

03  
25/3/19  
LA/2019/RO  
(1:40PM)

ANNEXURE 11

(CHAPTER 5, PARA 5.5.1)

FORM 2B

(See rule 4)

NOMINATION PAPER

Election to the Legislative Assembly of 147 Chitankanda (S.T.) (State) Odisha



STRIKE OFF PART I OR PART II BELOW WHICHEVER IS NOT APPLICABLE

PART I

(To be used by candidate set up by recognised political party)

I nominate as a candidate for election to the Legislative Assembly from the 147 Chitankanda (S.T.) Assembly constituency.

Candidate's name Sanatan Kawasi ✓ Father's/mother's/husband's name Lax-Kosa Kawasi  
His postal address At-Koyaguda P.O Duda Muta His name is entered at Sl. No. 141 in Part No. 151 of the electoral roll for 147 Chitankanda (S.T.) Assembly constituency.

My name is Mukesh Padiami and it is entered at Sl. No. 571 in Part No. 154 of the electoral roll for 147 Chitankanda (S.T.) Assembly constituency.

Date 25/3/19

Mukesh Padiami  
Signature of Proposer

PART II

(To be used by candidate NOT set up by recognised political party)

We hereby nominate as candidate for election to the Legislative Assembly from the \_\_\_\_\_ Assembly Constituency,

Candidate's name \_\_\_\_\_ Father's/mother's/husband's name \_\_\_\_\_  
name \_\_\_\_\_ His postal address \_\_\_\_\_ His name is entered at Sl. No. \_\_\_\_\_ in Part No. \_\_\_\_\_ of the electoral roll \_\_\_\_\_ Assembly constituency

PART III

I, the candidate mentioned in Part I/Part II (Strike out which is not applicable) assent to this nomination and hereby declare—

(a) that I am a citizen of India and have not acquired the citizenship of any foreign State/country.

(b) that I have completed.....36.....years of age;

[STRIKE OUT c(i) or c(ii) BELOW WHICHEVER IS NOT APPLICABLE]

(c) (i) that I am set up at this election by the Bahujan Samaj party, which is a recognised National Party/State Party in this State and that the symbol reserved for the above party be allotted to me.

OR

(c) (ii) that I am set up at this election by the Bahujan Samaj party, which is a registered unrecognized political party/that I am contesting this election as an independent candidate. (Strike out which is not applicable) and that the symbols I have chosen, in order of preference, are:—

(i).....(ii).....(iii).....

(d) that my name and my Father's/Mother's/Husband's name have been correctly spelt out above in English (name of the language); and

e) that to the best of my knowledge and belief, I am qualified and not also disqualified for being chosen to fill the seat in the Legislative Assembly of this State.

\*I further declare that I am a member of the Scheduled tribe \*\*Caste/tribe which is a scheduled \*\*caste/tribe of the State of Odisha in relation to Khitanpali (area) in that State.

I also declare that I have not been, and shall not be nominated as a candidate at the present general election/the bye-elections being held simultaneously, to the Legislative Assembly 147 Chitankunda (S.T.) of (State) from more than two Assembly Constituencies.

Date 25/3/19

\*Score out this paragraph, if not applicable.

\*\*Score out the words not applicable.

Soujan Kauri  
Signature of Candidate

N.B.—A "recognised political party" means a political party recognised by the Election Commission under the Election Symbols (Reservation and Allotment) Order, 1968 in the State concerned.

**PART IIIA**  
(To be filled by the candidate)

Whether the candidate

(i) has been convicted

(a) of any offence(s) under sub-section (1); or

(b) for contravention of any law specified in sub-section (2), Yes/No<sup>✓</sup>  
of section 8 of the Representation of the People Act, 1951(43 of 1951); or

(ii) has been convicted for any other offence(s) for which he has been sentenced to imprisonment for two years or more.

If the answer is "Yes", the candidate shall furnish the following information:

(i) Case/first information report No./Nos.....

(ii) Police station(s).....District(s)..... State(s).....

(iii) Section(s) of the concerned Act(s) and brief description of the offence(s) for which he has been convicted.....

(iv) Date(s) of conviction(s) .....

(v) Court(s) which convicted the candidate.....

(vi) Punishment(s) imposed [indicate period of imprisonment(s) and/or quantum of fine (s)].....

(vii) Date(s) of release from prison.....

(viii) Was/were any appeal(s)/revision(s) filed against above conviction(s)..... Yes/No<sup>✓</sup>

(ix) Date and particulars of appeal(s)/application(s) for revision filed.....

(x) Name of the court(s) before which the appeal(s)/application(s) for revision filed.....

(xi) Whether the said appeal(s)/application(s) for revision has/have been disposed of or is/are pending.....

(xii) If the said appeal(s)/application(s) for revision has/have been disposed of—

(a) Date(s) of disposal.....

(b) Nature of order(s) passed.....

(2) Whether the candidate is holding any office of profit under the Government of India or State Government?..... (Yes/No)<sup>✓</sup>

-If Yes, details of the office held.....

(3) Whether the candidate has been declared insolvent by any Court?..... (Yes/No)<sup>✓</sup>

-If Yes, has he been discharged from insolvency.....

(4) Whether the candidate is under allegiance or adherence to any foreign country?.....(Yes/No) ✓

-If Yes, give details.....

(5) Whether the candidate has been disqualified under section 8A of the said Act by an order of the President?..... (Yes/No) ✓

-If Yes, the period for which disqualified.....

(6) Whether the candidate was dismissed for corruption or for disloyalty while holding office under the Government of India or the Government of any State? .....(Yes/No) ✓

-If Yes, the date of such dismissal.....

(7) Whether the candidate has any subsisting contract(s) with the Government either in individual capacity or by trust or partnership in which the candidate has a share for supply of any goods to that Government or for execution of works undertaken by that Government?.....(Yes/No) ✓

-If Yes, with which Government and details of subsisting contract (s).....

(8) Whether the candidate is a managing agent, or manager or Secretary of any company or Corporation (other than a cooperative society) in the capital of which the Central Government or State Government has not less than twenty-five percent share?..... (Yes/no) ✓

-If Yes, with which Government and the details thereof .....

(9) Whether the candidate has been disqualified by the Commission under section 10A of the said Act..... (Yes/No) ✓

-If yes, the date of disqualification.....

Place Malakangiri

Date 25/3/19

Santosh K. Kalle  
Signature of Candidate

**PART-IV**

(To be filled by the Returning Officer)

Serial No. of nomination paper 06/L.A./2019/RO

This nomination was delivered to me at my office at 1.40 PM (hour) on 25/3/19 (date) by

the \*candidate/proposer. (Name of proposer.....)

Date 25/3/19

\*Strike out the word not applicable.

[Signature]  
Returning Officer  
147 Chittrakonda(ST) A/C &  
Sub-Collector, Malakangiri

ମୁଦ୍ରା LIII--ପ୍ରାଚୀନ ସଂ. 175

ରସିଦ୍ ବହି K 0017517  
(Receipt Book)

ଫି ସଂ.

କ୍ରମିକ ସଂ.

ତା. 25.03.2019

Received from Sanatan Kaurav's/ Kaurav's

towards nomination fees for the General Election (S.T)

Rs. 5000/- ଟଙ୍କା Five thousand only - 2019 (Paise) ପଇସା ମାତ୍ର

ଗ୍ରହଣ କରି ଓ S.P-VIII ରେ ଜମା ହେଲା ।

ଅଧିକାରୀଙ୍କର ସ୍ୱାକ୍ଷର ଓ ପଦନାମ  
Signature of the Officer and Designation

*(Handwritten Signature)*

JGP (Forms) DTP--41-40,000 Bks.--04-05-2009

NAZIR  
SUB-COLLECTOR OFFICE

# ଶପଥ ବା ପ୍ରତିଜ୍ଞା ପତ୍ର

[ ଭାରତ ସଂବିଧାନର ଅନୁଚ୍ଛେଦ ୮୪\* (କ)/୧୭୩ (କ) ]

ମୁଁ ଶ୍ରୀ Somen Kowari .....

ରାଜ୍ୟସଭା \*

ଲୋକସଭା

ଓଡ଼ିଶା ବିଧାନସଭା

ଏକ ଆସନ ପୂରଣ କରିବା ନିମନ୍ତେ ମନୋନୀତ ହୋଇ ଇଣ୍ଡିଆନ ନାମରେ ଶପଥ କରୁଛି ଯେ ମୁଁ ଯଥାବିଧି ପ୍ରତିଷ୍ଠିତ ଭାରତର ସଂବିଧାନଠାରେ ବାସ୍ତବ ବିଶ୍ୱାସ ଓ ଆତ୍ମା ଉତ୍ସର୍ଗ ଏବଂ ଭାରତର ସାର୍ବଭୌମତ୍ୱ ଓ ଅଖଣ୍ଡତାକୁ ସମର୍ଥନ କରିବି ।

Somen Kowari  
(ପ୍ରାଥମିକ ସ୍ୱାକ୍ଷର ଓ ପ୍ରାକ୍ତନ ଅକ୍ଷରରେ ନାମ)

\* ଯାହା ଅନୁପଯୋଗୀ ଚାହୁଁ କାଟିଦିଅନ୍ତୁ ।

ଅନ୍ୟ ୨୦୧୯ ର ୧୫ ମାସର ୨୫ ତାରିଖର ୧-୪୦ ବର୍ଷ  
ବେଳେ ଓମ୍‌କାରୀଙ୍କ ଦେବା ବିକାଶ ସମିତି ଠାରେ ଶ୍ରୀ/ଶ୍ରୀମତୀ ସମାଜିକୀ ମାତ୍ରିକା କ ଦ୍ୱାରା  
ମୋ ସମକ୍ଷରେ ଇଣ୍ଡିଆନ ନାମରେ ଶପଥ ନିଆଗଲା/ ସତ୍ୟନିଷ୍ଠା ଭାବରେ ପ୍ରତିଜ୍ଞା କରାଗଲା ।

Somen Kowari  
(ପ୍ରାଥମିକ ସ୍ୱାକ୍ଷର ଓ ପ୍ରାକ୍ତନ ସ୍ୱାକ୍ଷର)  
**Returning Officer**  
147 Chitankunda (ST) A/C &  
Sub-Collector, Malkangiri

Original/Duplicate

(Original to be kept with nomination paper and duplicate to be handed over to candidate)

**Checklist of documents in connection with filing of nomination**

Name of constituency 147- CHITRAKONDA (ST)

Name of the candidate SANATAN KAWASI

Date and time of filing nomination paper 25/3/19, 1:40 PM

Sl. No. of nomination paper 06/LA/2019/RD

Sl. No.	Documents	Whether filed (Write Yes/No) [if there is any defect/shortcoming in the documents, the same should be specified]
1	Affidavit in Form 26— (a) Whether all columns are filled up (b) If not, which are blank column(s) (Please specify) : (c) Whether the affidavit is sworn before an Oath Commissioner or Magistrate of First Class or before a Notary Public.	<u>NO</u> <u>Sl. No - 8 (ii) B - i, ii</u> ✓
2	Certified extract of electoral roll (when candidate is an elector of a different constituency).	—
3	Form A and B (applicable in the case of candidates set up by political parties).	✓
4	Copy of caste certificates (if the candidate claims to belong to SC/ST).	✓
5	Security deposit (whether made)	✓
6	Oath and affirmations (whether taken)	✓

**The following documents which have not been filed should be filed as indicated below :**

- (a) Sl. No 8 - ii B - i, ii should be filed latest by 3:00 PM on the last date of making nomination.
- (b) Above-mentioned columns in the Affidavit in Form 26 have been left blank. You must submit a revised Affidavit with columns duly filled up before the commencement of scrutiny of nominations, failing which the nomination paper will be liable to be rejected.
- (c) — should be filed latest by —

**Received**

Sanatan Kawasi

(Signature of candidate)

Date & Time :

Place :

**N. B.**

1. The affidavit in Form 26 and Forms A & B have to be filed latest by 3-00 P.M. on the last date of filing nominations.
2. If columns have been left blank in the affidavit in Form 26, this should be specified against item 1, and candidate should be asked to submit an affidavit complete in all respect, latest by the time fixed for commencement of scrutiny of nominations. Failure to submit revised affidavit complete in all respects, even after reminder by RO will be a ground for rejection of the nomination paper.
3. Oath has to be taken after filing nomination paper and before the date fixed for scrutiny
4. Certified extract of electoral roll can be filed up to the time of scrutiny

[Signature]  
25/3/19  
(Signature of RO/ARO)  
Returning Officer  
147 Chittrakonda(ST) A/C &  
Sub-Collector, Malkangiri

**FORM 'A'**

**Communication with regard to Authorised Persons to intimate names of Candidates set up by recognised NATIONAL OR STATE Political party or REGISTERED UN-RECOGNISED political party.**

(See paragraph 13(c), (d) and (e) of the Election Symbols (Reservation and Allotment) Order, 1968.)

To

1. The Chief Electoral Officer,  
 .....**ODISHA**.....(State/Union Territory).
  
2. The Returning Officer for the  
 .....Constituency.

Subject:- General Elections to ..... **the Legislative Assembly** .....  
 from.....**ODISHA**.....(State/Union Territory) – Allotment of  
 Symbols – Authorisation of persons to intimate names of candidates.

Sir,

In pursuance of paragraph 13 (c), (d) and (e) of the Election Symbols (Reservation and Allotment) Order, 1968, I hereby communicate that the following person (s) has/have been authorised by the party, which is National Party/~~State Party in the State of .....~~/~~Registered Un-recognised Party~~ to intimate the names of the candidates proposed to be set up by the party at the election cited above.

Name of person authorised to send notice	Name of office held in the party	District(s)/area(s) constituency/constituencies in respect of which he has been authorised.
1	2	3
<b>1. Km. Mayawati</b>	<b>National President</b>	entire <b>Odisha State</b>
2. xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx
3. xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx



2. The specimen signatures of the above mentioned person(s) so authorised are given below :-

1. Specimen signatures of Shri **Km. MAYAWATI**.....

(i) Maya bati..... (ii) Maya bati..... (iii) Maya bati.....

2. Specimen signatures of Shri .....XXXXXXXXXXXXXXXXXXXX.....

(i).....XXXXXXXXXXXXXXXXXXXX..... (ii) .....XXXXXXXXXXXXXXXXXXXX..... (iii) .....XXXXXXXXXXXXXXXXXXXX.....

3. Specimen signatures of Shri .....XXXXXXXXXXXXXXXXXXXX.....

(i).....XXXXXXXXXXXXXXXXXXXX..... (ii) .....XXXXXXXXXXXXXXXXXXXX..... (iii) .....XXXXXXXXXXXXXXXXXXXX.....

Yours faithfully,

Maya bati

**(MAYAWATI)**

National President/Secretary

**Bahujan Samaj Party**

Name of the Party

Place : New Delhi

Date : .../03-2019



(Seal of the Party)

**N.B.**

1. This must be delivered to the Returning Officer and the Chief Electoral Officer not later than 3 p.m. on the last date for making nominations.
2. Form must be signed in ink by the office bearer (s) mentioned above. No facsimile signature or signature by means of rubber stamp, etc., of any office bearer shall be accepted.
3. No form transmitted by fax shall be accepted.

FORM 'B'

NOTICE AS TO NAME OF CANDIDATE SET UP BY THE POLITICAL PARTY  
[SEE PARAGRAPHS 13(B), (C) AND (E) AND 13A OF THE ELECTION SYMBOLS  
(RESERVATION AND ALLOTMENT) ORDER 1968]

To

The Returning Officer for the

.....147 CHITRAKONDA.....Constituency.

Subject: - General/bye Election to.....*the Legislative Assembly*.....

from .....147 CHITRAKONDA.....(Name of the

Constituency) in .....*ODISHA*..... (State/Union Territory) -

setting up of candidate.

Sir,

In pursuance of paragraphs 13 (b), (c) and (e) and 13A of the Election Symbols (Reservation and Allotment) Order, 1968, I hereby give notice on behalf of ....*BAHujan SAMAJ PARTY*.....(party)

- (i) that the person whose particulars are furnished in columns (2) to (4) below is the approved candidate of the party above named , and
- (ii) the person whose particulars are mentioned in columns (5) to (7) below is the substitute candidate of the party, who will step-in on the approved candidate's nomination being rejected on scrutiny or on his withdrawing from the contest, if the substitute candidate is still a contesting candidate,

at the ensuing general/bye election from this constituency :

Name of the Constituency	Name of the approved candidate	Father's/ Mother's/ Husband's name of approved candidate	Postal address of approved candidate	Name of the Substitute candidate who will step-in (i) on the approved candidate's nomination being rejected on scrutiny, or (ii) on his (approved candidate) withdrawing from the contest if, however, the nomination paper of substitute candidate is accepted on scrutiny as an independent candidate and, he is still a contesting candidate	Father's/ Mother's/ Husband's name of substitute candidate	Postal Address of substitute candidate
1	2	3	4	5	6	7
147 CHITRA KONDA	SANATAN KAWASI	Late Kasa Kawasi	A- Koyaguh p.o Inda Mata K. Mulka	-----	-----	-----

\*2. The notice in Form 'B' given earlier in favour of Shri/Smt/Sushri \_\_\_\_\_ as party's approved candidate/Shri/Smt./Sushri \_\_\_\_\_ as Party's substitute candidate is hereby rescinded.

3. It is certified that each of the candidates whose name is mentioned above is a member of this political party and his name is duly borne on the rolls of members of this party.

Yours faithfully,

*Mayawati*

**(MAYAWATI)**

(Name and signature of the  
Authorised person of the Party)

Place : New Delhi

Date : 10-03-2019



(Seal of the Party)

\* Score off, if not applicable.

**N.B.**

1. This must be delivered to the Returning Officer not later than 3 p.m. on the last date for making nominations.
2. Form must be signed in ink by the office bearer (s) mentioned above. No facsimile signature or signature by means of rubber stamp, etc., of any office bearer shall be accepted.
3. No form transmitted by fax shall be accepted.
4. Para 2 of the Form must be scored off, if not applicable, or must be properly filled, if applicable.



GOVERNMENT OF ODISHA

Office of the Tahasildar, Chittrakonda. Miscellaneous Certificate Case No: e-CAS/79 of 2017  
CASTE CERTIFICATE

[Rule 5 (i) of the Odisha Caste Certificate (for Scheduled Caste and Scheduled Tribe) Rules 1990]

Date 09-01-2017

This is to certify that **Shri SANATAN KABASI** Son of **Shri KOSA KABASI** of Village/Town **KOYADUDA P.S MALKANGIRI** in the district **Malkangiri** in the State of Odisha belongs to **KOYA** tribe, which is recognized as **Scheduled Tribe** under the constitution (scheduled Caste / Scheduled Tribe) order 1950 as amended by the scheduled Caste and Scheduled Tribe List (Modification) order 1956 and Scheduled Caste and Scheduled Tribe Order (Amendment) Act, 1976.

**Shri SANATAN KABASI** and he/his family ordinarily reside(s) in Village/Town **KOYADUDA** of **Malkangiri** District in the State of Odisha.

Place: Chittrakonda  
Date: 09-01-2017



Signature of the Applicant

**MANDAL  
LALIT**

Digital signed by MANDAL  
LALIT  
Digitally signed by MANDAL  
LALIT, DN: cn=Mandal  
Lalit, o=Revenue Officer Post,  
ou=Chittrakonda

Signature of the Revenue Officer  
Date : 09-01-2017

**NOTE :**

- It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature.
- This certificate is issued as per section 4, 5&6 of Information Technology Act 2000, and its subsequent amendments in 2008 and as per Revenue & Disaster Management Department notification numbers IMU-13/10-42518/R&DM dated 21.10.2010, RDM-IMU-EGOV-0001-12/41244 dated 10.09.2012 and RDM-IMU-EGOV-0001-2012/35042 dated 12.09.2013.
- For any query or verification, Agency/Department/Office may visit <http://edistrictodisha.gov.in>.
- Tampering of this certificate will attract penal action.

*Sonufon Kauso*

  
**ELECTION COMMISSION OF INDIA**  
 ଭାରତୀୟ ନିର୍ବାଚନ आयोग  
**IDENTITY CARD**  
 ପରିଚୟ ପତ୍ର  
 HDL 1516293



Elector's Name : Sanatan Kabasi  
 ଭୋଟରଙ୍କ ନାମ : ସନାତନ କବାସି  
 Father's Name : Kasa Kabasi  
 ପିତାଙ୍କ ନାମ : କସା କବାସି  
 Sex / ଲିଙ୍ଗ : Male / ପୁରୁଷ  
 Age as on 01/01/2002 : 21  
 ୦୧.୦୧.୨୦୦୨ରେ ବୟସ : ୨୧

HDL 1516293

**Address**  
 Village/Ward : Koyaguda  
 G P/Town : Kamawada  
 P.S. : Malkangiri  
 District : Malkangiri  
 ଠିକଣା :  
 ଗ୍ରାମ/ଘାଟ : କୋୟାଗୁଡ଼ା  
 ଗ୍ରାମ/ପଞ୍ଚାୟତ : କାମାବାଡ଼ା  
 ଥାନା : ମାଲକାଙ୍ଗିରି  
 ଜିଲ୍ଲା : ମାଲକାଙ୍ଗିରି

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

Malkangiri : Facsimile Signature of  
 ମାଲକାଙ୍ଗିରି : Electoral Registration Officer  
 25/03/2002 : For Chitrakonda(ST) AC  
 ୨୫/୦୩/୨୦୦୨ : ଚିତ୍ରକୋଣ୍ଡା(ସ୍ଟ) ଆସ  
 ବିନାଚଳନ ଭାରତୀୟ ନିର୍ବାଚନ ଆୟୋଗର ଅଧିକାରୀଙ୍କ ଦ୍ୱାରା

Sanatan Kabasi

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT OF INDIA

SANATAN KAWASI

KASA KAWASI

08/04/1983

Permanent Account Number

DBNPK7615C

*Sanatan  
K. K. Kawasi*  
Signature



इस कार्ड के लोस / पाणे पर कृपया सूचित करें। लीडिंग  
आयकर पैन सेवा इकाई, एन एस डी एल  
5 वीं मंजिल, मन्मरी स्टर्लिंग, प्लॉट नं. 341, सर्वे नं. 997/8,  
मॉडल कॉलोनी, दीप बंगला चौक के पास,  
पुणे - 411 016

*If this card is lost / someone's lost card is found,  
please inform / return to -  
Income Tax PAN Services Unit, NSDL  
5th floor, Manmri Sterling,  
Plot No. 341, Survey No. 997/8,  
Model Colony, Near Deep Bungalow Chowk,  
Pune - 411 016.*

Tel: 91-20-2721 8060, Fax: 91-20-2721 8061  
e-mail: nsdl@nsdl.co.in

Sanatan K. K. Kawasi

032001 Deposits Long Enquiry



Account Number	8404002399-0	NR	Product	BBNCHD-GEN-FDS-IND-UP
Home Branch	00275	User Codes	0	10
District	0000	Agent Code	00000	Ref Manager
Account Name:				
Customer Name		Mr. SANATAN KABASI		
Add1	KOYAGUDA	Int Paid 1	0.00	
Add2	KORUKONDA	Int	0.00	
Add3	MALKANGIRI	Int	0.00	
Add4	ODISHA	764065	0.00	
Open Dt	21/03/2019	Cr Int Rate	3.5000	Dr Int Rate
				0.0000
Balance	1000.00 CR	Od Limit	0	
Overdue	0.00	Hold Value	0.00	
Pr Int	0.00	Cr Int Incr	09589	
Cr Tax	0.00	Cr Int Proj	105479	
De Od	00000	Int Avail	00000	
Prv Br	1000.00 CR	Matched Rate	Last Acct Type Change	
Comp Freq		Comp Amt	00000 Int Monthly Basis	
Comp SOP Dt		Comp EOP Dt	Renewal Date	

S. No.	Type	Post-Dt	Jrnl No.	Value-Dt.	Trxn-Amount



*Sanatan Kabasi*



GOVERNMENT OF KARNATAKA  
 DEPARTMENT OF EDUCATION  
 BANGALORE

PROVISIONAL CERTIFICATE FOR MEMORANDUM OF MARKS

99.22910211

NAME: SANATAN KAWRSE  
 BUDE KAWRSE  
 KASA KAWRSE

DATE: 08 APRIL NINETEEN EIGHTY THREE

AGE: 13

ADDRESS: 507 (WELFARE) HIGH SCHOOL, SOVINGAPALLY, MALKANGIPI

STATE OF KARNATAKA, BANGALORE

TERM	LANG	MKS	SECOND LANGUAGE			MATHS			TOTAL	GRADE
			1ST	2ND	3RD	1ST	2ND	3RD		
FLO	51	31E	30			75	33	67		

TERM	LANG	MKS	SCIENCE			TOTAL	GRADE
			1ST	2ND	3RD		
FLO	51	31E					

15TH OCTOBER 1999

*Handwritten signature*

*Handwritten signature*  
 HEAD OF SCHOOL

*Sanatan Kawrse*



**Declaration by Candidate / Election agent/ Proposer while submitting the photograph of the Candidate.**

Subject: Election to ..... (mention the name of the House)  
from 147-Chitrakona (S.T) ..... (name of the constituency) / election to Council of States/  
✓ Legislative Council by Assembly Members.

I Sonutan Kowale ..... (name and address), son/daughter /  
wife of Shri Kasa Kowale ..... nominated as candidate for  
the abovementioned election. Am submitting herewith my photograph for the purpose of printing  
the same on the ballot paper. I declare that the photograph has been taken during the last 3  
months before the date of notification of election.

(fill up this part when the candidate himself is submitting the photograph).

OR

I ..... (name), election agent / proposer of  
Shri ..... ( name and address of the candidate), son /  
daughter/ wife of Shri ..... a candidate for the  
abovementioned election, hereby submit the photograph of the said candidate for the purpose of  
printing the same on the ballot paper. I declare that the photograph has been taken during the last  
3 months before the date of notification of election.

(fill up this part when the election agent/ proposer is submitting the photograph).

Date 25/03/2019

Name Sonutan Kowale  
Address At Koya guola pa Disolameta  
Tel. No. 9938053549

## Acknowledgement

Sl No	Name of the Subject	Name of the Candidate / Proposer to whom Handed Over	Signature on receipt
1	Duplicate copy of checklist	Sanatan Kowasi	Sanatan Kowasi
2	Receipt on form of Oath		
3	Receipt on declaration by candidate or his proposer on submission of photograph of the candidate		
4	Part VI of nomination paper		
5	Form 8 - Appointment of Election Agent (in duplicate)		
6	Form 10 - Appointment of Polling Agent (200 Nos)		
7	Register on maintenance for day to day account of Election Expenditure		
8	Copy instruction on restriction for printing of pamphlets, Posters, etc		
9	Copy of rate charts of different item for the ensuing General Election 2019		
10	Copy of notice regarding penal provision in the Election Law		

11. Compendium of Instructions on Election Expenditure Monitoring
12. Annexure-51 (Format - C-1 & C-2)
13. Letter to Candidate on maintenance of Accounts Annexure-53 (L.N 1843 dt 25/3/19)

Sanatan Kowasi  
Signature of the Candidate/  
Proposer



NO. 70/111... DATE 27-02-19  
RS. 1000000  
NAME Sonathu K. B. B.

  
F. Sivajee  
STAMP VENDOR, MALKANGIRI



STAMP VENDOR  
MALKANGIRI



ଓଡ଼ିଶା, ଓଡ଼ିଶା ODISHA

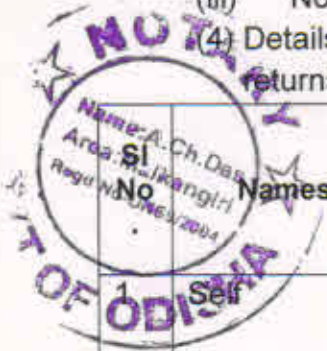
09AA 881023

(2) My name is enrolled in 146-Malkangiri (ST) Assembly Constituency, Odisha (Name of the constituency and the State) at Serial No. 141 in Part No.151

(3) My contact telephone number (S) is / are 9938053549 and my email id (if any) is ..... and my social media account (S) (if any) is/are

- (i) Whatsapp
- (ii) No
- (iii) No

(4) Details of Permanent Account Number (PAN)\* and status of filling of Income Tax returns:



Serial No	Names	PAN	The financial year for which the last Income-tax return has been filed	Total income shown in income-Tax return (In Rupees) for the last five Financial Years completed (as on 31 <sup>st</sup> March)	
1		DBNPK7615C	Nil	(i)	Nil
				(ii)	Nil
				(iii)	Nil
				(iv)	Nil
				(v)	Nil
2.	Spouse	Nil	Nil	(i)	Nil
				(ii)	Nil
				(iii)	Nil
				(iv)	Nil
				(v)	Nil

Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-OI:-69/04

Sarun Khatun



NO. GP/127 DATE 20/02/19  
 RS. 19  
 NAME Sayathya Mahapatra

P. Sivajee  
 STAMP VENDOR, MALKANGIRI



*[Faded Odia text, likely a notice or instruction regarding stamp procurement.]*



Sl. No.	Particulars	Amount	Total
1			
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14			
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09AA 881024

3.	HUF (If Candidate is Karta/Coparcener)	Nil	Nil	(i)	Nil
				(ii)	Nil
				(iii)	Nil
				(iv)	Nil
				(v)	Nil
4.	Dependent-1	Nil	Nil	(i)	Nil
				(ii)	Nil
				(iii)	Nil
				(iv)	Nil
				(v)	Nil
5.	Dependent-2	Nil	Nil	(i)	Nil
				(ii)	Nil
				(iii)	Nil
				(iv)	Nil
				(v)	Nil
6.	Dependent-3	Nil	Nil	(i)	Nil
				(ii)	Nil
				(iii)	Nil
				(iv)	Nil
				(v)	Nil

Note: It is mandatory for PAN holder to mention PAN and in case of no PAN it should be clearly stated "No PAN allotted".

**(5) Pending criminal cases**

(i) I declare that there is no pending criminal case against me.

(Tick this alternative if there is no criminal case pending against the Candidate and write NOT APPLICABLE against alternative (ii) below)

*Ampesh Ch. Das*  
 NOTARY PUBLIC  
 MALKANGIRI  
 Regd No.-OI.-69/04

*Soufen Kowal*



NO. 6128 DATE 20/07/19  
RS. 1  
NAME Sankha Das

P. Sivajee  
STAMP VENDOR, MALKANGIRI



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OR

09AA 881025

- (ii) The following criminal cases are pending against me:  (If there are pending criminal cases against the candidate, the tick this alternative and score off alternative (i) above, and give details of all pending cases in the Table Below)

Table

(a)	FIR No. with name and address of Police Station concerned	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(b)	Case No. with Name of the Court	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(c)	Section(s) of concerned Acts / Codes involved (give no. of the Section, e.g Section .....of IPC, etc.)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(d)	Brief description of offence	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

*21/3/19*  
Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-Di.-69/04

*Sarunjan Kumar*





NO. 8724 DATE 20/03/19  
 RS. 10000  
 NAME Sachin Kumar

P. Sivajee  
 STAMP VENDOR, MALKANGIRI



Text in Odia script, likely a header or introductory paragraph for a document.

NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE



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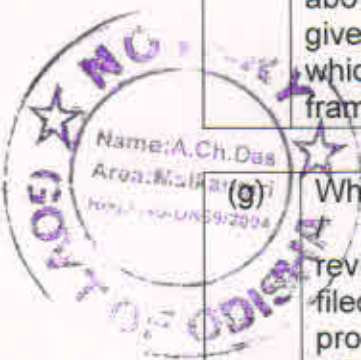
DISTRICT TREASURY



ଓଡ଼ିଶା, ओडिशा, ODISHA

09AA 881026

(e)	Whether charges have been framed (mention YES or NO)	No.	No.	No.
(f)	If answer against (e) above is YES, then give the date on which charges were framed	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(g)	Whether any Appeal Application for revision has been filed against the proceedings (Mention YES or NO)	No.	No.	No.



**(6) Cases of conviction**

(i) I declare that I have not been convicted or any criminal offence. ✓  
(Tick this alternative, if the candidate has not been convicted and write NOT APPLICABLE against alternative (ii) below)

OR

(ii) I have been convicted for the offences mentioned below :  
(if the candidate has been convicted, then tick this alternative and score off alternative (i) above, and give details in the Table below)

Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regn. No.-01-69/14

Saufer Kumar



NO. 8226 DATE 10-03-19  
 RS. 1  
 NAME Sachin M. Dasguy

*[Signature]*  
 P. Sivajee

STAMP VENDOR, MALKANGIRI

NOT APPLICABLE	NOT APPLICABLE		



(A) Check & withdraw  
 I have been provided for the amount mentioned below  
 in the account of the Government of India and the same is  
 being paid to the account of the Government of India  
 (B)  
 I have been provided for the amount mentioned below  
 in the account of the Government of India and the same is  
 being paid to the account of the Government of India

*[Handwritten signature]*

*[Handwritten signature]*  
 DISTRICT TREASURY  
 MALKANGIRI



ଓଡ଼ିଶା ओडिशा ODISHA

Table

09AA 881027

(a)	Case No.	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(b)	Name of the Court	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(c)	Section (S) of Acts/Codes involved (give no. of the Section, e.g Section ....of IPC, etc. )	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(d)	Brief description of offence for which convicted	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(e)	Dates of orders of conviction	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(f)	Punishment imposed	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-011-69/04

Surender Kumar



NO. 6722 DATE 12/03/19  
 RS. 1  
 NAME P. Sivajee

P. Sivajee  
 STAMP VENDOR, MALKANGIRI



Sl. No.	Description	APPLICABLE	NOT APPLICABLE
1	...	APPLICABLE	NOT APPLICABLE
2	...	APPLICABLE	NOT APPLICABLE
3	...	APPLICABLE	NOT APPLICABLE
4	...	APPLICABLE	NOT APPLICABLE
5	...	APPLICABLE	NOT APPLICABLE
6	...	APPLICABLE	NOT APPLICABLE
7	...	APPLICABLE	NOT APPLICABLE



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09AA 981028

(g)	Whether any Appeal has been filed against conviction order (Mention YES or NO)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
(h)	If answer to (g) above is YES, give details and present status of appeal	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE



(6A) - I have given full and up-to-date information to my political party about all pending criminal cases against me and about all cases of conviction as given in paragraphs (5) and (6).

Candidates to whom this Item is not applicable should clearly write NOTAPPLICATION IN VIEW OF ENTRIES IN 5 (i) and 6 (i), above]

**Note:**

1. Details should be entered clearly and legibly in BOLD letters.
2. Details to be given separately for each case under different columns against each item.
3. Details should be given in reverse chronological order, i.e, the latest case to be mentioned first and backwards in the order of dates for the other cases.
4. Additional sheet may be added if required.
5. Candidate is responsible for supplying all information in compliance of Honorable Supreme Court's judgment in W.P (C) No.536 of 2011.

(7) That I give herein below the details of the assets (movable and immovable etc.) of myself, my spouse and all dependents:

Animesh Ch. Das  
 NOTARY PUBLIC  
 MALKANGIRI  
 Regd No-Oi:-69/04

*Sonuman Ballew*



NO. 67827, DATE 20.03.2019  
RS. 1  
NAME Saldin K. K. K.

P. Sivajee

STAMP VENDOR, MALKANGIRI

NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE



1. The stamp should be affixed to the stamp paper before the stamp is cancelled.

2. The stamp should be affixed to the stamp paper in such a manner that it is not possible to reuse the stamp paper.

3. The stamp should be affixed to the stamp paper in such a manner that it is not possible to remove the stamp paper from the stamp.

4. The stamp should be affixed to the stamp paper in such a manner that it is not possible to reuse the stamp paper.

5. The stamp should be affixed to the stamp paper in such a manner that it is not possible to remove the stamp paper from the stamp.

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09AA 881029

**A. Details of movable assets:**

Note: 1. Assets in joint name indicating the extent of joint ownership will also have to be given.

Note: 2. In case of deposit/investment, the details including Serial Number, Amount, date of deposit the scheme, Name of the Bank /Institution and Branch are to be given

Note: 3 Value of Bonds/Share Debentures as per current market value in stock exchange in respect of listed companies and as per books in case of non-listed companies should be given.

Note: 4 'Dependent' means parents, son (s), daughter (s) of the candidate or spouse and any other person related to be candidate whether by blood or marriage, who have no separate means of income and who are dependent in the candidate for their livelihood.

Note: 5 Details including amount is to be given separately in respect of each investment

Note: 6 Details should include the interest in or ownership of offshore assets.

Explanation – For the purpose of this Form, the expression "offshore assets" includes details of all deposits or investments in foreign banks and any other body or institution abroad, and details of all assets and liabilities in foreign countries.



Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-OI-69/04

*Soumya Kumar*





NO. 6427 DATE 20.07.19  
 RS. 1  
 NAME Sashu Das

P. Sivajee  
 STAMP VENDOR, MALKANGIRI



A class of revenue...

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09AA 881070

Sl no.	Description	Self	Spouse	HUF	Depend ent-1	Depend ent-2	Depend ent-3
(i)	Cash in hand	5000/-	Nil	Nil	Nil	Nil	
(ii)	Details of deposit in Bank accounts (FDRs, Term Deposits and all other types of deposits and all other types of deposits including saving accounts), Deposits with Financial institutions Non-banking Financial Companies and the amount in each such deposit	SBI, Orkel Rs. 5,000/-	Nil	Nil	Nil	Nil	Nil
(iii)	Details of investment in Bonds, debentures/ shares and units in companies / Mutual funds and others and the amount.	Nil	Nil	Nil	Nil	Nil	Nil
(iv)	Details of investment	Nil	Nil	Nil	Nil	Nil	Nil



Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-OR-69/0-

Sarfen Kumar



NO. 6430 DATE 20/03/19  
RS. 100000  
NAME S. S. S. S.

P. Sivajee  
STAMP VENDOR, MALKANGIRI



Table with multiple columns and rows, containing faint text and numbers. The table appears to be a ledger or record book with columns for various categories and numerical values.



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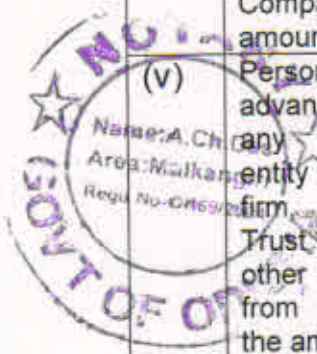
REGIONAL PUBLIC NOTARY OFFICE  
MALKANGIRI  
Dist. Malkangiri



ଓଡ଼ିଶା, ओडिशा ODISHA

09AA 881031

	In NSS, Postal Saving, Insurance policies and investment in any Financial instruments in Post office or Insurance Company and the amount						
(v)	Personal loans/ advance given to any person or entity including firm, company, Trust etc. and other receivables from debtors and the amount	Nil	Nil	Nil	Nil	Nil	Nil
(vi)	Motor Vehicles/ Aircrafts/Yachts/ Ships (Details of Make, Registration number etc. year of purchase and amount)	Hero Honda Splendor OR 30 D 0829	Nil	Nil	Nil	Nil	Nil
(vii)	Jewellery, bullion and valuable thing(s) (give details of weight and value)	20 gm Gold	20 gm Gold	Nil	Nil	Nil	Nil



Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No: Oi:-69/04

Saunjan Kallu



NO. 67831... DATE 20/03/19  
RS. 1  
NAME Sandhya Kishor

P. Sivajee  
STAMP VENDOR, MALKANGIRI






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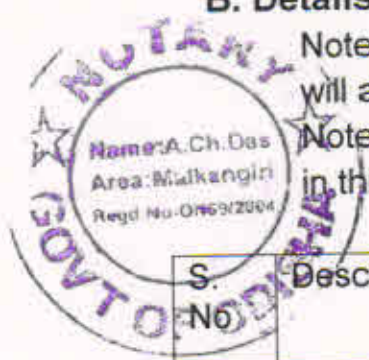
09AA 881072

(viii)	Any other assets such as value of claims/interest	Nil	Nil	Nil	Nil	Nil	Nil
(ix)	Gross Total Value	60000/-	60000/-	Nil	Nil	Nil	Nil

**B. Details of Immovable Assets:**

Note: 1. Properties in joint ownership indicating the extent of joint ownership will also have to be indicated.

Note: 2. Each land or building or apartment should be mentioned separately in this format



S. No.	Description	Self	Spouse	HU F	Dependent - 1	Dependent - 2	Dependent - 3
(i)	Agricultural Land Location (S) Survey number (S)	Nil	Nil	Nil	Nil	Nil	Nil
	Area (total measurement in acres)	Nil	Nil	Nil	Nil	Nil	Nil
	Whether inherited property (Yes or No)	No	No	Nil	Nil	Nil	Nil

Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-01-69/04

*Sauferan K...*



NO. 67532 DATE 20/03/19  
 RS. 1  
 NAME Sunithy Wajale

*(Signature)*  
 P. Sivajee  
 STAMP VENDOR, 'MALKANGIRI'

1	2	3	4	5	6	7	8	9	10

B. Details of Government Assets  
 Note 1: Properties and assets (including the extent of land ownership)  
 Note 2: Bank and building of Government should be mentioned separately



Sl. No.	Particulars	Area	Year	Rate	Total	Remarks
1	Land					
2	Building					
3	Bank					
4	Other					

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 DISTRICT COLLECTOR  
 MALKANGIRI  
 GOVT OF ODISHA

DISTRICT TREASURY



ଓଡ଼ିଶା ओडिशा ODISHA

09AA 881033

Date of purchase in case of self-acquired property	Nil	NOT APPLICABLE	Nil	Nil	Nil	Nil
Cost of Land (In case of purchase ) at the time of purchase	Nil	NOT APPLICABLE	Nil	Nil	Nil	Nil
Any investment on the land by way of development, construction etc.	Nil	NOT APPLICABLE	Nil	Nil	Nil	Nil
Approximate current market value	Nil	Nil	Nil	Nil	Nil	Nil



(ii) Non-Agricultural Land: Location(S) Survey number(S)	Nil	Nil	Nil	Nil	Nil	Nil
--	-----	-----	-----	-----	-----	-----

Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-OI:-69/04

*Signature*





NO. 91522 DATE 10/03/19  
RSI. [Signature]  
NAME Sanku [Signature]

P. Sivajee  
STAMP VENDOR, MALKANGIRI

Sl. No.	Particulars	Rs.	Paise	Total
1	...	...	...	...
2	...	...	...	...
3	...	...	...	...
4	...	...	...	...
5	...	...	...	...



Sl. No.	Particulars	Rs.	Paise	Total
6	...	...	...	...
7	...	...	...	...
8	...	...	...	...
9	...	...	...	...
10	...	...	...	...

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# भारतीय गैर न्यायिक

एक रुपया

ONE RUPEE

रु. 1

Re. 1

INDIA NON JUDICIAL



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09AA 881034

Area (total measurement in sq.ft.)	Nil	Nil	Nil	Nil	Nil	Nil
Whether inherited property (Yes or No)	Nil	No.	Nil	Nil	Nil	Nil
Date of purchase in case of self-acquired property	Nil	Nil	Nil	Nil	Nil	Nil
Cost of Land (in case of purchase) at the time of purchase	Nil	Nil	Nil	Nil	Nil	Nil
Any investment on the land by way of development, construction etc.	Nil	Nil	Nil	Nil	Nil	Nil
Approximate current market value	Nil	Nil	Nil	Nil	Nil	Nil



Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-Of:-69/04

Successor (Name)



NO. 68839 DATE 200395  
RS. NAME Sanku Katar

P. Sivajee  
STAMP VENDOR, MALKANGIRI

Sl. No.	Particulars	Rs.	Paise	Total
1	Stamp Duty	100	00	100
2	Stamp Paper	100	00	100
3	Stamp Adhesive	100	00	100
4	Stamp Seal	100	00	100
5	Stamp Ink	100	00	100
6	Stamp Machine	100	00	100
7	Stamp Stationery	100	00	100
8	Stamp Accessories	100	00	100
9	Stamp Supplies	100	00	100
10	Stamp Maintenance	100	00	100
11	Stamp Repairs	100	00	100
12	Stamp Transport	100	00	100
13	Stamp Fuel	100	00	100
14	Stamp Insurance	100	00	100
15	Stamp Security	100	00	100
16	Stamp Training	100	00	100
17	Stamp Conferences	100	00	100
18	Stamp Publications	100	00	100
19	Stamp Miscellaneous	100	00	100
20	Stamp Balance	100	00	100



Signature  
Officer in Charge  
Stamp Vendor  
MALKANGIRI

Handwritten signature



ଓଡ଼ିଶା, ଓଡ଼ିଶା, ODISHA

09AA 881035

(iii)	Commercial Buildings (including apartments) -Location(s) -Survey number (s)	Nil	Nil	Nil	Nil	Nil	Nil
	Area (total Measurement in sq.ft)	Nil	Nil	Nil	Nil	Nil	Nil
	Built-up Area (Total measurement in sq.ft)	Nil	Nil	Nil	Nil	Nil	Nil
	Whether inherited property (Yes or No)	Nil	Nil	Nil	Nil	Nil	Nil
	Date of purchase m Case of self-acquired property	Nil	Nil	Nil	Nil	Nil	Nil
	Cost of property (in case of purchase ) at the time of purchase	Nil	Nil	Nil	Nil	Nil	Nil
	Any investment on the lands by Ch. Das	Nil	Nil	Nil	Nil	Nil	Nil



NOTARY PUBLIC  
MALKANGIRI  
Regd No-OI:-69/04

*Sunjan Behera*



NO. 68835  
 RS. 10000 DATE 10/03/19  
 NAME Saithy Wshu

P. Sivajee  
 STAMP VENDOR, MALKANGIRI



Sl. No.	Date	Particulars	Rs.	Paise	Total	Remarks

*[Handwritten signature]*

DISTRICT TREASURY  
 MALKANGIRI



ଓଡ଼ିଶା ଗୌଡ଼ିଆ ODISHA

09AA 881036

	way of development, construction etc.						
	Approximate current market value	Nil	Nil	Nil	Nil	Nil	Nil
(iv)	Residential Buildings (including apartments) -Location(s) -Survey number(s)	Nil	Nil	Nil	Nil	Nil	Nil
	Area (total Measurement in sq.ft)	Nil	Nil	Nil	Nil	Nil	Nil
	Built-up Area (Total measurement in sq.ft)	Nil	Nil	Nil	Nil	Nil	Nil
	Whether inherited property (Yes or No)	Nil	No	Nil	Nil	Nil	Nil
	Date of purchase m Case of self-acquired property	Nil	Nil	Nil	Nil	Nil	Nil
	Cost of property (in case of purchase ) at the time of purchase	Nil	Nil	Nil	Nil	Nil	Nil
	Any investment on the land by way of development, construction etc.	Nil	Nil	Nil	Nil	Nil	Nil
	Approximate current market value	Nil	Nil	Nil	Nil	Nil	Nil
(v)	Others (such as interest in property)	Nil	Nil	Nil	Nil	Nil	Nil



Animesh Ch. Das  
NOTARY PUBLIC  
MALANGIRI  
Regd. No. 01-69/04

Santosh Kumar



NO. 67116 DATE 20.03.19  
 RS. 110000  
 NAME S. Sathya

P. Sivajee  
 STAMP VENDOR, MALKANGIRI

Sl. No.	Particulars	Amount	Total
1	Stamp	100000	100000
2			
3			
4			
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AMRITA  
 HOTEL  
 No. 1111  
 1111



ଓଡ଼ିଶା ଓଡ଼ିଶା ODISHA

09AA 881037

(vi)	Total of current market value of (i) to (v) above	Nil	Nil	Nil	N/A	N/A	N/A
------	---	-----	-----	-----	-----	-----	-----

(8) I give herein below the details of liabilities / dues to public financial institutions and government:- (Note: please give separate details of name of bank, institution, entity or individual and amount before each item)

S.No	Description	Self	Spouse	HUF	Dependent - 1	Dependent - 2	Dependent - 3
	Loan or dues to Bank/financial institution(s) Name of the Bank or Financial institution, Amount outstanding, Nature of Loan	Nil	Nil	Nil	Nil	Nil	Nil
	Loan or dues to any Other individuals/entity other than mentioned above Name(s), Amount outstanding, nature of loan	Nil	Nil	Nil	Nil	Nil	Nil
	Any other liability	Nil	Nil	Nil	Nil	Nil	Nil
	Grand total of liabilities	Nil	Nil	Nil	Nil	Nil	Nil

(ii)	Government dues: Dues to departments dealing with government	(A) Has the Deponent been in occupation of accommodation provided by the Government at any time during the last ten years before the date of	NO
------	--	--	----

Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-Di:-69/04

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NO. 28337 DATE 20/03/19  
RS. 10000  
NAME Sanath Babu

P. Sivajee  
STAMP VENDOR, 'MALKANGIRI'

10000	10000	10000	10000	10000	10000	10000	10000	10000	10000
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Sl. No.	Particulars	Debit	Credit	Balance
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2	...	...	...	...
3	...	...	...	...
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# भारतीय गैर न्यायिक

एक रुपया

ONE RUPEE

रु. 1

Re. 1

INDIA NON JUDICIAL



ଓଡ଼ିଶା, ଓଡ଼ିଶା, ODISHA

09AA 881038

accommodation

notification of the current election?  
 (B) If answer to (A) above is YES, the following declaration may be furnished namely:-  
 i. The address of the Government accommodation: No.

ii. There is no dues payable in respect of above Government accommodation, towards- No.  
 (a) Rent;  
 (b) Electricity charges;  
 (c) Water charges; and  
 (d) Telephone charges as on \_\_\_\_\_  
 (date)

[The date should be the last date of the third month prior to the month in which the election is notified or any date thereafter].

Note—'No Dues Certificate' from the agencies concerned in respect of rent, electricity charges, water charges and telephone charges for the above **Government accommodation should be submitted.**

(iii) Dues to department dealing with government transport (including aircrafts and helicopters)

Nil

Nil



nimesh Ch. Das  
 NOTARY PUBLIC  
 MALKANGIRI  
 Regd No-OI:-69/04

Sunder Kumar



NO. 67777 DATE 10/03/10  
RS. 10000  
NAME Sanathly

P. Sivajee  
STAMP VENDOR, MALKANGIRI



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		99AA 881039					
(iv)	Income tax dues	Nil					
		Self	Spouse	HUF	Dependent-1	Dependent-2	Dependent-3
(v)	GST Dues	Nil	Nil	Nil	Nil	Nil	Nil
(vi)	Municipal/Property tax dues	Nil	Nil	Nil	Nil	Nil	Nil
(vii)	Any other dues	Nil	Nil	Nil	Nil	Nil	Nil
(viii)	Grand total of all	Nil	Nil	Nil	Nil	Nil	Nil
(ix)	Government dues						
	Whether any other	Nil	Nil	Nil	Nil	Nil	Nil
	Liabilities are in dispute, if so, mention the involved and the authority before which it is pending.						

(9) Details of profession or occupation:

- (a). Self- Agriculture
- (b) Spouse- House wife

(9A) Details of source (s) of income:

- (a). Self- 50,000/- per annum by Agriculture
- (b). Spouse- No.
- (c) Source of income, if any, of dependents- Nil

Animesh Ch. Das  
 NOTARY PUBLIC  
 MALKANGIRI  
 REGD No-OD-69/04

*Sankar Kumar*



NO. 64125 DATE 20/03/19  
RS. 10000  
NAME Sarvam Khat

P. Sivajee  
STAMP VENDOR, MALKANGIRI



Sl. No.	Particulars	Debit	Credit	Balance
1	...	...	...	...
2	...	...	...	...
3	...	...	...	...
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ଓଡ଼ିଶା ଓଡ଼ିଶା ODISHA

09AA 881040

(9B) Contacts with appropriate Government and any public company or companies

- Details of contracts entered by the candidate- Nil
- Details of contracts entered into by spouse Nil.
- Details of contracts entered by dependent Nil.
- Details of contracts entered into by Hindu Undivided Family or trust in which the candidate or spouse or dependent have interest Nil.
- Details of contracts, entered onto by Partnership Firms in which candidate or Spouse or dependents are partners Nil
- Details of contracts entered into by private companies in which candidate or spouse or dependents have share Nil



(10) My educational qualification is as under:-

10<sup>th</sup> Passed in the year 1996 from Govt. Welfare High School, Gobindapalli, under Board of Secondary Education, Odisha

(Give details of highest Scholl/University education mentioning the full form of the certificate /diploma/degree course, name of the school/College/University and year the in which the course was completed)

*Animesh Ch. Das*  
Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No-OR-69/04

*Sudhansu Kumar*



NO. 1480 DATE 12/03/19  
RS. 1  
NAME Sandu waha

P. Sivajee  
STAMP VENDOR, MALKANGIRI



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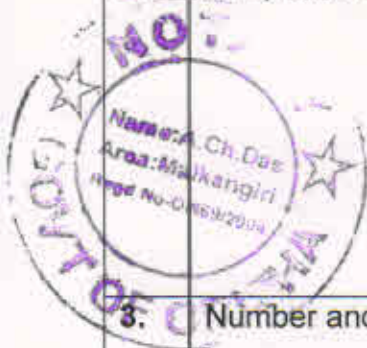
ଓଡ଼ିଶା ओडिशा ODISHA

PART-B

09AA 881041

(11) ABSTRACT OF THE DETAILS GIVEN IN (1) TO (10) OF PART-A:

1.	Name of the candidates	Sri Sanatan Kawasi		
2.	Full postal address	<p><b>Present Address</b> At. Koyaguda, Po. Dudameta P.S. Malkangiri, Dist. Malkangiri Odisha, Pin - 764045</p> <p><b>Permanent Address</b> At. Koyaguda, Po. Dudameta P.S. Malkangiri, Dist. Malkangiri Odisha, Pin - 764045</p>		
3.	Number and name of the constituency and State	147, Chitrakondas (ST) Assembly Constituency		
4.	Name of the political party which set up the candidate (otherwise write 'Independent')	Bahujan Samaj Party		
5.	Total number of pending criminal cases	Nil		
6.	Total number of cases in which convicted	Nil		
7.		PAN of	Year for which last income Tax return filed	Total income shown
	(a) Candidate	DBNPK7615C	Nil	Nil
	(b) Spouse	Nil	Nil	Nil
	(c) HUF	Nil	Nil	Nil



Animesh Ch. Das  
NOTARY PUBLIC  
MALKANGIRI  
Regd No: 0992/2004

*Sanatan Kawasi*





NO. 6734... DATE 20/07/19  
 RS. 1...  
 NAME Sarth...

F. Sivajee  
 STAMP VENDOR, 'MALKANGIRI'



(A) SUMMARY OF THE DETAIL GIVEN IN (B) TO (H) OF PART A

Sl. No.	Particulars	Amount	Remarks
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# भारतीय गैर न्यायिक

एक रुपया

ONE RUPEE

रु. 1

Re. 1

भारत INDIA  
INDIA NON JUDICIAL



ଓଡ଼ିଶା ओडिशा ODISHA

09AA 881042

(d)	Dependents	Nil	Nil	09AA 881042	Nil	
8.	Details of Assets and Liabilities (including offshore assets) in Rupees					
	Description	Self	Spouse	Dependent -I	Dependent-II	Dependent-III
A.	Moveable Assets (Total value)	60000	60000	Nil	Nil	Nil
B.	Immovable Assets	Nil	Nil	Nil	Nil	Nil
I.	Purchase Price of self-acquired immovable property	Nil	Nil	Nil	Nil	Nil
II.	Development/ construction cost of immovable property after purchase (if applicable)	Nil	Nil	Nil	Nil	Nil
III.	Approximate Current market price-	Nil		Nil	Nil	Nil
	a) Self-acquired assets (Total Value)					
	b) Inherited assets (Total Value)					
9.	Liabilities					
(i)	Government dues (Total)	Nil	Nil	Nil	Nil	Nil
(ii)	Loans from Bank, Financial Institutions and others (Total)	Nil	Nil	Nil	Nil	Nil
10.	Liabilities that are under dispute					
(i)	Government dues (Total)	Nil	Nil	Nil	Nil	Nil
(ii)	Loans from Bank, Financial Institutions and others (Total)	Nil	Nil	Nil	Nil	Nil



Animesh Ch. Das  
NOTARY PUBLIC  
M/ LKANGIRI  
Regd. No-Od:-69/04

*Sarveshwar Das*



NO. 5782 DATE 20/03/19  
 RS. 1  
 NAME Sanathu Lakshmi

*P. Sivajee*  
 STAMP VENDOR, MALKANGIRI



Particulars		2018-19		2017-18	
		Rs.	Paise	Rs.	Paise
1. Balance b/d					
2. To Balance b/d					
3. To Cash					
4. To Bank					
5. To Other Accounts					
6. To Total					
7. By Cash					
8. By Bank					
9. By Other Accounts					
10. By Total					



*Sanathu Lakshmi*

Sanathu Lakshmi  
 District Treasury  
 Malkangiri



11.	ଓଡ଼ିଶା	<p>Highest educational qualification:          10<sup>th</sup> Passed in the year 1996 from Govt. Welfare High School, Gobindapalli under Board of Secondary Education, Odisha</p> <p>(Give details of highest School/University education mentioning the full form of the certificate/diploma/degree course, name of the School/College/University and the year in which the course was completed.)</p>	09AA 881043
-----	--------	--	-------------


**VERIFICATION**


I, the deponent, above named, do hereby verify and declare that the content of this affidavit are true and correct to the best of my knowledge and belief and no part of it is false and nothing material has been concealed there form. I further declare that:-

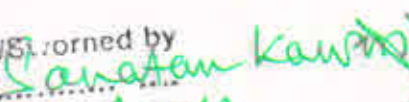
(a) There is no case of conviction or pending case against me other than those mentioned in items 5 and 6 of part A and B above;

(b) I, my spouse, or my dependents do not have any asset of liability, other than those mentioned in items 7 and 8 of Part A and Items 8,9 and 10 of part B above

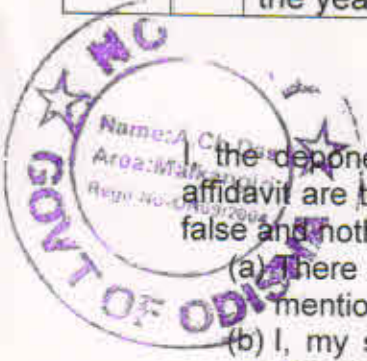
Verified at Malkangiri this the 25<sup>th</sup> day of March 2019.

Identified by,  
  
 Advocate, Malkangiri

  
 Deponent

Solemnly affirmed/ sworn by  
 aforesaid Sri/Smt.   
 On this the 25<sup>th</sup> day of March  
 2019, before me 11-10 Anon

  
 Animesh Ch. Das  
 NOTARY PUBLIC  
 MALKANGIRI  
 Regd No-OI-69/04





NOS. 1187 DATE 20/03/19  
RS. 1  
NAME Sawlu

P. Sivajee  
STAMP VENDOR, 'MALKANGIRI'



VERIFICATION

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ଓଡ଼ିଶା ଆଠିଶା ODISHA

S.L No... 2921/19  
Date... 24/12/19

09AA 824209

**SWORN BEFORE SREE A. CH. DAS, NOTARY PUBLIC, MALKANGIRI  
AFIDAVIT**

I, Sanatan Kawasi, aged about 35 years, S/o. Kosa Kawasi, resident of village: Koyaguda, Post: Korukonda, Ps: and Dist: Malkangiri do hereby solemnly affirm and state on oath as follows:-

1. That, I am permanent resident of aforementioned address.
2. That, our legal surname is **KAWASI** and it has been mentioned in my educational documents, PAN card etc.
3. That, my / our surname has been mentioned inadvertently with my / our name(s) as **KABASI** instead of **KAWASI** in the R.O.R. of my father, in my voter card, Adhar Card, S/B Bank account and Caste certificate.
4. That, **Sanatan Kabasi** and **Sanatan Kawasi** is one and same person i.e. I myself.
5. That, I have concealed nothing and no material is false in this affidavit.
6. That, I swear this affidavit in order to produce before the concerned authority for perusal.
7. That, all the facts stated above are true to the best of my knowledge and belief.

Identified by

Advocate, Malkangiri

*Sanatan Kawasi*

Deponent

Solemnly affirmed/ Sworn by  
aforesaid Sri/Smt. *Sanatan Kawasi*  
On this the *24th* day of *Dec*  
201... *19* before me *9-40 AM*

*24/12/19*  
**Animesh Ch. Das**  
**NOTARY PUBLIC**  
**MALKANGIRI**  
Regd No-011-69/84





NO. 67009 DATE 02-03-2019  
RS. ....  
NAME .....

P. Sivaje  
STAMP VENDOR, MALKANGIRI



POSTAGE PAID

Postage & Telegraphs  
Department, India

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*[Signature]*

*[Signature]*

सत्यापित किया गया है कि  
उपरोक्त व्यक्ति का नाम  
आमंत्रित किया गया है  
MALKANGIRI  
NOTARY PUBLIC  
AMTRON D. D. S.  
MALKANGIRI