

श्रीडिशा ODISHAFORMAT OF AFFIDAVIT 54AA 679211	
16 4 William of Officer of all	
(to be submitted by candidate Election Officer/Returning Officer as an accompaniment to the Nomination Paper)	
st word to GP in	
Brock of District / Member of PS of Zilla	
of District / Member of Kashmagan Zone A Zilla	
Of District / Corporator of	
Parishad of Gazapale. District / Corporator of	
nunicipal corporation District	
Municipality / N.A.C of District.	
(*Please strike off the ones not applicable to you)	
reading the above election, do hereby solemnly affirm and state on oath as under:	l
candidate at the above election do hereby solemnly affirm and state on oath as under:	of lla
*1.(A) I have in the past been convicted of criminal offence in the following case (s)	
and the details are as under:-	
Case no. NE	
City of forman for which convicted	of lla
Section of the Act and description of the offence for which convicted.	of la
iii) Date of conviction N12	of Ila
Count by which convicted 5111	ride (s)
Punishment imposed (indicate period of imprisonment awarded and or quantum of	of Ila
the find imposed) Niz	
Me into imposed)	of la
vi) Details of appeal/revision etc. against conviction	
NLL	
Repeat the above sequence in respect of each separate case of conviction)	
Forms gart of the	
Affidavit 1	

G. Soumivoen No

1)	Section of the Act and description of the offern with a list of
	Section of the Act and description of the offence with which charged
	2012
ii)	The court which had taken cognizance:
	ML Rec
iii)	Case no. All
iv)	Details of appeal/application for revision etc. if any, filed against above under
takir	ng cognizance.
	MIL
i)	Section of the act and description of the offence for which cognizance taken:
	1112
ii)	
ii)	The court which taken cognizance
	MIZ
iii) iv)	The court which taken cognizance Case no
iii) iv)	The court which taken cognizance Case no
	The court which taken cognizance Case no

If information against any of the column 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 immovable properties:
(A)

Agricultural Land(s).	Location	Area	Approx. Present Market Value according to you
Self Name Gedala Counerra Rão	pasaguniny	1.000	7010000 3010000
(Give name) Gedala Laxur	MIZ		
Dependant son(s) (Give Name(s)) Gedala Somy	Ni-		
Dependant Daughter(s) (Give name(s)) Gedala Salas	MEL		
Dependent (others) (Give name and relationship)	Me		
In joint name (s) (Give names)	Nu-		

Affidacia

Cr. ssinium

(B)

Urban Land(s)	Location	Area	Approx Present Market Value according to you
Self Name Gedala Sourivasa far Spouse	NIL		Marie a market and an artist and a second an
(Give name)	MIL		
Godala Dependant son (s) (Give name(s)) Godala Caferry Dependant daughter (s) (Give name(s)) Godala Correya, Dependant (others)	Mi		
Dependant daughter (s) (Give name(s)) Sedula Sorvya,	NUL		
Dependant (others) (Give name and relationship)	1122		
In joint name(s) (Give names)			

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	sice	70,000	NIL	MIZ	Mir	MUL
Spouse (Given Name)	NIZ	NIZ	100 glas	610000		
Dependant son (s) (Give name (S))	MCZ		MIZ			NL

ε

Dependant daughter (s) (Give name (s))	M17		NIZ	GOURA DAS MAIN Memunai Gega. No. Nation
Dependant (others) give name and relationship		NIL		
in joint name(s) Give names)			NIZ	

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

Salfnama	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	Sign of the state			SV-2000		
Give name s))	MIL		NIL		Mi	
Dependant on(s) (Give ame(s))	as wh	ACL	NIZ	10000	HIL	Me

Forms part of the

aralathemundi (Spt.)

Ci. Sou ai well

Dependant daughter (s) (Give name(s))				GOURA DA Berstrakhe (Criana Rega. M. ON 49/09	ti) ndi
Dependant (others) (Give name and relationship)	MIL		ML	The state of the s	
In Joint name (s) (Give names)		MM		Mu	

MOTA

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	Any other	
	Details of the nature of demand/dues		Financial Institution	Dues	
Self name	JCR ban.				
Spouse (Give name)	4 B 700 PRO 6.00	000 3 91 - 50	00000	MIS	
Dependant son(s) (Give name(s)	11A	NI			
Dependant laughter(§) Give name(s)]		MC			
Dependant others) (Give name G. Sales)	h		Nos		
n Joint name s) (Give			123	Who	

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

a. soizius m



My educational qualification are as under:

(Give the details of School & University Education)

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 Par portelind this the day of 01 20 21.

Witnesses:

1. G. Teenpah hu 2. Kartike Rames May

Identified by

DECLARATION The deponent having been duly identified by...... day of 202 at AM/PM post-only affirmed &

stated before

mentioned in is the his/her knowledge lately

Goura Das Wal NOTARY, Faralakhen Figi 1222

Deponent

& a svisivento