

Undertaking

I, Menka Das, the candidate for the post of Z.P. Ino No. 46 may produce the 18 No. Form for Synde before sending.

Menka Das

ଫାରମ ସଂଖ୍ୟା—3

[ ନିୟମ 12(3) ଦ୍ରଷ୍ଟବ୍ୟ ]

ଜମା ପରିମାଣର ରସିଦ୍

(କାର୍ଯ୍ୟାଳୟ ନକଲ)

28144

ସଂଖ୍ୟା..... ତାରିଖ..... 20.1.2022

ଶ୍ରୀ/ଶ୍ରୀମତୀ... Menka Das ..... ଠାକୁ

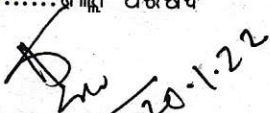
ପରିଷଦର ସଭ୍ୟ ପଦର ପ୍ରାର୍ଥନା ନିମନ୍ତେ ଜମା ଦିଆଯାଇଥିବା

ଅମାନତ ଟ. 200/- ..... (ଅକ୍ଷରରେ)

ଟଙ୍କା... Two hundred only ..... ମାତ୍ର

..... 46-Rairangpur ..... ଜିଲ୍ଲା ପରିଷଦ

ପାଇଁ ଗ୍ରହଣ କଲୁ ।

  
Election Officer cum Sub-Collector  
Bamanghaty, Rairangpur

.....Z.P. Constituency

Date = 20.1.2022  
Time = 2.58 PM

Sl. No-01

ପାରମ ସଂଖ୍ୟା-4

[ ନିୟମ 12 (10) ଦ୍ରଷ୍ଟବ୍ୟ ]  
ମନୋନୟନ ପତ୍ର

..... ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

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

ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ..... ମନୋଜ ଦାସ .....

ପିତା/ପତିଙ୍କ ନାମ ..... ଶ୍ରୀ ରମେଶ ଦାସ .....

ତାଙ୍କର ତାଙ୍କ ଠିକଣା ..... ଶ୍ରୀ ମ କୁମ୍ଭରାଜ ମାଲି, ଶ୍ରୀ ମ କୁମ୍ଭରାଜ ମାଲି, ଭୁବନେଶ୍ୱର - ୪

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

କ୍ରମିକ ସଂଖ୍ୟା ..... ୨୫୦ .....

ମୋର ନାମ ..... ଶ୍ରୀ ରମେଶ ଦାସ ..... ଅଟେ ଏବଂ ..... ଭୁବନେଶ୍ୱର

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୨୨୫ ରେ ତାହା

ଦରଜ କରାହୋଇଅଛି ।  
ଗ୍ରା: ୧ - କୁମ୍ଭରାଜ ମାଲି

ତାରିଖ ..... ୨୦.୦୧.୨୦୨୨ .....

ପ୍ରସ୍ତାବକଙ୍କ ସ୍ୱାକ୍ଷର

ମୋର ନାମ ..... ମନୋଜ ଦାସ ..... ଅଟେ ଏବଂ ..... ଭୁବନେଶ୍ୱର

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୨୫୫ ରେ ତାହା

ହୋଇଅଛି ।  
ଗ୍ରା: ୧ - କୁମ୍ଭରାଜ ମାଲି

ତାରିଖ ..... ୨୦.୦୧.୨୦୨୨ .....

ସମର୍ଥକଙ୍କ ସ୍ୱାକ୍ଷର

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

(କ) ମୋର ବୟସ ..... ୨୯ ..... ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।

\* (ଖ) ମୁଁ ..... ମନୋଜ ଦାସ (ଭାର୍ତ୍ତବ୍ୟ) ..... ଦଳଦ୍ୱାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଅଛି ।

(ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i) ..... 'ମନୋ' .....

(ii) ..... ଏବଂ (iii) .....

(ଘ) ମୋର ଏବଂ ମୋର ପିତା/ପିତାଙ୍କର 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 .....  
.....

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

ତାରିଖ .....  
.....

**ଚମରକା ପାତ୍ର**  
**Election Officer-cum-Sub-Collector**  
**Bamanghaty, Rairangpur**  
.....Z.P. Constituency

\* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

\*\* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

**(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ କାରି)**

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

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ .....  
.....

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

ତାରିଖ .....  
.....

**ଚମରକା ପାତ୍ର**  
**Election Officer-cum-Sub-Collector**  
**Bamanghaty, Rairangpur**  
.....Z.P. Constituency

**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 :—

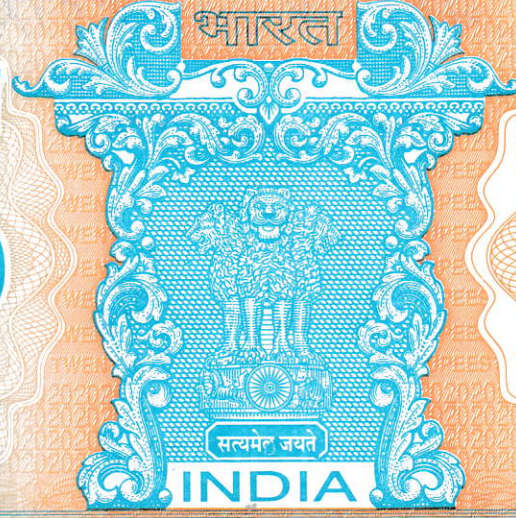
\*ମନୋନୟନ ପତ୍ର ଗ୍ରାହ୍ୟ/ଅଗ୍ରାହ୍ୟ  
.....

ତାରିଖ .....

**ନିର୍ବାଚନ ଅଧିକାରୀ**

भारतीय गैर न्यायिक

बीस रुपये  
रु.20



Rs.20  
TWENTY  
RUPEES

INDIA NON JUDICIAL



ओडिशा ODISHA

**FORMAT OF AFFIDAVIT**

09AA 837629

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

\*For election to the office of Sarpanch of \_\_\_\_\_ G.P. in  
Rairangpur Block of Mayurbhang District/Member  
of \_\_\_\_\_ P.S. of \_\_\_\_\_ District/Member  
of zone no. 46 Zilla Parishad of Mayurbhang District/Corporate  
of \_\_\_\_\_ Municipal Corporation of \_\_\_\_\_ District/Councilor  
of \_\_\_\_\_ Municipality/N.A.C. of \_\_\_\_\_ District.

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

I Menka Das, son / daughter / wife  
of Late Sarat chandra Das 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:-

Menka Das

20/1/22  
A. K. Das  
20.01.22

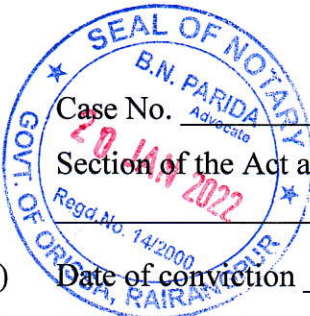
555

hno1

Menka Das  
A/- Kulcisika  
A/- Loms

*Chhehars*  
**GURUDEB BEHERA**  
Stamp Vendor, Rairangpur  
Licence No. 12/2023-2024





- (i) Case No. \_\_\_\_\_ NO
- (ii) Section of the Act and description of the offence for which convicted \_\_\_\_\_ NO
- (iii) Date of conviction \_\_\_\_\_ NO
- (iv) Court by which convicted \_\_\_\_\_
- (v) Punishment imposed (indicate period of imprisonment awarded and/or quantum of the fine imposed). \_\_\_\_\_

\_\_\_\_\_ NO

\_\_\_\_\_

(vi) Details of appeal/revision etc. against conviction \_\_\_\_\_ NO

\_\_\_\_\_

**(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. \_\_\_\_\_ NO

(ii) The Court which had taken cognizance: \_\_\_\_\_ NO

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

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

\_\_\_\_\_ NO

\_\_\_\_\_

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

(C) That 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 : \_\_\_\_\_ NO

\_\_\_\_\_

\_\_\_\_\_

Menaka Das

*Handwritten signature and date*  
20.01.22



(ii) The Court which has taken cognizance:

NO

(iii) Case No.

NO

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

NO

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

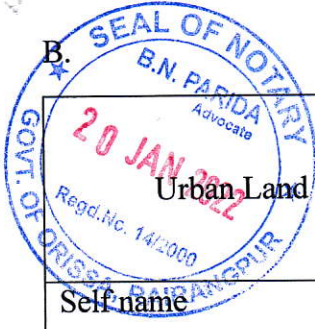
\*\* If information against any of the columns at (A)/(B)/(C) is nil, state 'NIL' against the corresponding column and strike off the sub-columns below.

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	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

Menaka Das

20/1/2022  
B. K. Das  
20/1/2022



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)	NIL	NIL	NIL

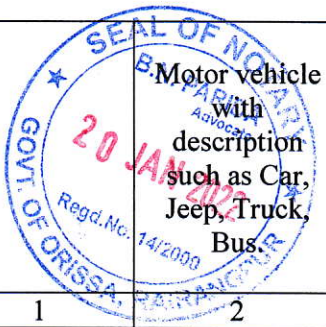
Menaka Das

  
B.N. Parida  
Advocate  
20.01.22



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

1	2	3	4	5	6	7
Self name	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	NIL	NIL	NIL	NIL	NIL	NIL
Spouse (Give name)	NIL	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	NIL	NIL	NIL	NIL



Menaka Das

Self  
 19/1/22  
 21.22

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

1	2 Name of the Bank	3 Amount in Fixed deposit.	4 Name of the Bank/Post Office	5 Amount in Current/Savings Account	6 Name of the Company & No. of shares held	7 Face value of shares
Self name	NIL	NIL	O.G.B. Gorumchisen B.O.F. Gorumchisen	RS-2102/- RS-4664/-	NIL	NIL
Spouse (Give name)	NIL	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	NIL	NIL	NIL	NIL

Umraka Das

Sd/-  
B. N. Parida  
Advocate  
20.01.22

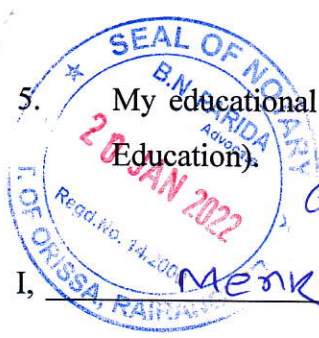
4. That, I/my spouse/my dependants\*\*\* are liable to pay the following dues to public, financial institutions and Government dues (Give details).

Government Dues		Income Tax Dues	Dues to Financial Institutions	Any other Dues	
1	2	3	4	5	6
Self name	NIL	NIL	NIL	NIL	NIL
Spouse (Give name)	NIL	NIL	NIL	NIL	NIL
Dependant sons(s) [Give name(s)]	NIL	NIL	NIL	NIL	NIL
Dependant daughter(s) [Give name(s)]	NIL	NIL	NIL	NIL	NIL
Dependant (others) [Give name(s)]	NIL	NIL	NIL	NIL	NIL
In joint name(s) (Give names)	NIL	NIL	NIL	NIL	NIL

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

Menaka Das

20/01/22  
Bose  
Kolkata



5. My educational qualification is as under: (Give the details of School & University Education) cl ix pass  
Gorumahisani New Govt High School

I, Menka Das, 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 there from.

Verified at Rairangpur this, the 20th day of January 2022

Witnesses:

1. Sankar Prasad Pattanayak  
S/o - D.N. Pattanayak  
At/Po - Gorumahisani  
Dist - Mayurbhanj

Menka Das  
Deponent

[Signature]  
Advocate  
20.01.22

2. Manoj Kumar Das  
S/o - Manoj Kumar Das  
At - Kulebista, Gorumahisani  
Dist - Mayurbhanj

Sworn on oath on 20th day of Jan 2022  
By Menka Das being  
Identified by S. Dalu Advocate,  
Rairangpur. The contents of the affidavit have been read  
over and explained in original which he  
appeared to understand as true and correct and append  
his/her Signature / L.T.I. before me

**B. N. PARIDA**  
NOTARY PUBLIC, Rairangpur

[Signature]  
20.1.22



ELECTION COMMISSION OF INDIA

ଭାରତୀୟ ନିର୍ବାଚନ କମିଶନ

CR14799367

IDENTITY CARD

ପରିଚୟ ପତ୍ର



Elector's Name : Menaka Das  
 ଭୋଟରଙ୍କ ନାମ : ମେନକା ଦାସ  
 Father's Name : Sarat Chandra Das  
 ପିତାଙ୍କ ନାମ : ଶରତ ଚନ୍ଦ୍ର ଦାସ  
 Sex / ଲିଙ୍ଗ : Female / ଓ  
 Age as on 01/01/2002 : 23  
 ୦୧-୦୧-୨୦୦୨ରେ ବୟସ : ୨୩

Address :

CRT4799367

Village/Ward : Kuleisila  
 G.P/Town : Kuleisila  
 P.S. : Gorumahisani  
 District : Mayurbhanj  
 ଓକଶା :  
 ଗ୍ରାମ/ସର୍ଟ : କୁଲେଇଶିଳା  
 ଗ୍ରାମ/ପଞ୍ଚାୟତ : କୁଲେଇଶିଳା  
 ଥାନା : ଗୋରୁମହିସାନି  
 ଜିଲ୍ଲା : ମୟୂରଭଞ୍ଜ

This card can be used as an Identity card Under different government Programmes. ଏହି ପରିଚୟ ପତ୍ର ବିଭିନ୍ନ ସରକାରୀ ଯୋଜନାରେ ପରିଚୟ ପତ୍ର ରୂପେ ବ୍ୟବହାର କରାଯାଇପାରିବ ।

Mayurbhanj : Facsimile Signature of  
 ମୟୂରଭଞ୍ଜ : ମୟୂରଭଞ୍ଜ  
 25/03/2002 : 25/03/2002  
 ୨୫/୦୩/୨୦୦୨ : ୨୫/୦୩/୨୦୦୨  
 For Rairangpur(ST) AC  
 ଗଞ୍ଜାମପୁର(ସ୍ଟ) ବିଧାନସଭା ନିର୍ବାଚନ ମଣ୍ଡଳୀର ନିର୍ବାଚନ ରେଜିଷ୍ଟ୍ରାରର ଅଧିକାରୀ ବୃନ୍ଦାବତୀ

ଚିପନକା ଦାସ



ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ କର୍ତ୍ତୃପକ୍ଷ

ଭାରତ ସରକାର  
Unique Identification Authority of India  
Government of India

ନାମାଙ୍କନ କ୍ରମ / Enrollment No 1092/10362/90172

To,  
ମେନକା ଦାସ  
MENKA DAS  
GORUMAHISANI  
Kuleisila  
Gorumahisani Mayurbhanj  
Odisha 757042  
28/10/2013

Ref: 119 / 07K / 236064 / 237405 / P



SH492755615FT



ଆପଣଙ୍କ ଆଧାର ସଂଖ୍ୟା / Your Aadhaar No. :

**5545 6249 7746**

ଆଧାର - ସାଧାରଣ ଲୋକର ଅଧିକାର



ଭାରତ ସରକାର  
Government of India



ମେନକା ଦାସ  
MENKA DAS  
ପିତା : ଶରତ ଚନ୍ଦ୍ର ଦାସ  
Father : SHARAT CHANDRA  
DAS  
ଜନ୍ମ ତାରିଖ / DOB : 19/05/1982  
ଲିଙ୍ଗ / Female



**5545 6249 7746**

ଆଧାର - ସାଧାରଣ ଲୋକର ଅଧିକାର



Government of India



ସୂଚନା

- ଆଧାର ପରିଚୟ ପ୍ରମାଣ ଅଟେ, ନାଗରିକତାର ନୁହେଁ ।
- ପରିଚୟ ପ୍ରମାଣ ଅନ୍ ଲାଇନ୍ ଅପେକ୍ଷକେଶନ୍ ଦ୍ୱାରା ପ୍ରାପ୍ତ କରନ୍ତୁ ।

INFORMATION

- Aadhaar is proof of identity, not of citizenship .
- To establish identity, authenticate online .

07K / 236064

- ଆଧାର ସାରାଦେଶରେ ବୈଧ ।
- ଭବିଷ୍ୟତରେ ଏହି ଆଧାର, ସମସ୍ତ ସରକାରୀ ଓ ବେସରକାରୀ ସେବା ପ୍ରାପ୍ତ କରିବାରେ ସାହାଯ୍ୟକ ହେବେ ।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ କର୍ତ୍ତୃପକ୍ଷ  
Unique Identification Authority of India

ଠିକଣା: ଗୋରୁମହିସାନି, କୁଲେଇସିଳା,  
ଗୋରୁମହିସାନି, ମୟୂରଭଞ୍ଜ, ଓଡିଶା, 757042

Address: GORUMAHISANI,  
Kuleisila, Gorumahisani,  
Mayurbhanj, Odisha, 757042

**5545 6249 7746**

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

ମେନକା ଦାସ

FORM No. 18  
{See rule 14 (4)}

To

The Election Officer

In respect of Mayurbhanj  
Zilla Parishad Constituency.

Sir,

Having been authorised by the President/General Secretary of the State Level/National Political Party, namely **Indian National Congress Party**, I hereby give notice that the following person(s) has/have been sponsored by **Indian National Congress party** as its candidate(s) at the ensuing Zilla Parishad Election and that **Hand Symbol** be allotted to him/her.

Sl. No.	Name of the Zilla Parishad Constituency	Name of the candidate sponsored	Father's/Husband's name of the candidate	Address of the candidate
1	2	3	4	5

1. Menka Das Lati Sarat
  2. Zone No Chandra Das
  3. 46
  4. (Woman)
  - 5.
- Aty - Kuleisila  
P.O.  
P.S. - Gosumahisani  
Mayurbhanj

Yours faithfully,



  
(Niranjan Patnaik)

(Name and signature of the person who has been authorised by the State Level/National Political Parties to sponsor candidates)

President  
Odisha Pradesh Congress Committee

**NOTE - This must be delivered to the Election Officer on or before the date and time fixed for scrutiny of nomination papers.**