

ପାରମ ସଂଖ୍ୟା-4
[ନିୟମ 12 (10) ଦ୍ରଷ୍ୟ]
ମନୋନୟନ ପତ୍ର

୧୩
୧୧-୦୧-୨୨

Sl No. 05
Dt. 21.1.2022
Time. 1.25 pm

ଶ୍ରୀ ହିରାକାନ୍ତ ପାଣିଗ୍ରାହୀ, ଟି-୯୨୭୩୯ ମୁହ-୨ ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦ ନିମନ୍ତେ ନିର୍ବାଚନ ।

ମୁଁ ଜିଲ୍ଲା ପରିଷଦ ନିର୍ବାଚନ ନିମନ୍ତେ ଟି-୯୨୭୩୯ ମୁହ-୨ ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀରୁ ନିମ୍ନଲିଖିତ

ବ୍ୟକ୍ତିଙ୍କୁ ପ୍ରାର୍ଥୀ ଭାବରେ ମନୋନୀତ କରୁଅଛି ।

ପ୍ରାର୍ଥୀଙ୍କ ନାମ ଶ୍ରୀ ନିମ୍ମ ମୁଖା

ପିତା/ପତିଙ୍କ ନାମ ଶ୍ରୀ ମାତା ମୁଖା

ତାଙ୍କର ତାଙ୍କ ଠିକଣା ଶ୍ରୀମତୀ ଉତ୍ତମା ମୁଖା (ବ୍ୟାପାର ମୁହ) ମୋ:ଖ- ଚନ୍ଦ୍ରମାହାଲ୍

ଜି: ହିରାକାନ୍ତ ପାଣିଗ୍ରାହୀ ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାରେ ତାଙ୍କ ନାମ ଦରଜ ହୋଇଥିବା

କ୍ରମିକ ସଂଖ୍ୟା ୪୭ ପାଠ୍ୟ ୯

ମୋର ନାମ ଶ୍ରୀ ନିମ୍ମ ମୁଖା କିଶୋର ଅଟେ ଏବଂ ଶ୍ରୀ ହିରାକାନ୍ତ ପାଣିଗ୍ରାହୀ, ଟି-୯୨୭୩୯ ମୁହ-୨

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୨୭ ପାଠ୍ୟ ୧୭୮୯ ମୁହ ରେ ତାହା

ଦରଜ କରାହୋଇଅଛି ।

ତାରିଖ ୨୧/୧/୨୦୨୨

ଶ୍ରୀ KUMAR KISHOR
ପ୍ରସାବକ ସ୍ଵାକ୍ଷର

ମୋର ନାମ ଶ୍ରୀମତୀ ଶ୍ରୀମତୀ ଅଟେ ଏବଂ ଶ୍ରୀ ହିରାକାନ୍ତ ପାଣିଗ୍ରାହୀ, ଟି-୯୨୭୩୯ ମୁହ-୨

ପରିଷଦ ନିର୍ବାଚନ ମଣ୍ଡଳୀର ଭୋଟର ତାଲିକାର କ୍ରମିକ ସଂଖ୍ୟା ୮୦ ପାଠ୍ୟ ୧୭୮୯ ମୁହ ରେ ତାହା ଦରଜ

ହୋଇଅଛି ।

ତାରିଖ ୨୧/୧/୨୦୨୨

ଶ୍ରୀ Subash Rout
ସମର୍ଥକ ସ୍ଵାକ୍ଷର

ମୁଁ ଉପର ମନୋନୀତ ପ୍ରାର୍ଥୀ ମନୋନୟନ ପତ୍ର ସମ୍ପର୍କିତ ଜଣାଇଛି ଏବଂ ଏତଦ୍ଵାରା ଘୋଷଣା କରୁଅଛି ଯେ-

- (କ) ମୋର ବୟସ ୫୪ ବର୍ଷ ସଂପୂର୍ଣ୍ଣ ହୋଇଅଛି ।
- (ଖ) ମୁଁ ଶ୍ରୀ ନିମ୍ମ ମୁଖା (ଶ୍ରୀମତୀ) ଦଳଦ୍ଵାରା ଏହି ନିର୍ବାଚନରେ ଛିଡା ହୋଇଛି ।
- (ଗ) ପସନ୍ଦ ହେଉଥିବା ସଂକେତ, ପସନ୍ଦ କ୍ରମରେ (i)
(ii) ଏବଂ (iii)

(ଘ) ମୋର ଏବଂ ମୋର ପିତା/ପତିଙ୍କର ନାମ ନପରେ ମାତା ମୁଖ୍ୟ ।
..... (କାଷ୍ଠାଳ ନାମ) ଠିକ୍ ଭାବରେ ବନାନ କରାଯାଇଛି ।

(ଙ) ମୋର ଜ୍ଞାନ ଓ ବିଶ୍ୱାସ ଅନୁଯାୟୀ ମୁଁ ପ୍ରାର୍ଥା ହେବା ପାଇଁ ଯୋଗ୍ୟ ଏବଂ ଯଦି ମୋତେ ବି/ସ୍ୱାସ୍ଥ୍ୟାଳୟ
୮-୧୨୯୮୯-୨ ଜିଲ୍ଲାର ଜିଲ୍ଲା ପରିଷଦର ଆସନ ପୂରଣ ନିମନ୍ତେ ପସନ୍ଦ କରାଯାଏ ତେବେ ମୁଁ
ଅଯୋଗ୍ୟ ନୁହେଁ ।

ପୁନଶ୍ଚ ମୁଁ ଯୋଗ୍ୟ କରୁଅଛି ଯେ ମୁଁ ବି/ସ୍ୱାସ୍ଥ୍ୟାଳୟ ।
**କାଟି/ଜନକାଟିର ସଦସ୍ୟ ଯାହାକି ଓଡ଼ିଶା ରାଜ୍ୟର ଅନୁସୂଚିତ କାଟି/ଅନୁସୂଚିତ ଜନକାଟି/ପଞ୍ଚାୟତରାଜ ନାଗରିକ
ଅଟେ ।

ତାରିଖ ୨୧/୧/୨୦୨୨

ବି/ସ୍ୱାସ୍ଥ୍ୟାଳୟ
ପ୍ରାର୍ଥୀଙ୍କ ଦ୍ୱାରା

- * ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ପାଇଁ କାଟି ଦିଅନ୍ତୁ ।
- ** ପ୍ରଯୋଜ୍ୟ ହେଉନଥିବା ଶବ୍ଦକୁ କାଟି ଦିଅନ୍ତୁ ।

(ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କଦ୍ୱାରା ପୂରଣ କରି)

ମନୋନୟନ ପତ୍ର କ୍ରମିକ ସଂଖ୍ୟା ୦୪

ଏହି ମନୋନୟନ ପତ୍ର ମୋତେ ମୋର କାର୍ଯ୍ୟାଳୟରେ ୨୧/୧/୨୦୨୨

ତାରିଖରେ ୧୨/୧/୨୦୨୨ ସମୟରେ ପ୍ରାର୍ଥା/ପ୍ରସ୍ତାବକଙ୍କ ଦ୍ୱାରା ଦିଆଗଲା ।

ତାରିଖ ୨୧/୧/୨୨

ନିର୍ବାଚନ ଅଧିକାରୀ

ନିର୍ବାଚନ ଅଧିକାରୀଙ୍କର ମନୋନୟନ ପତ୍ର ମଞ୍ଜୁର କରିବା ବା ନାମଞ୍ଜୁର କରିବା ନିଷ୍ପତ୍ତି

ମୁଁ ଓଡ଼ିଶା ଜିଲ୍ଲା ପରିଷଦ ଅଧିନିୟମ, 1991ର ବ୍ୟବସ୍ଥା ଅନୁସାରେ ଏବଂ ତଦନୁସାରେ ପ୍ରଣୀତ ନିୟମାବଳୀ ଅନୁଯାୟୀ ଏହି
ମନୋନୟନ ପତ୍ରଟିକୁ ପରୀକ୍ଷା କରି ଦେଖୁଅଛି ଏବଂ ନିମ୍ନମତେ ନିଷ୍ପତ୍ତି କରୁଅଛି :—

* ମନୋନୟନ ପତ୍ର ଗ୍ରହଣ/ଅଗ୍ରହଣ

ତାରିଖ

ନିର୍ବାଚନ ଅଧିକାରୀ



भारत सरकार

Government of India



नाम: Bismu Munda
आधार संख्या / UID: 503933426020
पुल: Male



5039 3342 6020

आधार - आम आदमी का अधिकार



भारतीय पहचान प्राधिकरण

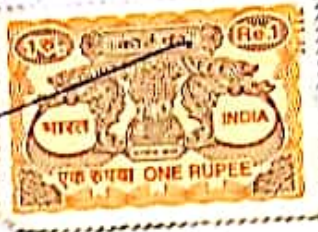
Unique Identification Authority of India

पता: UAI, आर. आर. भवन, नया दिल्ली
आधार संख्या / UID: 503933426020
पुल: Bismu Munda
पता: UAI, आर. आर. भवन, नया दिल्ली
आधार संख्या / UID: 503933426020
पुल: Bismu Munda

5039 3342 6020



Bismu Munda



C.FNO-331
DIJ-17/06/2014

IN THE COURT OF EXECUTIVE MAGISTRATE, LAKHANPUR
AFFIDAVIT

I, Binu Singh Digi, S/o- Mara Digi, aged about 58 years, resident of At- Ujalpur (Mohanpur), PO/Ps.- Belpahar, Dist.- Jharsuguda (Odisha), do hereby solemnly affirm and state as follows :



1. That my true and correct name is Binu Singh Digi, S/o- Mara Digi and permanent resident of Village Ujalpur (Mohanpur), PO/Ps.- Belpahar, Dist.- Jharsuguda (Odisha).
2. That in my Voter Identity Card Vide No.FBZ1414721 issued by Election Commission of India, my name has been mentioned as "Binu Munda, S/o- Mara Munda" as well as address is wrongly mentioned as "Belpahar" instead of "Ujalpur (Mohanpur)".
3. That also in my Aadhar Card vide No.503933426020 issued by Government of India, my name has been mentioned as "Binu Munda, S/o- Mara Munda".
4. That the names "Binu Singh Digi, S/o- Mara Digi" and "Binu Munda, S/o- Mara Munda" are the names of same and one person i.e. my name only of village Ujalpur (Mohanpur).
5. That I am swearing this affidavit to produce it before concerned authority for necessary information and action.

The facts stated above are all true to the best of my knowledge and belief.

Identified by me :-

[Signature]
17/06/2014

Advocate, Lakhanpur

[Signature]
Binu Singh Digi

Deponent

The above named deponent being identified by Sri. *[Signature]*; Advocate, Lakhanpur appeared before me today i.e. 17th day of June 2014 at about 09:54 AM/PM and solemnly declared that the facts stated above are all true to the best of his knowledge and belief.

[Signature]
Binu Singh Digi
Deponent

[Signature]
Executive Magistrate, Lakhanpur
Executive Magistrate
Lakhanpur



FORM NO. I

(See Rule 3)

GOVERNMENT OF ODISHA

Office of the Tahasildar Lakhanpur
Miscellaneous Certificate Case No E-STO/2021/453118
SCHEDULED TRIBE CERTIFICATE

This is to certify that Shri **BINU SINGH DIGI** son of Smt **LATE SUMI DIGI** and Shri **LATE MARA DIGI** of village/town **UJALPUR MOHANPU P.S BELPAHAR** in the **JHARSUGUDA** district in the state of Odisha belongs to **Munda** caste 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 **BINU SINGH DIGI** and his family ordinarily reside(s) in village/town **UJALPUR MOHANPU P.S. BELPAHAR** Tahasil Lakhanpur in the district of **JHARSUGUDA** in the state of Odisha.



Digitally signed by ANURANJAN TETE
Signature of the Revenue Officer
15/11/2021

**** This is a Digitally Signed Document And Does Not Require Signature ****

NOTE

- (i) It is a digitally signed electronically generated certificate and therefore needs no Ink-signed signature.
- (ii) 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 number IMU-13/10-4251/R&DM.
- (iii) For any Query or Verification, Agency / Department / Office may visit <https://edistrict.odisha.gov.in>
- (iv) Tampering of this Certificate will attract penal action.

Reference No: E-STO/2021/453118 To View: <https://edistrict.odisha.gov.in/VINIUb/DD74DA68> Token No: DD74DA66

Binu Munda

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 _____ GP. in _____ Block of _____ District / Member of _____ P. S. of _____ District / Member of Thar suguda Zilla Parishad of Thar suguda District / Corporator of _____ Municipal Corporation of _____ District / Councillor of _____ Municipality / NAC of _____ District.

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

I Binu Munda son / daughter / wife of Rate Mura Munda 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 :- Nil

(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 Nil

Binu Munda

PART OF AFFIDAVIT
P.K. BISWAL
NOTARY, LAKHANPUR



(v) Punishment imposed (indicate period of imprisonment awarded and quantum of the fine imposed)

..... Nil

..... Nil

(vi) Details of appeal / revision etc. against conviction

..... Nil

..... Nil

(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.

..... Nil

..... 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

..... Nil

..... Nil

(Repeat the above sequence in respect of each separate case of discharge / acquittal)

PART OF AFFIDAVIT
P.K. BISWAL
NOTARY, LAKHANPUR

* Asim Mondal



(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

..... Nil

..... Nil

..... 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

..... Nil

..... 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.

a. Bism Munde

PART OF AFFIDAVIT
P.K. BISWAL
NOTARY, LAKHANPUR

That, I / my spouse / my dependants*** own the following immovable properties :



Agricultural Land(s)	Location	Area	Approx. present Market Value according to you
Self name	my - 1/4 of plot	AC 2.93	3,0000
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)

Urban Land(s)	Location	Area	Approx. present Market Value according to you
Self name	Dr. Lpahal	AC 0.025	2,0000
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)			

PART OF AFFIDAVIT

P.K. BISWAL
NOTARY, LAKHANPUR

Dr. Lpahal

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 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	OR 03 E 2506	30,000	—	—	—	—
Spouse (Give name)	/					
Dependant son(s) [Give name(s)]	/					
Dependant daughter(s) [Give name(s)]	/					
Dependant (others) [Give name (s)]	/					
In Joint name(s) (Give names)	/					

1 Biram Munda

PART OF AFFIDAVIT
P.K. BISWAL
NOTARY, LAKHANPUR

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

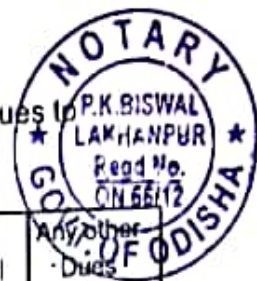


	Name of the Bank	Amount in Fixed deposit	Name of the Bank/Post Office	Amount in Current/ Savings Account	Name of the Company & No. of shares held	Face value share
	S-I.B.B. elpota			35,000	—	—
Spouse (Give name)						
Dependant son(s) [Give name(s)]	—————					
Dependant daughter(s) [Give name(s)]	—————					
Dependant (others) (Give name and relationship)	—————					
In Joint name(s) (Give names)	—————					

* Ashu Munda

PART OF AFFIDAVIT
P.K. BISWAL
NOTARY, LAKHANPUR

7
 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					
Spouse (Give name)					
Dependant son(s) [Give name(s)]					
Dependant daughter(s) [Give name(s)]					
Dependant (others) [Give name (s)]					
In Joint name(s) (Give names)					

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

n. Binu Mondy

PART OF AFFIDAVIT
 P.K. BISWAL
 NOTARY, LAKHAMPUR

5. My educational qualification are as under: 9 A pass,
(Give the details of School & University Education) A. N. Collage Jharsuguda,

I, Bina Munda..... 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 Lakhna this, the 20th day of Jan 2022

Bina Munda
Deponent

Witnesses :

- 1.
- 2.

P.K. BISWAL 20/1/22
NOTARY, LAKHANPUR
Regd.No. CN66/12

DIST. BAR ASSOCIATION
JHARSUGUDA

SI.No. 17450

Date _____ General Secretary

NOTARY
P.K. BISWAL
LAKHANPUR
20/1/22
FOR SHA