Minnaka	Mouza - Gumma Rayagada Taluk	Ac 8.00	Rs 10,00,000/-
In Joint name(s) (Give names) N/A	—	—	—

(B)

Urban Land(s)	Location	Area	Approx. present Market Value according to you
Self name N/A	—	—	—
Spouse (Give name) N/A	—	—	—
Dependant son(s) [Give name(s)] N/A	—	—	—
Dependant daughter(s) [Give name(s)] N/A	—	—	—
Dependant (others) (Give name and relationship) N/A	—	—	—
In Joint name(s) (Give names) N/A	—	—	—

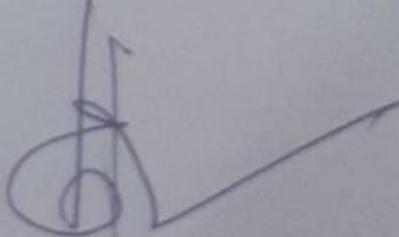
*[Signature]*  
 BRAJAJUNIDAR NAIK  
 NOTARY, Rayagada-Odisha

Kailash Minnaka  
 DEBONOR  
 Contd P/4.



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 Kailash Mini	M.C. Regd. No. OD18D-5317.	Rs. 70,000/-	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(s)]	Mother Salmi Minu	Nil	10 gm	Rs 50,000/-	10 gm Rs 5,000/-	Rs 5,000/-
In Joint name(s) (Give names)	Nil	-	Nil	-	Nil	-

  
 Braja Sundar Nayak  
 NOTARY, Rayagada-Odisha

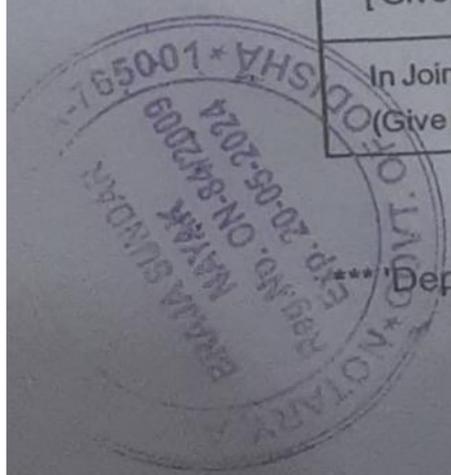
- Kailash Mini -  
 DE-BONANT  
 CONF P/C

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	Nil	-	Central Bank, Rayagada	Rs. 1,000/-	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	-

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 Institutions	Any other Dues
	Details of the nature of demand/dues	Amount			
Self name	Nil		Nil	Nil	Nil
Spouse (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 (s) ]	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.

*[Signature]*  
Pragna Kishore  
NOTARY, Rayagada-Odisha

Kailash Mishra -  
DEBONDAIT  
Contd. P/6.

5. My educational qualification are as under: *+3 Arts (Degree) passed from Autonomous Jr. College, Rayagada*  
(Give the details of School & University Education)

6. *That, I have not more than two children and not more than one spouse living.*  
*That, I am able to read and write Odia.*

I, Kailash Minneka, 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 18th day of January 2022.

*Kailash Minneka*  
Deponent

Witnesses :

1.

2.

Identified by me:

*[Signature]*  
Advocate, Rayagada.

*18/1/2022*

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

*18/1/22* at ..... AM/PM.

*[Signature]*  
Braja Sundar Nayak  
NOTARY, Rayagada-Odisha

