

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

(i) Case/First information report No/Nos.

(ii) Police Station(s) Note Applicable District(s).

(iii) 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 charge(s)

(v) Date(s) on which the charge(s) was/were framed.

(v) Date(s) on which the charge(s) was/were framed.

(v) Date(s) on which the proceeding(s) have been stayed by any court(s) of IESTEDIA CARLANGE CATE/INOTE

(ARMANGE ARMANGE CATE/INOTE)

(ARMANGE ARMANGE CATE/INOTE)

(ii) Police Station(s) Note Applicable District(s).

(iii) Section(s) Note Applicable District(s).

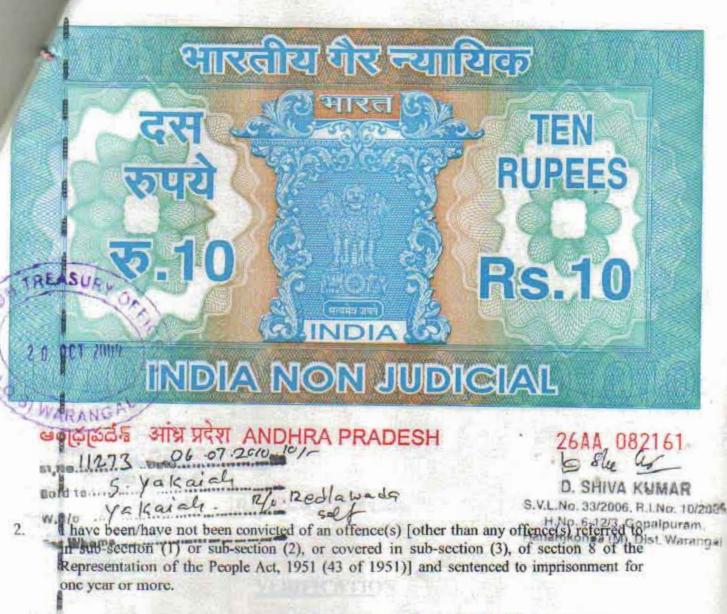
(iii) Section(s) of the concerned Act(s) and short description of the offence(s) for which the candidate has been charged.

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

(v) Date(s) on which the proceeding(s) have been stayed by any court(s) of IESTEDIA CARLANGE CATE/INOTE CATE/INOT



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

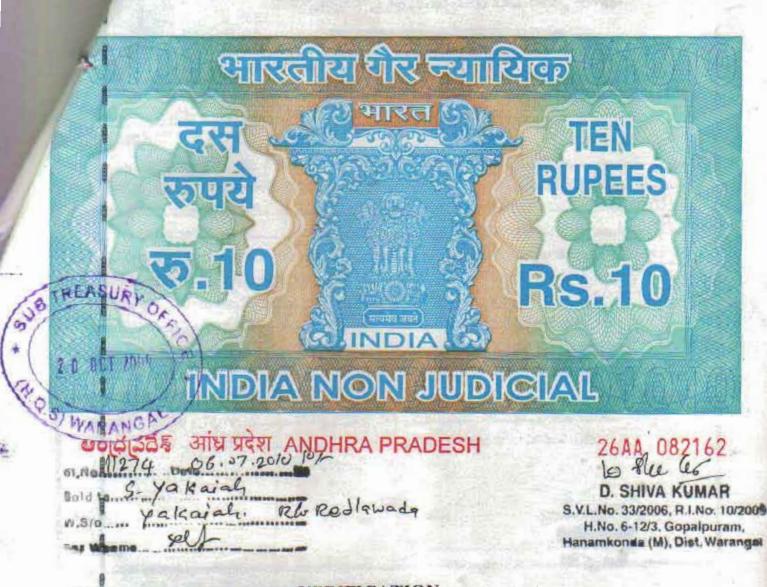
(i) -	Case/First information report No./Nos. Not Appli Couble
(ii)	Court(s) which punished
(iii)	Police Station(s) District(s) State(s)
(iv)	Section(s) of the concerned Act(s) and short description of the offence(s) for which the candidate has been charged.
(v)	Date(s) on which the sentence(s) was/were pronounced
(vi)	Whether the sentence(s) has/have been stayed by any court(s) of competent jurisdiction

Place Date



Signature of the Deponent

HUZURASAD, DINI SAIA



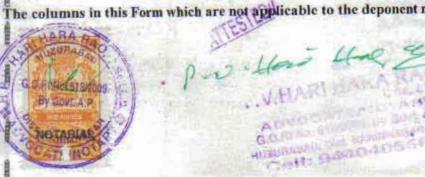
## VERIFICATION

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

Signature of the Deponent

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





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

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

SI No	Description	Self	Spouse(s) Name(s):	Dependent-1 Name:	Dependent-2 Name:	Dependent-3 etc Name:
(i)	Cash	140001-				
(ii)	Deposits in Banks, Financial Institutions and Non-Banking Financial Companies					
(iii)	Bonds, Debentures and Shares in companies		-			`-
(iv)	Other Financial instruments NSS, Postal Savings, LIC, Policies etc.			-		
(v)	Motor Vehicles (Details of make etc.)					
(vi)	Jewellery (give details of weigh and value)			-		
(vii)	Other assets, such as values of claims/interests					

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.

G. O.Rt. No. 81972008 By Gont A.F.

S OSP S OSO P.V. HARI HARA RAQ ADVOCATE/NOTARY G.O. FILNO, BY BOYL A.P. STURABAD, DIST, KATHONOUR (A.P.)

## DETAILS OF IMMOVABLE ASSETS

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

SI No	Description	Self	Spouse(s) Name(s):	Dependent-1 Name:	Dependent-2 Name:	Dependent-3 etc Name;
(i)	Agricultural Land  - Location (s)  - Survey number(s)  - Extent (Total Measurement)  - Current market value					
(ii)	Non-Agricultural Land  - Location (s)  - Survey number(s)  - Extent (Total Measurement)  - Current market value					
(iii)	Buildings (Commercial & Residential)  - Location (s)  - Survey/Door No.(s)  - Extent (Total Measurement)  - Current market value					
(iv)	Houses/Apartments etc.  - Location (s)  - Survey/Door No.(s)  - Extent (Total Measurement)  - Current market value					Para No.
(v)	Others (such as interest in property)	+	1		TESTEDII	

GORLNO BIRZONS

By Gayl A.P.

TARIMNAGE TO

2020 2020 G

V.HARI HARA RAO

 I give hereinbelow the details of my liabilities / over dues to public financial institutions and government dues:-

[Note: Please give separate details for each item]

S.No	Description	Name and Address of Bank/Financial Institution(s)/ Department(s)	Amount outstanding as on	
(a) (i)	Loans from Banks			
(ii)	Loans from Financial Institutions			
(iii)	Government Dues :-			
	(a) dues to departments dealing with government accommodation			
	(b) dues to departments dealing with supply of water			
	(c) dues to departments dealing with supply of electricity			
	(d) dues to departments dealing with telephones			
	(e) dues to departments dealing with government transport (including aircrafts and helicopters)			
Tillian	(f) other dues, if any		TESTEDII	

GORLHO PTE/2009

By Govi, A.P.

GARIMAN STATE

130 2 20 2

V.HARIHARA RAC

ADVOCATE TOTARY
G.O.RIAM BUILDING BY BOVL AP.
HTTURABAD, DIEL KARNINAGAR (A.P.)

S.No	Description	Name and Address of Bank/Financial Institution(s)/ Department(s)	Amount outstanding as on
(b) (i)	Income Tax including surcharge [Also indicate the assessment year up to which Income Tax Return filed. Give also Permanent Account Number (PAN)]		
(ii)	Wealth Tax [Also indicate the assessment year upto which Wealth Tax return filed]		
(iii)	Sales Tax [Only in case of proprietary business]		
(iv)	Property Tax		

G.O. RILNO, STAVERDON By Gove A.E. ARIMNASS ATE/NO

1202002

p. w. Horo Gors

P.V.HARI HARA RAO

ADVO - HE ARY S.O.B. M. S. COV. A.P.

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