



FORM 26

(See rule 4A)

AFFIDAVIT

To be furnished by the candidate before the Returning Officer for election to the Mizoram Legislative Assembly from 4- Laungthai Constituency.

I, H. Vanlal thabianor son/daughter/wife of Thawshungpa aged about 34 years, resident of A.O.C. Laungthai candidate at the above election, do hereby solemnly affirm/declare on oath as under :-

I am/am not accused of any offence(s) 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.

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

- (i) Case/First Information Report No./Nos. _____
- (ii) Police Station(s) _____ District(s) _____ State(s) _____
- (iii) Section(s) of the concerned Act(s) and short description of the offence(s) for which the Candidate has been charged _____
- (iv) Court(s) which framed the charge(s) _____
- (v) Date(s) on which the charge(s) were granted _____
- (vi) Whether all or any of the proceeding(s) have been stayed by any court(s) of competent jurisdiction _____

I have been/have not been convicted of an offence(s) [other than any offence(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 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 ever 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 : Laungthai
Date : 3rd Nov. 2008

[Signature]
Signature of Deponent 2/11/08

Contd ...2-



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VERIFICATION

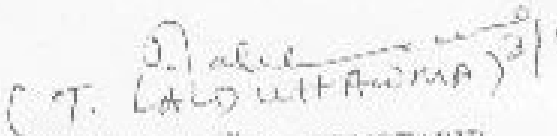
I, the above-named deponent, do hereby verify and declare that the contents of this affidavit are true and correct to the best of my knowledge and belief, no part of it is false and nothing material has been concealed therein.

Verified at this day, the 3rd of NOV, 2003.


3/11/03
Signature of deponent.

Identified by :

Sworn before me who is identified by
Sri _____ Advocate
in presence.


MAGISTRATE 1st CLASS NOTARY
COMMISSIONER OF OATHS



- 2 -

VERIFICATION

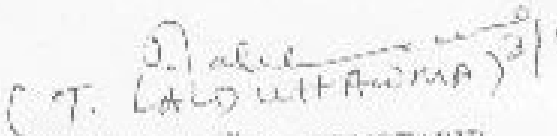
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3/11/03
Signature of deponent.

Identified by :

Sworn before me who is identified by
Sri _____ Advocate
in presence.


MAGISTRATE 1st CLASS NOTARY
COMMISSIONER OF OATHS



Before the Returning Officer

For election to Legislative Assembly (name of the House)

From A-Lauvaglai constituency
(name of the constituency)

I, H. Vardhalakrishnan candidate of Thamaraipar constituency at the above election, do hereby solemnly affirm and state on oath as under -
(Strike out whichever are inapplicable)

(1) The following case(s) were 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: _____
- (ii) The Court which has taken cognizance: _____
- (iii) Case No.: _____
- (iv) Date of order of the Court taken cognizance: _____
- (v) Details of appeal(s) / application(s) for revision, etc. if any filed against above order taking cognizance: _____



The above affidavit is duly sworn before me by the Candidate / Examinee

Place Lampytlai

Date 3/11/2003

[Signature]
Magistrate of the 1st Class
Commissioner of Oath
1st Class (3rd) 11/11/2003
Lampytlai



(2) That I am the father of the father of the assets (immovable, movable, bank balance, etc.) of the said 1st spouse and dependents & benefits of their life insurances.

(3) Assets and liabilities pertaining in the event of total ownership will also have to be given.)

S. No.	Description	Self	Spouse 1 Name	Dependent 1 Name	Dependent 2 Name	Dependent 3 Name
1	Cash					

(4) Expenses for bank's financial statements.

Ad. No. 102/2007

Foreign Currency

Bank, Deposits

Ad. No. 102/2007

Company's

Income

Insurance

Bank Savings

Income Tax

State

Benefits of insurance

Weight

Value

Stamp

Aggoy, MUL 1994
CIN-155559



B. Details of Intangible Assets

(Note: Properties in joint ownership indicating the share of joint ownership) will also have to be indicated.)

Sl. No.	Description	SAR	Sponsor(s)		Dependent		Dependent		Dependent		
			Name(s)	Name(s)	Name(s)	Name(s)	Name(s)	Name(s)			
99	Agricultural Land (Acres(s))										
											Survey number(s)
											Extent (Total Measurement)
											Current market value
100	Non-Agricultural Land (Acres(s))										
											Survey number(s)
											Extent (Total Measurement)
											Current market value
101	Buildings (commercial/Residential)										
											Location(s)
											Survey/plot number(s)
											Extent (Total measurement)
102	Movable/Particulars, etc. (Location(s))										
											Survey/plot number(s)
											Extent (Total measurement)
											Current market value
103	Others (such as interest in property)										
											Location(s)
											Survey/plot number(s)
											Extent (Total measurement)

40.9 haungthai
 12 26/2000
 150 only
 Rs 5 lacs

L-3
 LS 4992/79
 208 m²
 Rs 5 lacs



(3) I give hereibelow the details of my liabilities / exercises 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.....
(i)	Loans from Banks		
(ii)	Loans from financial institutions		
(iii)	Government dues (other than Income tax and wealth tax) (No Due Certificate to be enclosed in case holding or having held any public office)		
(iv)	Income Tax including Surcharge [Also indicate the Assessment year upto which Income Tax Return filed. Give also Permanent Account Number (PAN).]		
(v)	Wealth Tax [Also indicate the Assessment year upto which Wealth Tax return filed.]		
(vi)	Sales Tax [Only in case of Proprietary business]		
(vii)	Property Tax		



(6) 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)

Qualification	Year of Passing	Subjects	Name of School / College	Name of Board / University
H.S.C.				
P.U./M.B.B.C.				
GRADUATION				
POST GRADUATION	1989	Arts	Govt. Saikhe College	KEHU
ANY OTHER EDUCATION QUALIFICATION (TO BE CLEARLY SPECIFIED)				

[Signature]
Signature of Dependent

VERIFICATION

I, the dependent aforementioned, 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 on 25/11/03 this 11th day of November 2003.

[Signature]
Signature of Dependent