

भारतीय गैर न्यायिक

पचास
रुपये

रु.50

FIFTY
RUPEES

Rs.50

INDIA

INDIA NON JUDICIAL

ఆంధ్ర ప్రదేశ్ రాష్ట్రం ANDHRA PRADESH

F 863759

(A) - ENROLLMENT

Sl. No. 187 2413/05

Rs. 50

Purpose: For election to Legislative Assembly

Who, How, Where, When: P. S. Swamy, S/o Swamy, 27/ward, resident of Sefashiva

Address: G. S. Mandal of Nisigabadi Dist

For Whom: Candidate at the above election

Address: G. S. Mandal of Nisigabadi Dist

Postmaster
Kamreddy H.D. 573 411
En Office Stamp Value

ANNEXURE - I

AFFIDAVIT TO BE FURNISHED BY CANDIDATE ALONGWITH NOMINATION PAPER BEFORE THE RETURNING OFFICER

I for election to The Member of Legislative Assembly (name of the House)

from Willareddy Constituency

(name of the constituency)

of G. S. Mandal of Nisigabadi Dist candidate at the above elec-

tion. I 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 taken cognizance: -Nil-

(iii) Case No.: -Nil-

(iv) Date of order of the Court taking cognizance: -Nil-

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

P. S. Swamy

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F 863760

IN-SPONSORMENT

Sl. No. 10751 Date 24/10/14
 Pn. 58
 Praction for Mr. S. Suresh
 Wd. No. 58
 Address S. Suresh
 For Whom S.S.
 Address S.S.

Post/Office
 Khammam P.O. 503111
 E. of C. Camp V. of U.

ANNEXURE XIII c

(CHAPTER V, PARA 9, 3)

FORM 25

(868 HRLS 4A)

Affidavit to be furnished by the candidate before the returning officer for election to MEMBER OF LEGISLATIVE ASSEMBLY (name of the House) from VELLARIDODY Constituency (Name of the Constituency)

I, Ptharaju Swamy S/o Swamy aged about 27 years, S/o Sadasbhinagar (V & Mandal of Nizambad Dist. Candidate at the above election, do hereby solemnly affirm/state on oath as under:-

1. I am not accused of any offence punishable with imprisonment 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.

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

- (i) Case/First information Report No./Date
- (ii) Police Station(s)
- (iii) District(s)
- (iv) State(s)
- (v) Section(s) of the concerned Act(s) and short description of the offence(s) for which the candidate has been charged
- (vi) Court(s) which framed the charge(s)
- (vii) Date(s) on which the charge(s)
- (viii) Whether all or any of the proceedings(s) have been stayed by any court(s) of competent jurisdiction
2. I have been/have not been convicted of an offence(s) other than any offence 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.

S. Swamy

The deponent is convicted and punished as aforesaid, he shall furnish the following information:

- (i). Case/First information report No./Nos.....
- (ii). Court(s) which punished.....
- (iii). Police Station(s)..... District(s)..... State(s).....
- (iv). Section(s) of the concerned Act(s) and short description of the offence (s) for which the candidate has been charged.....
- (v). Date(s) on which the sentence(s) was/were pronounced.....
- (vi). Whether the sentence (s) has/have been stayed by any court(s) of competent jurisdiction.....

Place: Kavaratty,

Date: 24-03-2009.

P. S. Sreedhar
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 belief, no part of it is false and nothing material has been concealed therein.

Verified at Kavaratty This 24th Day of March, 2009.

P. S. Sreedhar
Signature of Deponent.



B. Nagabushanam
B. NAGABUSHANAM
CIVIL JUDGE (S) &
JUDGE (M)
Approved by: *[Signature]* J. A. S.
KAVARATTY-369 118
Dist. Kavaratty (A.P.)

ANNEXURE XXIII

PART II

FORM B

NOTICE AS TO NAME OF CANDIDATE SET UP BY
THE POLITICAL PARTY

(To be completed by the political party and to be filed with the Election Officer, Government of Karnataka, Bangalore, on or before the date of the election.)

1)

Name of the political party: Yashwantrao Chavan

Subject: Government of Karnataka, Assembly from Yashwantrao Chavan (Name of the Constituency in which the candidate is contesting) - filling up of candidate.

2)

In pursuance of provisions of sub-section (2) of section 103 and section 104 of the Election Act, 1950 (Government of Karnataka) and the Election Rules, 1950, I hereby give notice on behalf of _____ (party)

- (a) The person whose particulars are furnished in columns (2) to (6) below is the approved candidate of the party above named, and
- (b) The person whose particulars are mentioned in column (7) below is the eligible candidate of the party, who will take part in the approved candidate's nomination being conducted on a party or unit's withdrawing from the contest if the eligible candidate is a contesting candidate of the opposing general/election from this constituency.

Name of the Constituency	Name of the approved Candidate	Political Party's Name of approved candidate	Postal address of approved candidate	Name of the eligible candidate who will step in on the approved candidate's nomination being rejected or strictly a unit withdrawing from the contest if eligible candidate is a contesting candidate of the opposing general/election	Political Party's Name of eligible candidate	Postal Address of eligible Candidate
1	2	3	4	5	6	7
Yashwantrao Chavan	POTHA RANJU SUNNY	Sunmy	S.S. 1009 A.R.	—	—	—

Issued by the Election No. 56/92 (Part II), dated 15.12.1997

①

Form - 2 B

1st Schedule (Part I)

Income Tax

Form for filing Income Tax Return

S.No. 23
3-00 PM
5-3-2017

to be filled up by the assessee or his authorized agent

To, the

(Name of the Assessing Officer to whom the return is to be filed)

In, (Name of the assessee) and (Name of the authorized agent)

Address:

City/Town/Village:

State:

Signature of the assessee or his authorized agent

Date:

At:

Place:

Signature of the assessee or his authorized agent

Signature of the assessee or his authorized agent

No.

to be filled up by the assessee or his authorized agent

5

Date

45 yrs

Medical order of Dr. [Name]

Order No: 23

30-3-09, Sec 3-00, Kistur

Order of Dr. [Name]

[Signature]

Dr. [Name]

Dr.

Dr. [Name]

Dr. [Name]

Dr. [Name]

45 yrs

Medical order of Dr. [Name]

Handwritten medical notes in Telugu script, including patient details and clinical observations.

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 Age:	Dependent-3 Age:	Dependent-4 Age:
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(i)	AGRICULTURAL LAND						
	-Location(s)						
	-Survey Number						
	(s)						
	-Extent (Total measurement)	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-
	-Current market value						

(ii)	NON-AGRICULTURAL LAND						
	-Location(s)						
	-Survey Number						
	(s)	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-
	-Extent (Total measurement)						
	-Current market value						

(iii)	BUILDINGS (COMMERCIAL AND RESIDENTIAL)						
	-Location(s)						
	-Survey/Door Number(s)	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-
	-Extent (Total measurement)						
	-Current market value						

(iv)	PLANTATIONS						
	-Location(s)						
	-Survey/Door Number(s)	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-
	-Extent (Total measurement)						
	-Current market value						

(v)	OTHERS (such as interest in property)	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-	-Nil-
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P. S. S.

(3) I give herein below the details of my liabilities/overdues to Public Institutions and Government dues:-

(Note: Please give separate details for each item)

S.No.	Description	Name and address of Bank/Financial Institution(s)/ Government(s)	Amount outstanding as
(a) (i)	Loans from Banks	-Nil-	-Nil-
(ii)	Loans from Financial Institutions	-Nil-	-Nil-
(iii)	Government dues:-	-Nil-	-Nil-
(a)	Dues to departments dealing with Government accommodation	-Nil-	-Nil-
(b)	Dues to departments dealing with supply of water	-Nil-	-Nil-
(c)	Dues to departments dealing with supply of electricity	-Nil-	-Nil-
(d)	Dues to departments dealing with telephones	-Nil-	-Nil-
(e)	Dues to departments dealing with government transport (including aircrafts and helicopters)	-Nil-	-Nil-
	Other dues if any	-Nil-	-Nil-
(b)	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.)	-Nil-	-Nil-
(iii)	Sales Tax (Only in case of proprietary business)	-Nil-	-Nil-
(iv)	Property Tax	-Nil-	-Nil-

P. Singh

(19)

14) 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 given.)

Govt. School upto 5th Class.
Safeshivanagar (Vij
Kandol.

P. S. S. S.
DEPARTMENT.

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 therefrom.

verified at KANAKOLLY this the 24th Day of March, 2009.

P. S. S. S.
DEPARTMENT.



Signature
B. NAGARAJAN
Cell. 98401 2000, 9 26 22 20
Address: - 117
Approved Govt. of A.P.
KAMARAJ-205 113 /
Dist. Nellore (A.P.)

(2) That I give hereinbelow the details of the assets (immovable, movable, bank balance, etc.) of myself, my spouse and dependents*:

A. Details of Movable Assets:

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

S. No.	Description	Self	Spouse (s) Name(s)	Dependent-1 Name	Dependent-2 Name	Dependent-3 etc. Name
(i)	Cash					
(ii)	Deposits in Banks, Financial Institutions and Non-Banking Financial Companies	- Nil -	- Nil -	- Nil -	- Nil -	- Nil -
(iii)	Bonds, Debentures and Shares in Companies	- Nil -	- Nil -	- Nil -	- Nil -	- Nil -
(iv)	Other Financial Instruments NSD, Postal Savings, LIC Policies, etc.	- Nil -	- Nil -	- Nil -	- Nil -	- Nil -
(v)	Motor Vehicles (details of make, Model, Honda, Passion Plus, Date: 1-1-03, SP 288 88315)	Two Nos.		- Nil -	- Nil -	- Nil -
(vi)	Give details of (with valuations)	- Nil -	- Nil -	- Nil -	- Nil -	- Nil -
(vii)	Other Assets, such as value of claims/interests	- Nil -	- Nil -	- 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 dependent on the income of the candidate.

P. Singh

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- The notice in Form 'T' given under is in case of 30/5/2009, by P. N. HAREJUSWAMY as proposed candidate of the 30/5/2009, as per ordinary resolution adopted, is hereby returned.
- It is certified that each of the candidates whose name is mentioned above is a member of the College of Dairy and his name is duly borne on the roll of members of this party.

Yours faithfully,
Nalla Surya Prakash
 Secretary
 Director and President of the State
NALLA SURYA PRAKASH
 State of Karnataka
Surya
 (Secretary General)
 State Milk Producers'

Recd. Yellareddy
 Date 30-5-2009



* See also first duplicate

NOTE

- This must be delivered to the Returning Officer of the mentioned party on the last date for making nominations.
- It must not be signed in ink by the office bearer of the mentioned name. No facsimile signature or signature by means of rubber stamp, etc., of any office bearer shall be accepted.
- No form submitted by the candidate shall be accepted.
- That the candidates mentioned above are all valid applicants or members respectively, as per the bye-laws.