

ALL Janki Kissan mandoor Party
unrecognised Political Party

Standard Hotel Shahedi Chowk Jammu

27-05-2006

AGFPK3570

22-23

1200

S. Kaly Khan
Hamdard R/o
Chandernagar

AGFPK35
70 L

37500

Cost 1

I, S. Kaly Khan Hamdard
Mdn Khan

I hereby 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
competent person on behalf of the Political Party.

checked:

[Signature]
Secretary
Political Party



This form should be filed with the Election Commission before the due date for furnishing returns of the Political Party's income in the prescribed financial year under section 179 of the Income-tax Act, 1961 (23 of 1961) and a return in that effect should be attached with the Income-tax return to claim exemption under the Income-tax Act, 1961 (23 of 1961)

- 1. Name of Political Party: **ALL JAWA K KISSAN mandob Party**
- 2. Name of the Political Party (abbreviated/undergrouped): **unrecognised Political Party**
- 3. Address of the headquarters of the Political Party: **Standed Hotel Shahjadi Chate Jammu**
- 4. Date of registration of Political Party with Election Commission: **27-05-2006**
- 5. Permanent Account Number (PAN) and Income-tax Ward/Circle where return of the political party is due: **AGPPK357**
- 6. Details of donations received, or extent of expenses incurred during the financial year: **22 23**

Serial number	Name and complete address of the contributing person/company	PAN/ID card and Income-Tax Ward/Circle	Amount of contribution (Rs.)	Mode of contribution (cheque/demand draft/cash)	Remarks
1	S. Kala Khan Handrad R/O Handmaroch	AGPPK3570L	39500	Cash	

*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.

2. In case the contributor is a company, whether the conditions laid down under section 291A of the Companies Act, 1956 (1 of 1956) have been complied with (A copy of the certificate in this regard from the company should be attached)

Verification

I, S. Kala Khan Handrad (Full name in Block letters), son/daughter of M. K. Khan 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 AGPPK357 named and I am also competent to do so.

checked

(Signature and name of the Treasurer/Authorized person)



Date: _____
Place: _____
[Signature]
Treasurer/Authorized person