

Submitted by candidate
 1:42 pm
 ପାରମ ସଂଖ୍ୟା-4
 [ନିୟମ 12 (10) ଦ୍ରଷ୍ଟବ୍ୟ]
 ମନୋନୟନ ପତ୍ର

3

ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ ନୀଳ ବେତନୀ ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ସିପି ସତ୍ତ୍ୱା

ପିତା/ପତିଙ୍କ ନାମ ସୁକୁମ୍ଭ ସତ୍ତ୍ୱା

ତାଙ୍କର ତାଙ୍କ ଠିକଣା ଆ:- ପାଟଣା, ଗା:- ମୁକ୍ତାପୁର, ଥା- ବେତନୀ, ଗ୍ରାମ- ମୁକ୍ତାପୁର

ପ୍ରଧାନ ବି:- ମୁକ୍ତାପୁର ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ୪୦ ଭାଗ-୩୩ ଗ୍ରାମ:- ମୁକ୍ତାପୁର

ମୋର ନାମ ଦୁଷ୍ମନ୍ତ ପାଣି ଅଟେ ଏବଂ ନୀଳ-ବେତନୀ

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୮ ଭାଗ-୩୩ ରେ ତାହା

ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ୨୧/୦୧/୨୦୨୨

ଦୁଷ୍ମନ୍ତ ପାଣି
 ପ୍ରସାରକଙ୍କ ସ୍ୱାକ୍ଷର

ମୋର ନାମ ରାମଚନ୍ଦ୍ର ମୁକୁ ଅଟେ ଏବଂ ନୀଳ-ବେତନୀ

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୨୮୦ ଭାଗ-୩୩ ରେ ତାହା ଦରଜ

ହୋଇଅଛି ।

ତାରିଖ ୨୧/୦୧/୨୦୨୨

ରାମଚନ୍ଦ୍ର ମୁକୁ
 ସମର୍ଥକଙ୍କ ସ୍ୱାକ୍ଷର

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

(କ) ମୋର ବୟସ ୨୯ ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।

* (ଖ) ମୁଁ ନୀଳବେତନୀ ମୁକ୍ତାପୁର ଗୋଟି ଦଳଦ୍ୱାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଛି ।

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

(ii) ଧନୁଷୀ ଏବଂ (iii) ଧନୁଷୀ

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

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

ପୁନଶ୍ଚ ମୁଁ ଘୋଷଣା କରୁଅଛି ଯେ ମୁଁ ସ୍ୱିକ୍ସ କରୁଛି

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

ତାରିଖ ୨୧/୦୧/୨୦୨୨

ସ୍ୱିକ୍ସ କରୁଛି
ପ୍ରାର୍ଥୀଙ୍କ ସ୍ୱାକ୍ଷର

* ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାରାକୁ କାଟି ଦିଅନ୍ତୁ ।

୮୩୧୭୩୩୭୪୧୭

** ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ କାରି)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା ୦୩

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ ୨୧.୦୧.୨୦୨୨

ତାରିଖରେ ୧.୫୨ PM ସମୟରେ ପ୍ରାର୍ଥୀ/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

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 ନିମ୍ନମତେ ନିଷ୍ପତ୍ତି କରୁଅଛି :—

*ମନୋନୟନ ପତ୍ର ଗ୍ରାହ୍ୟ/ଅଗ୍ରାହ୍ୟ

ତାରିଖ

ନିର୍ବାଚନ ଅଧିକାରୀ

भारतीय गैर न्यायिक

दस
रुपये

TEN
RUPEES

Rs.10



INDIA NON JUDICIAL

ଓଡ଼ିଶା ओडिशा ODISHA

BEFORE THE NOTARY PUBLIC, AT- BARIPADA, DIST-MAYURBHANJ, ODISHA.

52AA 914508

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 the Sarpanch of _____ G.P. in _____ Block of _____ District / Member of _____ P.S. of _____ District / Member of Betnot (35) Zilla Parishad of Mayurbhanj 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, Sida Sonen Son/Daughter/Wife of Dula Sonen 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. N-1
- (ii) Section of the Act and description of the offence for which convicted. N-1
- (iii) Date of Conviction N-1
- (iv) Court by which convicted N-1
- (v) Punishment imposed (indicate period of imprisonment awarded and/or quantum of the fine imposed). N-1
- (vi) Details of appeal/revision etc. against conviction. N-1

(Repeat the above sequence in respect of each separate case of conviction).

Contd. Page-2.

18.01.22
M.K. DAS, NOTARY
Regd. No.-54 / 04
BARIPADA ODISHA

Sida Sonen



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(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 :

NIL

(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 :

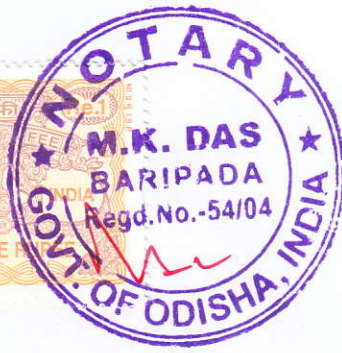
NIL

(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.

M.K. DAS 18-01-22
M.K. DAS, NOTARY
Regd. No. -54 / 04
BARIPADA ODISHA

Safa-so-rent



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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 | | | |
| <u>Sida Soren</u> | <u>Muktapur</u> | <u>Ac. 23 BcmL</u> | <u>₹2,00,000/-</u> |
| Spouse (Give name) <u>Parbati Soren</u> | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant son(s) [Give name(s)] | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant daughter(s) [Give name(s)] | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant (others) [Give name and relationship] | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| In Joint name(s) (Give names) | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |

B.

| Urban Land(s) | Location | Area | Approx. present market value according to you. |
|----------------------------------------------------|------------|------------|------------------------------------------------|
| Self name <u>Sida Soren</u> | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Spouse (Give name) <u>Parbati Soren</u> | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant son(s) [Give name(s)] | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant daughter(s) [Give name(s)] | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant (others) [Give name and relationship] | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| In Joint name(s) (Give names) | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |

M.K. DAS, NOTARY
Regd. No.-54 / 04
BARIPADA ODISHA
18.01.22

Sida Soren

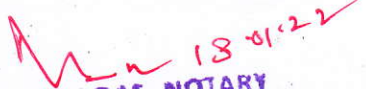


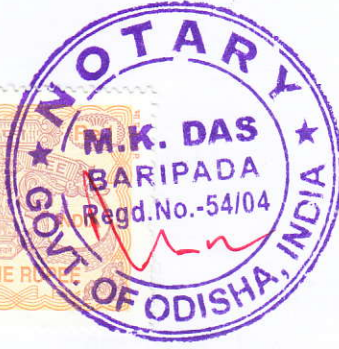
VOL.....11.....SLNO.....16.....DT.....18-01-22

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 & 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 |
|-------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|-----------------------------------------------|---------------------------------------------|-----------------------------------------------|
| Self name | Nil | Nil | Nil | Nil | Nil | Nil |
| Spouse (Give name) | Nil | Nil | 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 |
| Dependant (others) [Give name and relationship] | Nil | Nil | Nil | Nil | Nil | Nil |
| In Joint name(s) (Give names) | Nil | Nil | Nil | Nil | Nil | Nil |

Siddha Soren


M.K. DAS, NOTARY
Regd. No.-54 / 04
BARIPADA ODISHA



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3. (B). That, I/my spouse/my dependants*** have the following 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 | SBI, Betnoti Sida Soren | Nil | SBI Betnoti BOI Betnoti | Nil | Nil | Nil |
| Spouse (Give name) | BOI Betnoti Parbati Soren | Nil | BOI Betnoti | ₹ 4000/- | 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 |

Sida Soren

M.K. DAS, NOTARY
Regd. No. -54 / 04
BARIPADA ODISHA



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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 <u>Sida Soren</u> | <u>Nil</u> | | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Spouse (Give name) <u>Panbati Soren</u> | <u>Nil</u> | | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant son(s) [Give name(s)] | <u>Nil</u> | | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant daughter(s) [Give name(s)] | <u>Nil</u> | | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| Dependant (others) [Give name and relationship] | <u>Nil</u> | | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |
| In Joint name(s) (Give names) | <u>Nil</u> | | <u>Nil</u> | <u>Nil</u> | <u>Nil</u> |

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

5. My education qualification are as under : class - X
(Give the details of School & University Education). Bhaskar Chandra Sanskrit Vidyalaya, Athangan

I, Sida 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 therefrom.

Verified at Baripada this the 18th day of Jan 2022

Witness :

1. Antu Hemlenam

2. Dasmanta patra

Sida Soren
Deponent

Solemnly Affirm and Declared
on identification by Advocate

S. Soren
M.K. DAS, M.A.L.L.B
NOTARY, BARIPADA

18.01.22

FORM No. 18
[See Rule 14 (14)]

To
Election Officer
In respect of 35-BETNOTI
Zilla Parishad Constituency

Sir,

Having been authorised by the President/General Secretary of the State Level/
National Political Party, namely JHARKHAND MUKTI MORCHA Party, I hereby give
notice that the following person(s) has/have been sponsored by J. M. M.
Party as its condidate(s) at the ensunig Zilla Parishad Election and
that BOW and ARROW 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. | <u>35-BETNOTI</u> | <u>SIDASOREN</u> | <u>S/O-DULA SOREN</u> | <u>At - Paroi PO:- Muktapu PS:- Betnoti Dist:- Mayurb</u> |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Yours faithfully,



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

Hemant Soren
WORKING PRESIDENT
Central Committee
Jharkhand Mukti, Morcha

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