





If the defendant is accused of any such offense(s), he shall furnish the following information:

- (i) Case/First Information Report No./Date, not applicable
- (ii) Police Station(s) and District(s) \_\_\_\_\_  
State(s) \_\_\_\_\_
- (iii) Section(s) of the amended act(s) and short description of the offense(s) for which the candidate has been charged not applicable
- (iv) Court(s) which framed the charge(s) not applicable
- (v) Date(s) on which the charge(s) not applicable
- (vi) Whether all or any of the proceedings have been stayed by any court(s) of competent jurisdiction not applicable

I have been/have not been convicted of an offense(s) other than any offense(s) referred to in Sub-section (1) or Sub-section (2), or covered 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 defendant is convicted and punished as aforesaid he shall furnish the following information:

- (i) Case/First Information Report No./Date not applicable
- (ii) Court(s) which punished not applicable
- (iii) Police Station(s) not applicable District(s) not applicable  
State(s) not applicable
- (iv) Section(s) of the amended act(s) and short description of the offense(s) for which the candidate has been charged not applicable
- (v) Date(s) on which the sentence(s) was/were pronounced not applicable
- (vi) Whether the sentence(s) has/have been stayed by any court(s) of competent jurisdiction(s) not applicable

Place: Tahirwadi

Signature of Defendant

Date: 25-03-2008





20 3 -1

**\* 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, belief, and faith, no part of it is false and nothing material has been concealed therein.

Verified at Belgaon this 20<sup>th</sup> day of March 2009

Signature of Deponent

*[Handwritten Signature]*

G. No. 200 Belgaon 2009 Dist.  
**GOPAL RAO, G.**  
B.Com. U.S.B.  
**ADVOCATE & NOTARY**  
Belgaon Dist. Maharashtra - M.P.

**"ATTESTED"**  
*[Handwritten Signature]*  
**NOTARY**  
Appointed by the Govt. of M.P.  
*[Handwritten Signature]*  
B.Com. U.S.B.  
**ADVOCATE & NOTARY**  
Belgaon District M.P.

भारतीय गैर न्यायिक

पचास  
रुपये

FIFTY  
RUPEES

₹.50

Rs.50

INDIA

INDIA NON JUDICIAL



GOVERNMENT OF ANDHRA PRADESH



F 481073

To the Hon'ble Justice, Court of Sessions,  
District Court, [Name of the District]  
[Name of the Court]  
[Address of the Court]

S. [Name]  
STAMP OFFICE, TELLURU  
District of [Name of the District]

APPEAL TO BE FILED IN COURTESY OF ASSISTANT REGISTRAR  
FROM BEFORE THE REFERRED OFFICE.

For Station to [Name of the Court] (Name of the Court)  
From [Name of the Court] (Courtship)  
(Name of the courtship)

I, J. [Name] S/o [Name], Age 25 years, Resident  
of [Address] of [District] of [State] and [Nationality]  
do hereby certify, in pursuance of the above station, to hereby solemnly  
affirm and state as set out as under:-

- (i) The following case(s) are pending against me in which  
regulations has been taken by the Court:-
- (ii) Section of the Act and Description of the Offence for  
which regulations taken:-
- (iii) The court which has taken the regulations:-
- (iv) Case No.:-
- (v) Date of order of the court taking regulations:-
- (vi) Details of appeal(s) / application(s) for revision, etc.,  
if any filed against above order taking regulations:-

(9)



(D) That I give herewith the details of the assets (securities, insurance, bank accounts, etc.) of myself, my spouse and dependent\*:

**A. Details of Marital Assets**

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

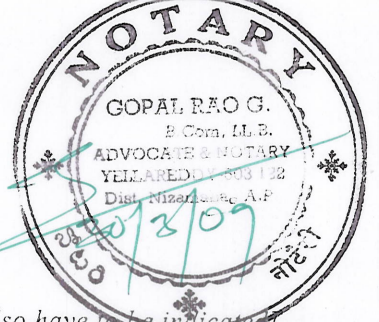
S. No.	Description	Self	Spouse/ Marital	Dependent 1 Name	Dependent 2 Name	Dependent 3, etc. Name
01	Cash	Nil	—	—	—	—
02	Deposits in Banks, Financial Institutions and Non-Banking Financial Companies	Nil	—	—	—	—
03	Bonds, Debentures and Shares in Companies	Nil	—	—	—	—
04	Other Financial Instruments, MFL, Postal Savings, S.B. Policies, etc.	Nil	—	—	—	—
05	Motor Vehicles (Make of make, etc.)	Nil	—	—	—	—
06	Jewellery (give details of weight and value)	Nil	—	—	—	—
07	Other Assets, such as value of immovables	Nil	—	—	—	—

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

\*Dependent here means a person substantially dependent on the income of the contributor.

NOTARY

Appointed by the Govt. of N.J.



**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) Name(s):	Dependent-1 Name:	Dependent-2 Name:	Dependent-3, etc. Name:
(i)	<b>Agricultural Land</b> - Location(s) - Survey Number(s) - Extent (Total measurement) - Current market value	nil	—	—	—	—
(ii)	<b>Non-Agricultural Land</b> - Location(s) - Survey Number(s) - Extent (Total measurement) - Current market value	nil	—	—	—	—
(iii)	<b>Buildings (commercial and residential)</b> - Location(s) - Survey / Door Number(s) - Extent (Total measurement) - Current market value	nil	—	—	—	—
(iv)	<b>Houses / Apartments, etc.</b> - Location(s) - Survey / Door Number(s) - Extent (Total measurement) - Current market value	nil	—	—	—	—
(v)	<b>Others</b> (such as interest in property)	nil	—	—	—	—

*[Signature]*  
NOTARY  
20/3/09

*[Signature]*

10. Give details below the details of my liabilities/credits to Public Financial Institutions and Government etc.

(Note: Please give appropriate details for each item)

S.No.	Description	Name and address of Bank/ Financial Institution/ Govt. Department etc.	Amount outstanding Rs. in
01	Loan from Banks	— Nil —	—
02	Loan from Financial Institutions	— Nil —	—
03	Collateral fees -	— Nil —	—
04	Chq. to Departments relating with Government accommodation	— Nil —	—
05	Chq. to Departments relating with supply of water	— Nil —	—
06	Chq. to Departments relating with supply of electricity	— Nil —	—
07	Chq. to Departments relating with telephone	— Nil —	—
08	Chq. to Departments relating with government transport (including goods and baggage)	— Nil —	—
09	Other dues if any		—
10	Income Tax (Please indicate whether you have indicated the assessment year upto which Income Tax Assessed Class the Postman Account Number (PAN))	Not Paying	—
11	Wealth Tax (Please indicate the assessment year upto which Wealth Tax return filed)	— Nil —	—
12	Gift Tax (Only in case of property transfer)	Nil	—
13	Stamp Duty	— Nil —	—



*Registrar*  
**REGISTRAR**  
 COMPANY REGISTRATION  
 HYDRABAD

Established by the Govt. of A.P.

*Signature*



(A) My educational qualifications are as under:-

NAME DETAILS OF SCHOOL AND UNIVERSITY EDUCATION  
M.C. High School, Dhule, Maharashtra, India, 1978 to 1982  
Pune University, Pune, India, B.A. (Hons.) in History, 1982  
Pune University, Pune, India, M.A. in History, 1984

DEPARTMENT

VERIFICATION

*[Signature]*

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, except of it is false and nothing material has been concealed therefrom.

Sworn at Pune this 20<sup>th</sup> day of March 2019

DEPARTMENT

*[Signature]*

**"ATTESTED"**

*[Signature]*  
NOTARY

appointed by the Govt. of M.P.  
Gopal Rao G.  
Advani, I.L.B.  
ADVOCATE & NOTARY  
TELANGANA-500 122  
HYD, TELANGANA-A.P

*[Signature]*  
GOPAL RAO G.  
ADVOCATE & NOTARY  
TELANGANA-500 122  
HYD, TELANGANA-A.P