

ఆంథ్రీపదేశ్ आन्ध्र प्रदेश ANDHRA PRADESH

STOUSIRAJA RAHMAN RIO FORM 26 (SEE RULE 4A)

M. RAM RAJ 8.V.L.No: 20/2000 R.No:34/08. P.Mo:341, V.N. Colony, Meerpet(V). A.R. Dist.

Affidavit to be furnished by the candidate before the returning officer for election to A.P.Legislative from Sangareddy Constituency.

I, ATAUR RAHMAN son of SIRAJUR RAHMAN aged about 66 years, resident of H.No.9-8-109/A/3, Chota Bazar, Golconda, Hyderabad-500 008 candi -date at the above election, do hereby solemnly affirm/state on oath as under:-

I am/am not accused of any offence(s) punishable with imprison -ment for two years or more in a pending case(s) in which a charge(s) has/have been framed by the court(s) of competent jurisdiction.

If the deponent is accused of any such offence(s) he shall furnish the following information:

(i) Case/first information reports No/Nos. - NIL-(ii) Police station(s) Nil District(s) Nil State(s) Nil

(iii)Section(s) of the concerned Act(s) and short description of the offence(s) for which the candidate has been charged-NIL-

(iy) which framed the charge(s)-Nil-

(v) Date(s) on which the charge(s)-Nil-

(vi)Whether all or any f the proceeding(s) have been stayed by any court(s) of competent jurisdiction-Nil-





..2.

2. I have not been convicted of an offence(s) (other than any offences) referred to in sub-section(1) or sub-section(2) or co-vered in Sub-Section(3), of section 8 of the Representation of the People Act, 1951 (43 of 1951) and sentenced to imprisonment for one year or more.

If the deponent is convicted and punished as aforesaid, he shall fur -nish the following information.

(1) Case/First information reports No/Nos-Nil-

(ii)Court(s) which punished Nil

(iii)Police station(s) Nil District(s) Nil State(s) Nil

(iv)Section(s) of the concerned Act(s) and short des cription of the offence(s) for which the candidate has been charged-Nil-(vi)Whether the sentence(s) has/have been stayed by any court(s) of competent jurisdiction-Nil-

PlaceSangareddy, Date: 26 _3_2009

A Lahvan Signature of Deponent.

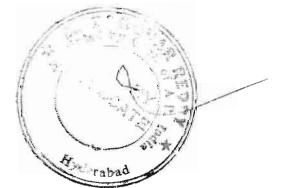
VERIFICATION

I, the above named deponent, do hereby verify and declare that the contents of this affidavit are true and correct to the best of my knowledge and elief no part of it is false and nothing material has been concealed therein.

Vefified at Sangareddy thisday of March, 2009.

Signature of Deponent

Note: The columns in this Form which are not applicable to the deponent may be struck off*







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No. 4035 BL 26/3/2009 BOY SIRAJU F RAHMAN STOCATE SIRAJU F RAHMAN P.NO. 30/2000 R.No. 34/00.

ANNEXURE-I RO HYL BIA. DIEL.

ANNEXURE-I

AFFIDAVIT TO BE FURNISHED BY CANDIDATE ALONGWITH NOMINATION PAPER

Before the Returning Officer

for election to A.P.LEGISLATIVE ASSEMBLY

from 39-SANGAREDDY ASSEMBLY constituency.

I, ATAUR RAHMAN son of SIRAJUR RAHMAN of Muslim aged 66 years, resident of H.No.9-8-109/A/3, Chota Bazar, Golconda Fort, Hyderabad - 500 008 candidate at the above election, do hereby solemnly affirm and state on oath as under:-

(Strike out whichever not applicable).

(1) 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 baken cognizance: Nil

(iii) Case No: Nil

(iv) Date of order of the court taking cognizance: Nil

(v) Details of appeal(s)/application(s) for revision, etc., if any, filed against above order taking cognizance: Nil

(2) That I give herein below the details of the assets(immovable, movable, bank balance, etc) of spouse, my dependents and





contd..

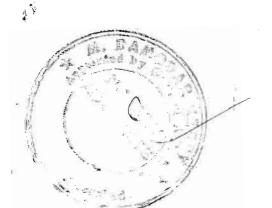
A. DETAILS OF MOVABLE ASSETS

(Assets in joint name indicating the extent of joint ownership will also have to be given)

- 1						
S. No.	Description	Self	Spouse(s) Name(s)	Dependent- 1 Name	Dependent- 2 Name	Dependent- 3 etc. Name
(i)	Cash	-13546/-	Nil	Nil	Nil	N11
(ii)	Deposits in Banks, Financial Institutions and Non-Banking Financial Companies	Nil	Nil	Nil	Nil	N ₁ 1
(iii)	Bonds, Debentures and Shares in companies	N <u>1</u> 1	Ni1	Nil	Ni1	N 1 1
(iv)	Other financial instruments, NSS, Postal Savings, LIC Policies, etc.	Nil	N11	Nil	Nil	Ni 1
(v)	Motor Vehicles (details of make, etc.)	N11	N11	Nil	N11	Nil
(vi)	Jewellery (give details of weight and value)	Nil B	3 Tolas Gold . 45,000/	Nil	Nil	Nil
(vii)	Other assets, such as values of claims / interests	N <u>1</u> 1	N11	Nil	Nil	Nil

Note: Value of Bonds / Shares / Debentures as per the latest market value in Stock Exchange in respect of listed companies and as per books in the case of non listed companies should be given.

*Dependent here means a person substantially dependents on the income of the candidate.





B. DETAILS OF IMMOVABLE ASSETS

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

S. No.	Description	Self	Spouse(s) Aleme(s) Begum	Dependent- Md RRafi- ur Rahmar	Dependent- 2 Name	Dependent- 3 etc. Name
(i)	Agricultural Land - Location(s) -Survey number(s) -Extent (Total measurement) -Current market value	Nil	Ni1	Nil	Nil	Nil
(ii)	Location(s) -Survey number(s) -Extent (Total measurement) -Current Go	Sy. 124 area 2 pampal. 500S.yo	Sy.124 Gopanpa 50,000		a- Nil	Nil
(iii)		-Res. 9-8-10 9-8-11 0r.145	Nil 9/A/3,Go 9/84-D-d Mailard	Nil lconds - NY o-U.N.G.O' evpally (7. .17 lakhs	Nil SColony NGO Colony Hyp.	N11
(iv)	Houses / Apartments, etc Location(s) -Survey / door number(s) -Extent (Total measurement) -Current market value	Nil	Ni.1	N il	Nil	N11
(v)		Inamda: aizaba edak D:	a NII	Nil	Ni 1	Nil

3 I give herein below the details of my liabilities / overdue to public financial institutions and Government dues: -

[Note: Please give separate details for each item]

S.No.		Description	Name & address of Bank / Financial Institution(s) / Department(s)	Amount outstanding as on
(a)	(i)	Loans from Banks	folconda Br.Hvd.	#.35,000/-
	(ii)	Loans from financial institutions	Darusulam Co-opera Bank Aghapura	tivels.46,000/-
	(iii)	Government dues	Ni1	Nil
	a)	Dues to departments dealing with government accommodation	Nil	N11
T IN	b)	Dues to departments dealing with supply of water	Nil	N ₁ 1



	c)	Dues to departments dealing with supply of electricity	N ₁ 1	Nil
\$	d)	Dues to departments dealing with telephones	Ni 1	N11
	(e)	Dues to departments dealing with government transport (including aircrafts and helicopters)	Nil	N <u>1</u> 1
	f)	Other dues, if any	N ₁ 1	Nil
S.No.		Description	Name & address of Bank / Financial Institution(s) / Department(s)	Amount outstanding as on
(b)	(i)	Income Tax including surcharge [Also indicate the assessment year upto which Income Tax Return filed. Give also Permanent Account Number (PAN)]	Nil	Nil
	(ii)	Wealth Tax [Also indicate the assessment year upto which Wealth Tax return filed.]	Ni l	N11
	(iii)	Sales Tax [Only in case of proprietary business]	Nia	Ni l
	(iv)	Property Tax	Ni.1	N11

(4) My educational qualifications are as under:(GIVE DETAILS OF SCHOOL AND UNIVERSITY EDUCATION)

(Name of School / University and the year in which the course was completed should also be

Osmania University P.U.C. December, 1972.

DEPONENT

VERIFICATION

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

Verified at Sangareddy this the 26 day of March 200.9

DEPONENT -

