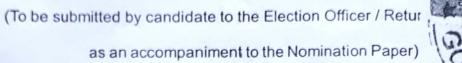
FORMAT OF AFFIDAVIT







			NOF !
*For election to the office of Sarpano	h of	NA	GP. in
Block of		£.v.	District / Member of
N.A. P. S. of	د لارا	}	District / Member of
33. M. Rampua Blockilla Parisha	d ofKa	Jagane,	District / Corporator of
33. M. Rampua Blockilla Parisha N.A. Municipal Corporat	tion of	MA	District / Councillor of
Municipality / NAC	C of	1	.District.
*(Please strike off	the ones no	ot applicable	e to you)
Jagannaus Rang	(LIMm	Rang	,son / daughter / wife of
Jagmann Rang	,can	didate at the	above election, do hereby
solemnly affirm and state on oath as			
**1. (A) I have in the past been conv	icted of crimi	nal offence in	the following case (s) and
the details are as under :-	lotod of ormin	na onono	and rolled ming date (e) and
		10	
(i) Case No.		V.V	k
(ii) Section of the Act and	description	of the offence	e for which convicted.
	1	V2	
(iii) Date of Conviction		No	
^		NA	
(iv) Court by which convic	ted		
9.K.Bohidar			
NOTARY COVE OF ODISHA	20 00	0 40215	Dali
Regd.No.:ON-83/04 BHAWANIPATNA	X And	3 2	Dell

D.O.E. 29 12.2024

Punishment imposed (indicate period of imprisonment awarded and / o quantum of the fine imposed) (vi) Details of appeal /revision etc. against conviction NA (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. NA I (ii) The Court which had taken cognizance: NA (iii) Case No. Details of appeal / application for revision etc., if any, filed against above order taking cognizance: NO \sqrt{A} (Repeat the above sequence in respect of each separate case of discharge / acquittal)

१ मुन्नुत कुरार क्या

lowing case (s) is / are pending against me in which cognizance has been kem by the sourt: Section of the Act and description of the offence for which cognizance taken: NA NA (ii) The Court which has taken cognizance: (iii) Case No.: (iv) Details of appeal / application for revision etc., if any, filed against above order taking cognizance:

(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.

y नुष्कुतु कुता २ २०11

y spouse / my dependants*** own the following immovable properties :

1000			
Agricultural Land(s)	Location	Area	Approx. present Market Value according to you
Self name	Mupud	A. 0. 30 Dec	DS-1,00,000/_
Spouse (Give name)			
Dependant son(s) [Give name(s)]			
Dependant daughter(s) [Give name(s)]			
Dependant (others) (Give name and relationship)			
In Joint name(s) (Give names)			

(B)

			NA
Urban Land(s)	Location	Area	Approx. present Market Value according to you
Self name			
Spouse (Give name)			•
Dependant son(s) [Give name(s)]			,
Dependant daughter(s) [Give name(s)]			
Dependant (others) (Give name and relationship)			
In Joint name(s) (Give names)			

x रेडिंड नीयार ठव

A MIPA	3100			IN THE RESERVE		,
1 BHA NO 29 12.2	Motor vehicle with	Approx. present	Gold & gold ornaments;	Approx.	Silver &	Approx.
1000	Gescription	market	other precious	present	silver	present
CAL OF	such as Car,	value	stone(s) (in		ornaments	market
	Jeep, Truck,	according	tolas/gram/	value	(In tolas/	value
	Bus	to you	carat)	according	grams)	according
	Alto car			to you		to you
Self name	mockey	2,50,000	25 g sam	1,00,000	_	
Spouse						
(Give			20 gram	0 15 .00	166	160 000
name)				2-20,00	5004	11
Dependant	1			Special Control		
son(s)						
[Give						
name(s)]						
Dependant						
daughter(s)						
[Give						
name(s)]						
Dependant		1				
(others)						
[Give					3	
name (s)]						
In Joint						
name(s)				, ,		
(Give names)						
			+	11860	4	

१ मुन्नान मा १११ २०१

The state of the s		deposit	Office	Savings Account	Company & No. of shares held	valu sha
Selfname	S.B. 1 M. Bayva P. N. B. B.F			6,065	1	(
Spouse (Give name)					9	
Dependant son(s) [Give name(s)]						
Dependant daughter(s) [Give name(s)]						
Dependant (others) (Give name and relationship)						
In Joint name(s) (Give names)						

7

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

8HAM HI GM 83704	Government Dues		Income Tax Dues	Dues to Financial Institutions	Any other Dues
COF	Details of the nature of demand/dues	Amount	r F		35
Self name					
Spouse (Give name)					
Dependant son(s) [Give name(s)]					
Dependant daughter(s) [Give name(s)]					
Dependant (others) [Give name (s)]					y.
In Joint name(s) (Give names)					

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

१० मुन्नुष्ठ कुरा २ २०१

dicational qualification are as under: and the details of School & University Education)

Nunpus High Ichard

Dishmante Kunn Rma, do hereby verify and dehat 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 Bh pute this, the 19 15 day of 2025

NA Deponento DAIS DAI

Witnesses:

1. G ad 2 2 811 2. 2188 91 9 991

The deponent duly identified by Hampa Advocate present before me and swear this affidavit on ct 9-1-222211:2211

> NOTARY GOVT. OF ODISHA

Regd.No.:ON-83/04 BHAV!AN!PATNA

D.O.E. 29 12.2024

OGP-MP-PTS-U-1 (S. E. C.) 80-80,000 Bks.-7-10-2021

🗡 कुबुकु कुमा २ २०11