

ALLIANCE OF DEMOCRATIC REFORMS PARTY

Dr. Eada Seshagiri Rao

M.Sc., B.Ed., LL.M., Ph.D.

PRESIDENT

Ph: 9246503889



To
The Chief Electoral Officer
Telangana State, BRKR Bhavan,
Hyderabad – 500 029

Date: 04.09.2025
Hyderabad

Sub:- Submission of Form 24A – Contribution Report
in respect of Alliance of Democratic Reforms
Party - reg.


Sir,

We herewith enclosing with Form 24A – Contribution Report in respect
of our Party i.e., Alliance of Democratic Reforms Party for the financial year
2024-2025.

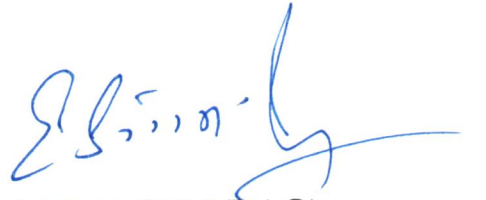
With Regards,

Yours sincerely,

For ALLIANCE OF DEMOCRATIC REFORMS PARTY


(T.NANDA KISHORE)
Treasurer




(Dr.EADA SESHAGIRI RAO)
President

ALLIANCE OF DEMOCRATIC REFORMS PARTY
Regd. Party Office: Flat No. 106, Sai Sree Towers,
3-6-429/106, Himayathnagar, Street No. 4,
Hyderabad-500 029, Telangana State, Cell: 9246503889
Email: info@adrparty.org

Conduct of Elections Rules, 1961
(Statutory Rules and Order)

¹[FORM 24A
(See rule 85B)]

[This form should be filed with the Election Commission before the due date for furnishing a return of the Political Party's income of the concerned financial year under section 139 of the Income-tax Act, 1961 (43 of 1961) and a certificate to this effect should be attached with the Income-tax return to claim exemption under the Income-tax Act, 1961 (43 of 1961).]

1. Name of Political Party: ALLIANCE OF DEMOCRATIC REFORMS PARTY.
2. Status of the Political Party:
(recognised/unrecognised) unrecognised.
3. Address of the headquarters of the Political Party: Flat No 106, H No- 3-6-429, Sai Sree Towers
Str No 4, Himayathnagar Hyderabad - 500029.
4. Date of registration of Political Party with Election Commission: 18-4-2023
5. Permanent Account Number (PAN) and Income-tax Ward/Circle where return of the political party is filed: AABBA13125
6. Details of the contributions received, in excess of rupees twenty thousand, during the Financial Year: 2024-2025.

Serial number	Name and complete address of the contributing person/company	PAN (if any) and Income-Tax Ward/Circle	Amount of contribution (Rs.)	Mode of contribution *(cheque/demand draft/cash)	Remarks
1	NTI	NTI	NTI	NTI	NIL

*In case of payment by cheque/demand draft, indicate name of the bank and branch of the bank on which the cheque/demand draft has been drawn.

7. In case the contributor is a company, whether the conditions laid down under section 293A of the Companies Act, 1956 (1 of 1956) have been complied with (A copy of the certificate to this obtained from the company should be attached).

Verification

NANDA KISHORE TALLADA
I, Nanda Kishore Tallada (full name in Block letters), son/daughter of CHENNA REDDY solemnly declare that to the best of my knowledge and belief, the information given in this Form is correct, complete and truly stated.

I further declare that I am verifying this form in my capacity as Treasurer on behalf of the Political Party above named and I am also competent to do so.

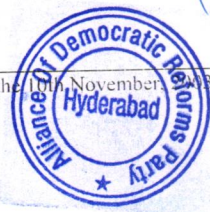
(Signature and name of the Treasurer/Authorised person) T. Nandakishore

For ALLIANCE OF DEMOCRATIC REFORMS PARTY

(Tallada Nanda Kishore)

Date: 04/09/2025

Place: Hyderabad.



1. Ins. by Notifn. No. S.O. 1283(E), dated the 10th November 1988.

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