

ପାରମ ସଂଖ୍ୟା-4

[ନିୟମ 12 (10) ଦ୍ରଷ୍ଟବ୍ୟ]
ମନୋନୟନ ପତ୍ର

(୨)

Set 1

Submitted 21/01/21
by candidate 21.05 pm

ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ ନଂ W ଜୋନର ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ

ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ରାମଚନ୍ଦ୍ର ମୁର୍ମୁ

ପିତା/ପତିଙ୍କ ନାମ ଦେବଜିତା ମୁର୍ମୁ

ତାଙ୍କର ଡାକ ଠିକଣା ସା. ଗୋ. ଆସୁପୁଞ୍ଜି, ଥାନା - ଗରୁଡ଼ିଆ, ଜିଲ୍ଲା - ମୟୂରଭଞ୍ଜ

ଜିଲ୍ଲା - 333000 ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ୨୨୩, ଭାର୍ଡନଂ-PP, ପୁଞ୍ଜିଗାମି ଗ୍ରାମ ପଞ୍ଚାୟତ

ମୋର ନାମ ସୌମ୍ୟ ଚନ୍ଦ୍ରନି ଦାଶରାଜ ଅଟେ ଏବଂ ନଂ W ଜୋନର ଜିଲ୍ଲା

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୪୮୩, ଭାର୍ଡନଂ-PO, ପୁଞ୍ଜିଗାମି ଗ୍ରା.ପ. ରେ ତାହା

ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ୨୧.୧.୨୦୨୨ Soumyaranjan Dasrayak ପ୍ରତ୍ୟାବଦ୍ଧ ସ୍ଵାକ୍ଷର

ମୋର ନାମ ବିବେକାନନ୍ଦ ମହାନ୍ତି ଅଟେ ଏବଂ ନଂ W ଜୋନର ଜିଲ୍ଲା

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୧୨୫, ଭାର୍ଡନଂ-୮, ପୁଞ୍ଜିଗାମି ଗ୍ରା.ପ. ରେ ତାହା ଦରଜ

ହୋଇଅଛି ।

ତାରିଖ ୨୧.୧.୨୦୨୨ Bibekananda Mohanta ସମର୍ଥକଙ୍କ ସ୍ଵାକ୍ଷର

ମୁଁ ଉପର ମନୋନୀତ ପ୍ରାର୍ଥୀ ମନୋନୟନ ପ୍ରତି ସମ୍ମତ କଣାଉଛି ଏବଂ ଏତଦ୍ଵାରା ଘୋଷଣା କରୁଅଛି ଯେ-

(କ) ମୋର ବୟସ ୪୫ ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।

* (ଖ) ମୁଁ ବିଭବ୍ୟକ୍ତ ମୁକ୍ତି ମର୍ଦ୍ଦି (J.M.M) ମିଳିତଦ୍ଵାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଛି ।

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

(ii) ଏବଂ (iii)

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

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

ପୁନଶ୍ଚ ମୁଁ ଯୋଷଣା କରୁଅଛି ଯେ ମୁଁ ରାମଚନ୍ଦ୍ର ମୁଖାର୍ଜୀ

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

Ramesh Chandra...

ତାରିଖ ୨୧/୦୧/୨୦୨୨

ପ୍ରାର୍ଥୀଙ୍କ ସ୍ୱାକ୍ଷର

* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

ମୋ. ୭୦୦୮୨୨୫୫

** ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ ଭାଗ)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା ୦୫

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ ୨୧/୦୧/୨୦୨୨

ତାରିଖରେ ୨.୦୫ P.M ସମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

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ତାରିଖ

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 ନିମ୍ନତେ ନିଷ୍ପତ୍ତି କରୁଅଛି :—

*ମନୋନୟନ ପତ୍ର ଗ୍ରାହ୍ୟ/ଅଗ୍ରାହ୍ୟ

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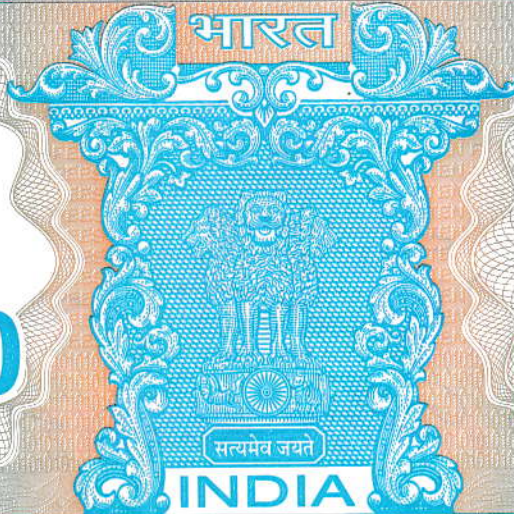
ତାରିଖ

ନିର୍ବାଚନ ଅଧିକାରୀ

भारतीय गैर न्यायिक

दस
रुपये

₹.10



TEN
RUPEES

Rs.10

INDIA NON JUDICIAL

ଓଡ଼ିଶା ओडिशा ODISHA

52AA 912483

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 _____ of _____ G.P.
 in _____ Block of _____ District/
 Member of _____ P.S. of _____ District/ Member
 of Zone 9 (Name) Kuleana Zilla Parishad of Mayerbanj District/ Corporator
 of _____ Municipal Corporation of _____ District /
 Councillor of _____ Municipality / N.A.C. of
 _____ District.

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

I, Ram Chandra Muesme son/daughter/wife of
Dhanrajayamuesme of village Ambapuri, P. Chandrababypur 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

SACHIDANANDA ARYA
 NOTARY
 BARIPADA TOWN
 MUSEHANJ, ODISHA
 751002

Ram Chandra Muesme
20/1/22

20,000
10,000
10,000

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Ramchandra Kumar

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भारतीय गैर न्यायिक

दो रुपये

TWO RUPEES



भारत INDIA

INDIA NON JUDICIAL



ଓଡ଼ିଶା ओडिशा ODISHA

12AA 291541

(iv) Court by which convicted NIL

(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)

(B) That I have in 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 :

SACHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
MAYURBHANJ, ODISHA
MOB: 9348823802

Ranchandana

Signature and date



ଓଡ଼ିଶା ଆଠିଶା ODISHA NIL

12AA 291572

(Repeat the above sequence in respect of each separate case of discharged/acquitted)

(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 :

SACHIDANANDA AGHA
NOTARY
BARIPADA TOWN
MAYURBHANJ, ODISHA
MOB: 9348823802
20/1/2022

Ramchandra merru
20/1/22



ओडिशा ODISHA

NIL

12AA 291571

(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.

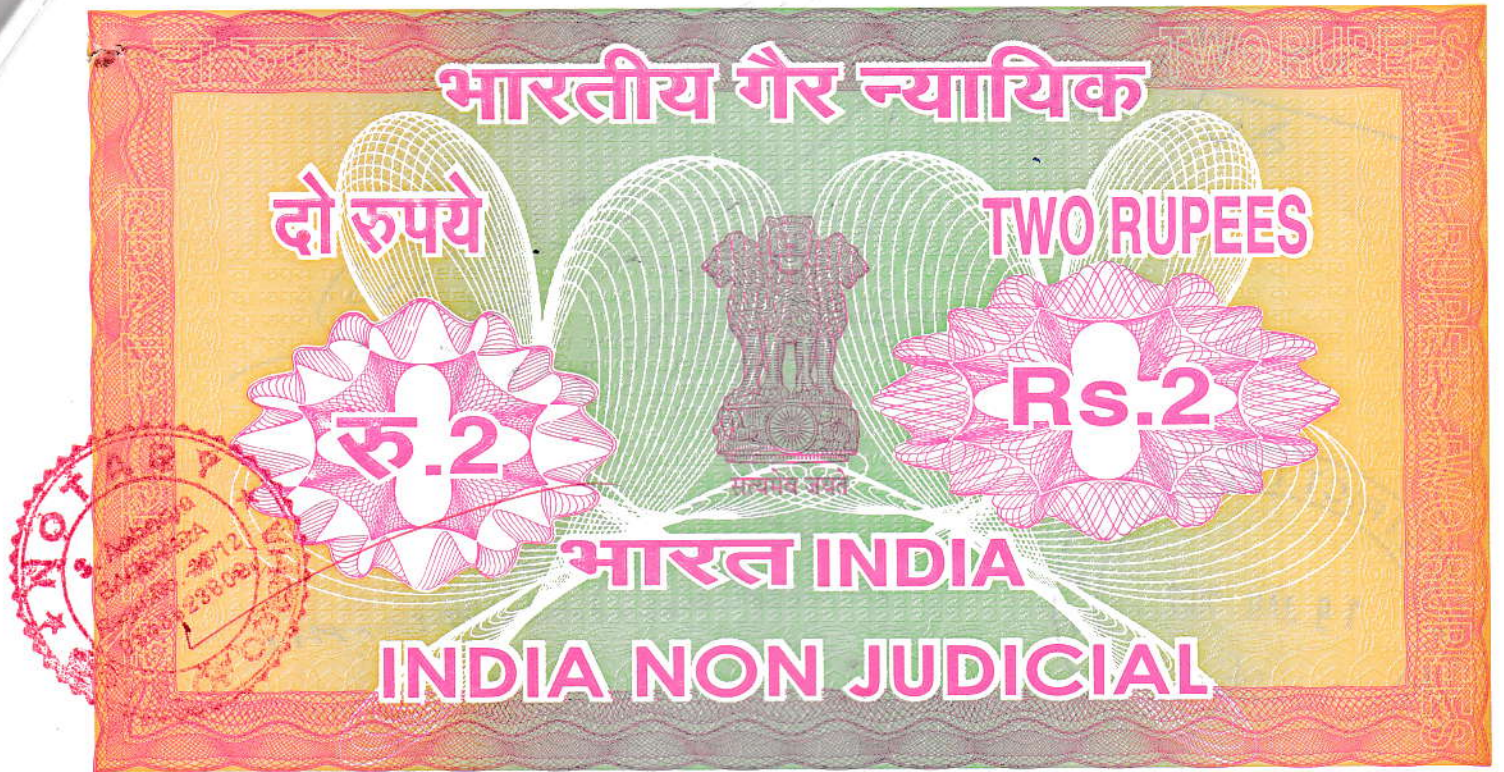
2. That, I/my spouse/my dependants *** own the following immovable properties:-
(A)

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

SACHIDANANDA ACHARYA
NOTARY
BALASORE TOWN
ODISHA

Ramesh Chandra

Sachin



ଓଡ଼ିଶା ओडिशा ODISHA

12AA 291570

In Joint name(s) (Give names)	<i>P. J. Dhamrajy mesme Sath</i>	<i>moza Ambapunj</i>	<i>A.3.0094</i>	<i>Rs 3,00,000 Three lacs</i>
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B.

Urban Land(s)	Location	Area	Approx. present market value according to you.
Self name	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>
Spouse (Give name)	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>
Dependant son(s) [Give name(s)]	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>
Dependant daughter(s) [Give name(s)]	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>
Dependant (others) [Give name and relationship]	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>
In Joint name(s) (Give names)	<i>NIL</i>	<i>NIL</i>	<i>NIL</i>

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 total/ gram/ carat	Approx. present market value according to you	Silver & Silver ornaments (In tolas/ grams)	Approx. present market value according to you

भारतीय गैर न्यायिक

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TWO RUPEES

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Rs.2



सत्यमेव जयते

भारत INDIA

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ଓଡ଼ିଶା ओडिशा ODISHA

12AA 291569

Self name	प्रफेस्येद 2 nes	Rs 70,000	Gold Rings	Rs 20,000	NIL	NIL
Spouse (Give name)	NIL	NIL	0	25,000	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 name and relationship]	NIL	NIL	NIL	NIL	NIL	NIL
In Joint name(s) (Give names)	NIL	NIL	NIL	NIL	NIL	NIL

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

SACHIDANANDA AGHARYA
NOTARY
BARIPADA TOWN
ODISHA

Remitted

Prabhakar 11/22

भारतीय गैर न्यायिक

दो रुपये

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12AA 291568

ଓଡ଼ିଶା ओडिशा ODISHA

	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	NIL	SBI Keshri P.N.B Kulians	RS 70000 RS 60000/-	NIL	NIL
Spouse (Give name)	NIL	NIL	SBI Keshri P.N.B Kulians	RS 80000/- RS 2000	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 name and relationship]	NIL	NIL	NIL	NIL	NIL	NIL
In Joint name(s) (Give)	NIL	NIL	NIL	NIL	NIL	NIL

ANANDA AGHARYA

Handwritten signature and date: 11/22



ଓଡ଼ିଶା ओडिशा ODISHA

12AA 291665

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 and relationship]	NIL		NIL	NIL	NIL
In Joint name(s) (Give names)	NIL		NIL	NIL	NIL

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

SACHIDANANDA ACHARYA
NOTARY
BARIPADA TOWN
P.O. BARIPADA, DIST. ODISHA
751002

Handwritten signature and date: 20/11/22



ଓଡ଼ିଶା, ओडिशा, ODISHA

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

7th Pass
Ambapuriya re. GME School
Ambapuriya mayabhanj

12AA 291664

I, Ramchandra murmu, 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 Baripada this the 20th day of January 2022

Executed in
Presence of Witness

Witness :

1. Sunaram Baskay
2. Jeetray Baskay
3. Ambapuriya

Bibekananda Mohanta

H-Kan Jib
po- Sansarpesari

Ramchandra murmu

Deponent

Jahnb
20/1/22

Ashok Kumar Bhanidra
Solemnly affirm and Declare
an Identification by Advocate
20/1/2022

S. Acharya
Notary, Baripada
9437320281

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