

मिज़ोरम MIZORAM

00AA 186156

ANNEXURE - I

AFFIDAVIT TO BE FURNISHED BY CANDIDATE ALONGWITH NOMINATION PAPER.

Before the Returning Officer

For election to the Mizoram Legislative Assembly

From 39-3aila (57) Assembly Constituency (name of the constituency)

1, D.R.: K. BEICHHUA Son/daughter/wife of K. THACHO aged 446 years, resident of Scilla Verpuil Laiks candidate at the above election, do hereby solemply 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

- (i) Section of the Act and description of the offence for which cognizance taker

 NIL

 (ii) The Court which has taken cognizance: HIL

 (iii) Case No.
- (iv) Date of order of the Court taking cognizance : M!L
- (v) Details of appeals(s)/application (s) for revision, etc. if any, filed against above order taking cognizance:



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FORM 26 (See rule 4A)

I, DR. K. BEICHHUASon/daughter/wife of K. THACHD aged about 46. Years, resident of Saiha Lauppui, Saiha Candidate at the above election, do hereby solemnly affirm/state 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

- 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.



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

- (i) Case/First information report No./Nos N.C.
- (ii)
- Police station (s) NJ.L.... District (s) State(s) NJ.L... (iii)
- Section(s) of the concerned Act(s) and short description of the offence(s) for (iv)
- (v)
- Whether the sentence(s) has/have been stayed any court (s) of competent (vi) jurisdiction NIL

Place: Saile

Date: 6/11/2008

VERIFICATION.

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

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

ins by Notifn. No.S.O. 935(E), dated the 3rd September, 2002.

Signature of deponent

FORM OF OATH OR AFFIRMATION [ARTICLE 173 (A) OF THE CONSTITUTION OF INDIA)

[To be made by a candidate for election to the Legislature of a State]

I DR.K. BEICHHUA ha	ving been nominated as a candidate to fill a
seat in the MIZORAM Legislative Ass	
God/Solemnly affirm that I will bear true faith and	
law established and that I will uphold the sovereignty	Signature and name in block letters of the Candidate
Sworn in the name of God / Solemnly affirmed by Sh	nri/Shrimati DR. K. BEICHHUA
at A.R.O. Office (Place) at 2:	3.0(hour) this the6/*
day of November 200.8. before me	
	Signature of authorized person Name Designation and Seal
(CERTIFICATE FOR RE	Description of the second seco
Certified that	(name)
a candidate for election to the	
Legislative Assembly has made and subscribed	
Constitution of India before me at my office	
(date).	diout) of
(date)	
Date	Signature of authorized person Name, Designation and Seal

· Score out which is not applicable.

N.B.: This Form should be supplied to the candidates both in English and in the Official Language of the State

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

A DETAILS OF MOVEABLE ASSETS

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

(iiv)	(vi)	3	Gv)	(iii)	(ii)	(i)		No SI
Other assets, such as values of claims/interests	Jewellery (give details of weight and value)	Motor Vehicles (details of make, etc.)	Other financial instruments, NSS, Postal Savings, LIC Policies, etc.	Bonds, Debentures and Shares in companies	Deposits in Banks, Financial Institutions and Non-Banking Financial Companies	Cash	Name	Description
5 Latchs and second lates	NIL	Cay -1= Rs. 2:00 lables Cyp Sy - 1= As. 2:00 lables Pactio - 1-85 2:00 lables	NIC	NIL	1.7 Lakks	20 lakks	DR. K. BEICHHUA	Self
オント	Neeklace 2 9m5=8,20,000	مرد ر	XIL	XiC	MIL	20 lakks	DR-ZOCHHUANAWMI	Spouse(s) Name(s)
J.F.	XI	HIL	Nic	NIL	*iC	ZI	一人 ミチカス	Dependent-I Name
ZiC	NIL	MIL	NIC	HIL	Zic		K-LALAWM PULL	Dependent-2 Name
NIL	NIC	NIC	NIC	₹i.C	Nec		K BEIMOSIA	Dependent-3 Name

given.

* Dependent here means a person substantially dependents on the income of the candidate.

DETAILS OF IMMOVEABLE ASSETS

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

3	(v)	3	(ii)	9	No.
Others (such as interest in property)		Buildings (Commercial and residential) - Location(s) - Survey/door number(s) - Extent(Total measurement) - Current market value	Non-Agricultural Land - Location(s) - Survey number(s) - Extent(Total measurement) - Current market value	Agricultural Land - Location(s) - Survey number(s) - Extent(Total measurement) - Current Market value	Description
such as interest in property) NIL NIL	XIL	H-MO-115. SSYSCZAL	1 20stand 3 Hackes Rs. 27, 6001 - Dhipsen 1 Hacker Rs. 75001-	NIL	Self
¥: ſ	# P	KIL	XIL	Not	Spouse(s) Name(s)
7:1	NIL	NIC	XIL	N.F.	Dependent-1 Name
· NIL	NIL.	NIC	· NIL	z. L	Dependent-2 Name
JIN	NIL	NIC	NEL	The state of the s	Dependent-3 etc. Name

(Note: Please give separate details for each item)

			9			(a)	No.
(iv) Property Tax	(iii)Sales Tax [Only in case of proprietary business]	(ii)Wealth Tax [Also indicate the assessment year upto which Wealth Tax return filed.]	(i)Income I ax including surcharge [Also indicate assessment year upto which Income Tax Return filled. Give also permanent Account Number (PAN)]	tifica	(ii)Loans from financial institutions	(i) Loans from Banks	Description
HILL.	NIC	MIL	HIL.	HIL	FILL	STATE BANK OF INDIA SATHA BRANCH	Name and address of Bank/Financial Institution(s)/ Department(s)
KIL	NIL	MIL	NIC	W.L	71111	13:00 lakks	Amount outstanding as on. 1.11.2008

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.] MBBS. Manipur University, 1991



VERIFICATION

The state of the s

Verified at

day of November 2008 DEPONENT/108