

21/11/20

2:02 pm

ପାରମ ସଂଖ୍ୟା-4

[ନିୟମ 12 (10) ଦ୍ରଷ୍ଟବ୍ୟ]

ମନୋନୟନ ପତ୍ର

Set 1

Submitted by candidate

ମନୁଭୂଷଣ କିଲ୍ଲର କିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ କିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ ୪୦ ନମ୍ବର (ଗୋଲ୍ଡା) S.T. ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ

କ୍ରମିକ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ମନମୋହନ ସତ୍ତ୍ୱ

ପିତା/ପତିଙ୍କ ନାମ ହାମିଦୁଲ୍ଲା ସତ୍ତ୍ୱ

ଡାକର ଡାକ ଠିକଣା ସା: ଅମିଆ, ଗା: ହରିହର, ଥା: ଗୋଲ୍ଡା, ଜ: ମନୁଭୂଷଣ

ପିନ୍ ନଂ - ୭୫୩୦୧୮, ୪୦ ନମ୍ବର (ଗୋଲ୍ଡା) S.T. ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ଡାକ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ୨୩୪, ଡାକ୍ତାଳି ନଂ - ୨, ହରିହର ଗା:ପ:ରେ ତାହା

ମୋର ନାମ ସମୀର କୁମାର ଦେବତା ଥରେ ଏବଂ ୪୦ ନମ୍ବର (ଗୋଲ୍ଡା) S.T.

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୮୭, ଡାକ୍ତାଳି ନଂ - ୧, ହରିହର ଗା:ପ:ରେ ତାହା

ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ୨୧-୦୧-୨୦୨୨

ସମୀର କୁମାର ଦେବତା ପ୍ରସ୍ତାବକଙ୍କ ସ୍ୱାକ୍ଷର

ମୋର ନାମ ଜୟୀ ପ୍ରକାଶ ହାତୁଳ ଥରେ ଏବଂ ୪୦ ନମ୍ବର (ଗୋଲ୍ଡା) S.T.

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୩୧୦, ଡାକ୍ତାଳି ନଂ - ୮, ହରିହର ଗା:ପ:ରେ ତାହା

ଦରଜ ହୋଇଅଛି ।

ତାରିଖ ୨୧-୦୧-୨୦୨୨

ଜୟୀ ପ୍ରକାଶ ହାତୁଳ ସମର୍ଥକଙ୍କ ସ୍ୱାକ୍ଷର

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

(କ) ମୋର ବୟସ ୩୮ ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।

(ଖ) ମୁଁ ହରିହର ଗା:ପ:ରେ ଦଳଦ୍ୱାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଅଛି ।

(ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i) ହିଁସ୍ୟ

(ii) x ଏବଂ (iii) x

40-Morada 03

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

(ଙ) ମୋର ଜ୍ଞାନ ଓ ବିଶ୍ୱାସ ଅନୁଯାୟୀ ମୁଁ ପ୍ରାର୍ଥୀ ହେବା ପାଇଁ ଯୋଗ୍ୟ ଏବଂ ଯଦି ମୋତେ ... ୪୦ ଲକ୍ଷ (ଟଙ୍କା)
ଏସ୍.ଟି. ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦର ଆସନ ପୂରଣ ନିମନ୍ତେ ପସନ୍ଦ କରାଯାଏ ତେବେ ମୁଁ
ଅଯୋଗ୍ୟ ନୁହେଁ ।

ପୁନଶ୍ଚ ମୁଁ ଘୋଷଣା କରୁଅଛି ଯେ ମୁଁ ମୀନାକ୍ଷି ସୋନ (ସାମ୍ରାଜ)

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

ତାରିଖ ୨୧ - ୦୧ - ୨୦୨୨

Minaakshi Sonu
ମୀନାକ୍ଷି ସୋନ
ପ୍ରାର୍ଥୀଙ୍କ ସ୍ୱାକ୍ଷର
୯୦ ୭୭ ୨୫ ୬୩ ୦୫

* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

** ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ ଲାଗି)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା ୦୩

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ ୨୧.୦୧.୨୦୨୨

ତାରିଖରେ ୨.୦୨ PM ମମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

ତାରିଖ

Minaakshi Sonu
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

Minaakshi Sonu
ନିର୍ବାଚନ ଅଧିକାରୀ

FORM NO. 18
(See Rule 14 [4])

To

The Election Officer
in respect of 40 zone (ST), Morada Block,
Zilla Parishad Constituency.

Sir,

Having been authorised by the President / ~~General Secretary~~ of the State Level / ~~National~~ Political Party, namely BIJU JANATA DAL Party, I hereby give notice that the following person(s) has/~~have~~ been sponsored by BIJU JANATA DAL party as its candidate(s) at the ensuing Zilla Parishad Election and that CONCH 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
	40 zone (ST)	Mimakhil Soren	Ramchandra Soren	At- Astia PO- chitnada PS- Morada Dist- Mayurbhanj

Yours faithfully,

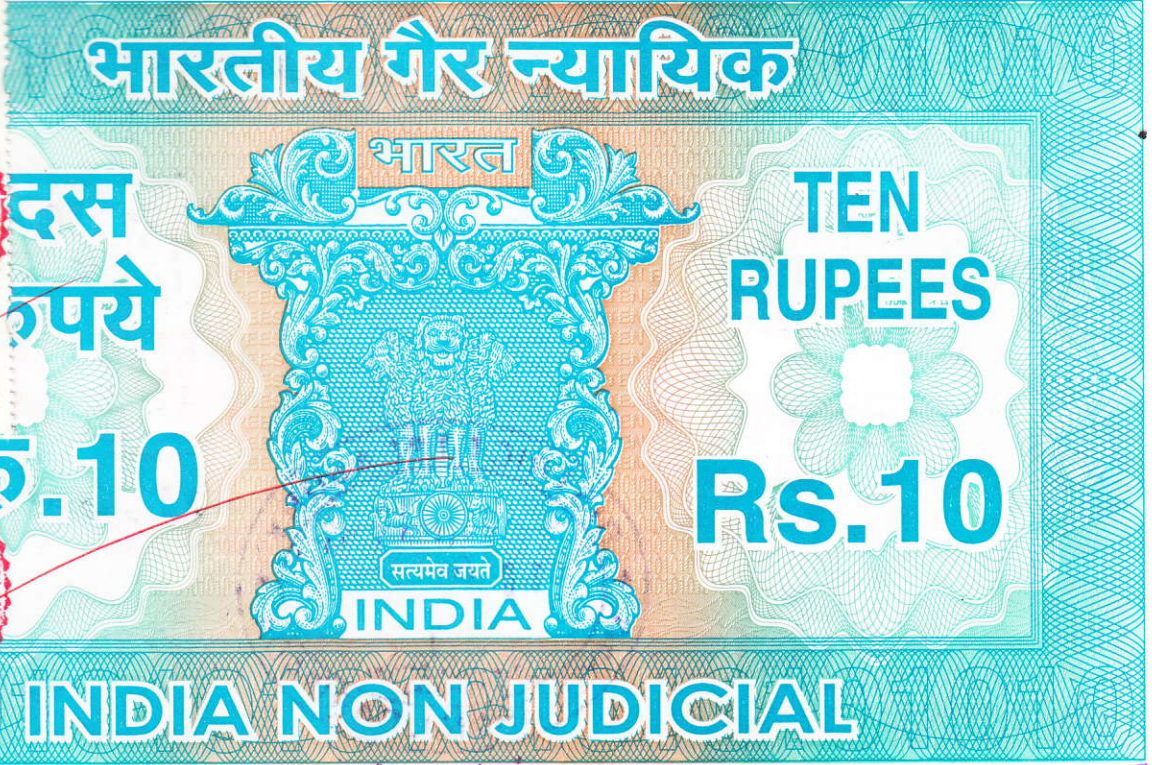


(NAVEEN PATNAIK)

(Name and signature of the person who has been authorised by the State Level Political Party to sponsor candidate)

President
BIJU JANATA DAL
ODISHA

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



ଓଡ଼ିଶା ओडिशा ODISHA

52AA 123422

ANNEXURE 1
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 Sarpanch of G.P. in

..... Moraga Block of Mayurbhanj District / Member of P.S. of Mayurbhanj district / Member of 40th June Moraga Zilla Parishad of Mayurbhanj District / Corporator of Municipal Corporation of Mayurbhanj District / Councillor of Municipality / N.A. C. of District.

(Please strike off the ones not applicable to you)

I, M. NAKHI SOREN Son/Daughter/wife RAMACHANDRA SOREN 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 description of the offence for which convicted NIL
- (iii) Date of Conviction NIL
- (iv) Court by which convicted
- (v) Punishment imposed (indicate period 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)

TARAKANANDA BEHERA
ADVOCATE
DIST. BAR ASSOCIATION, BARIPADA
ENROLLMENT NO.-250/13
MOB: 0777784587

M. NAKHI SOREN

SACHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
MAYURBHANJ, ODISHA
MOB: 9348820802

20/12/2022

भारतीय गैर न्यायिक

पाँच रुपये

FIVE RUPEES



भारत INDIA

INDIA NON JUDICIAL

ଓଡ଼ିଶା ओडिशा ODISHA

17AA 404972

(B) That, I have in the past been discharge / 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)

© 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.....

(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 conviction)

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 .

SACHIDANANDA AGHARYA
NOTARY
BARIPADA TOWN
MAYUREHAMJ, ODISHA
MOB: 9348823802

20.1.2022

TARAKANTA BEHERA
ADVOCATE
DIST. BAR ASSOCIATION, BARIPADA
ENROLLMENT NO.-250/13
MOB: 977784587

Mirajh Sonar

भारतीय गैर न्यायिक

पाँच रुपये

FIVE RUPEES



सत्यमेव जयते

भारत INDIA

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17AA 404973

ଓଡ଼ିଶା ओडिशा ODISHA

2. That, I/my spouse / my dependants own the following immovable properties-

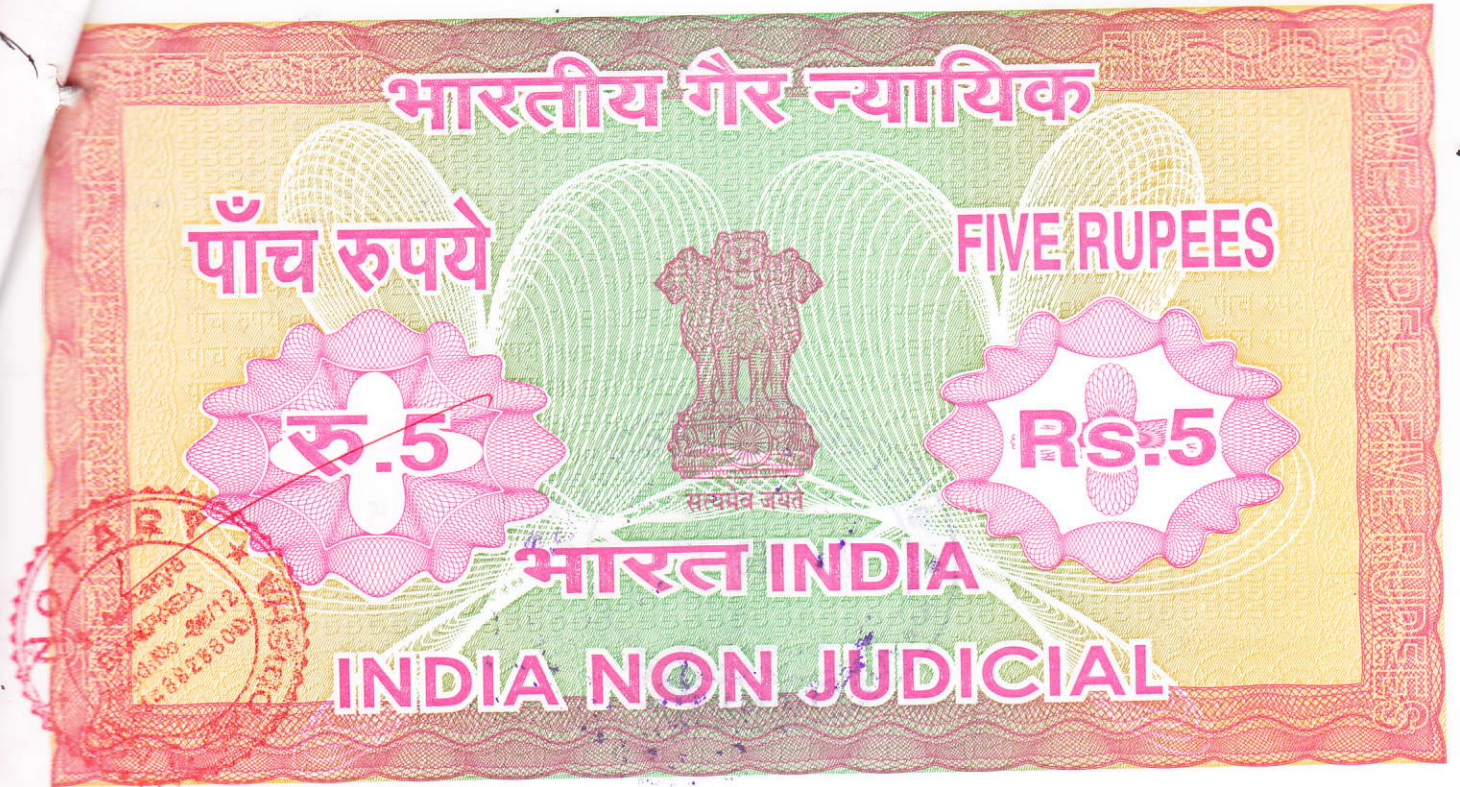
(A)

Agricultural Land(s)	Location	Area	Approx. present market value according to you
Self name	NIL	NIL	NIL
Spouse (Give Name) Ramesh Chandra Soneora	Astha P.S. - Mayapada. P.S. No. - 44 Khabra NO. - 327/153	Ac 1.33 approx	500000/-
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

SACHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
MAYURBHANJ, ODISHA
MOB: 9348823802

Mingrahw Soneora

TARAKANTA BEHERA
ADVOCATE
DIST. BAR ASSOCIATION, BARIPADA
ENROLLMENT NO. - 250/13
9777784587



(B) ଓଡ଼ିଶା ओडिशा ODISHA

17AA 404974

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

SACHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
MAYURBHANJ, ODISHA
MOB: 9348823802

20.1.22

Mohan⁴ Soner.

SACHINANTA BHERA
ADVOCATE
DIST. BAR ASSOCIATION, BARIPADA
ENROLLMENT NO.-250/13
9777784587

भारतीय गैर न्यायिक

पाँच रुपये

FIVE RUPEES

₹.5

RS.5



सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL



17AA 404975

ଓଡ଼ିଶା ओडिशा ODISHA

3. (A) That, I/my spouse / my dependants own the following movable properties:-

	Motor vehicle with description such as Car, Jeep Bus, Truck,	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	Ring - 1.2 g Dial Ring - 1.2 g Mangalsutra - 1.2 g Bata - 1.2 g	Rs 100000/- (Cash)	1 piece 1 piece	Rs 2000/-
Spouse (Give Name)	Motorcycle	49000/-	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

SACHIDANANDA ACHARYA
NOTARY

BARIPADA TOWN
MAYUREBHANJ, ODISHA
MOB: 9348823802

20.1.2022

Handwritten signature and name: Anandhi Sahoo

भारतीय गैर न्यायिक

पाँच रुपये

FIVE RUPEES

रु. 5

RS. 5



सत्यमेव जयते

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ଓଡ଼ିଶା ओडिशा ODISHA

Dependant(others) (give name & relationship)	NIL	NIL	NIL	NIL	NIL	NIL
In joint name(s) (Give names)	NIL	NIL	NIL	NIL	NIL	NIL

[Signature]

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	Pranav India, Elctra da Indian Name Omkara	NIL	NIL	Total Rs 10,000/-	NIL	NIL
Spouse (Give Name) Ramesh Soren	Pranav India, Elctra da,	NIL	NIL	Rs 3000/-	NIL	NIL
Dependant son(s) (Give name(s)) Rahul Soren	Pranav India, Elctra da,	NIL	NIL	Rs 3000/-	NIL	NIL

[Signature] M. Soren

GACHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
MAYURBHANJ, ODISHA
751002

20.1.2022



ଓଡ଼ିଶା ओडिशा ODISHA

17AA 404977

Handwritten signature

Dependant daughter(s) (Give name(s))	NIL	NIL	NIL	NIL	NIL	NIL
Dependant(others) (give name & relationship)	NIL	NIL	NIL	NIL	NIL	NIL
In joint name(s) (Give names)	NIL	NIL	NIL	NIL	NIL	NIL

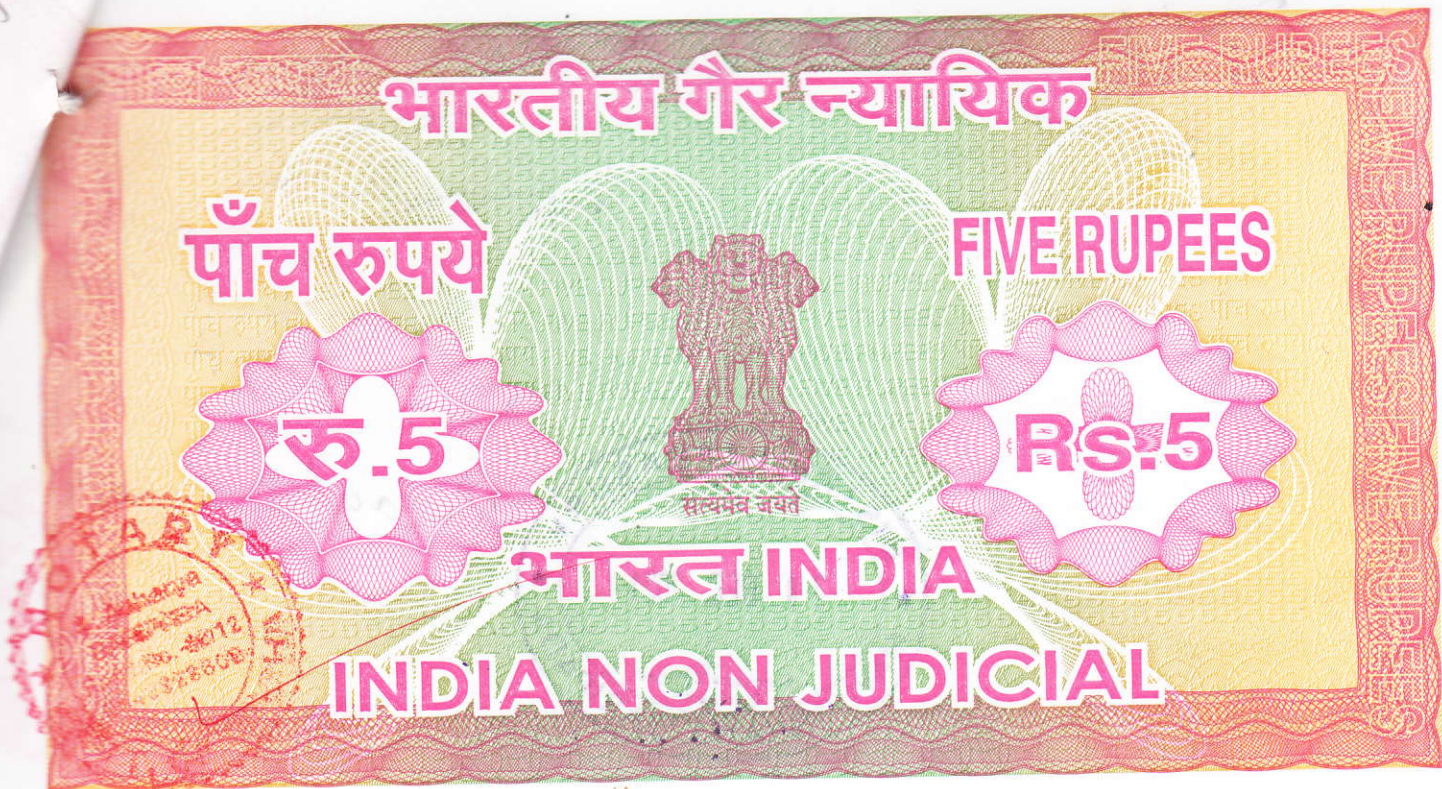
4. That, I/my spouse/my dependants are liable to pay the following dues to public financial institutions and Government dues(give details)

	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	NIL

Handwritten signature: M. Soren

CHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
RAYURBHANJ, ODISHA

20/1/2022 7



ଓଡ଼ିଶା ओडिशा ODISHA

17AA 404978

Spouse (Give Name) #Ram chandra Sona	NIL	NIL	NIL	Bank of India Khandagiri	NIL
Dependant son(s) (Give name(s))	NIL	NIL	NIL	NIL	NIL
Dependant daughter(s) (Give name(s))	NIL	NIL	NIL	NIL	NIL
Dependant(others) (give name & relationship)	NIL	NIL	NIL	NIL	NIL
In joint name(s) (Give names)	NIL	NIL	NIL	NIL	NIL

SACHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
MAYUREKHANJ, ODISHA
MOB: 9348823802

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

M. Chandra Sona

[Signature]

भारतीय गैर न्यायिक

पाँच रुपये

FIVE RUPEES



सत्यमेव जयते

भारत INDIA

INDIA NON JUDICIAL



17AA 404979

ଓଡ଼ିଶା ओडिशा ODISHA

5. My educational qualification are as under :
(Give the details of school & University education)

+ 2 class

Chitradada College, Chitradada

I, MONAKHI SOREN 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 Baripada this the 20th Day of January 2022.

Executed In
Presence of witnesses

Shishir Ch. Sethi

Chakradhar Pal

Monakhi Soren

Deponent

T. K. Behera
Solemnly affirm and Declare
an Identification by Advocate

TARAKANTA BEHERA
ADVOCATE
DIST. BAR ASSOCIATION, BARIPADA
ENROLLMENT NO.-250/13
MOB: 9777784587

20.1.2022

S. Acharya
Notary, Baripada
9437320281



17AA 404979

ଓଡ଼ିଶା ओडिशा ODISHA

5. My educational qualification are as under :
(Give the details of school & University education)

+ 2 class

Electrada College, electrada

I, MONAKHI SOREN 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 Baripada this the 20th Day of January 2022.

Executed In
Presence of Witnesses

✓ Shishir Ch. Sethi

Monakhi Soren.

Deponent

2. Chakraborty Pal.

T. K. Behera
Solemnly affirm and Declare
an Identification by Advocate

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