

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

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 DOBIRA SWABHIMAN SANGHATHAN PARTY
2. Status of the Political Party (recognised/unrecognised) Registered Unrecognised
3. Address of the headquarters of the Political Party Special Leothi No. 2, opp. Church, Gensalhinogal, Jammu.
4. Date of registration of Political Party with Election Commission 24-03-2019.
5. Permanent Account Number (PAN) and Income-tax Ward/Circle where return of the political party is filed Applied for
6. Details of the contributions received, in excess of rupees twenty thousand, during the Financial Year 2019-2020

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
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

*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

I, DR. HARI DUTT (full name in Block letters), son/daughter of _____ 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 General Secretary on behalf of the Political Party above named and I am also competent to do so.

(Signature and name of the Treasurer/Authorised person))

(Dr. HARI DUTT.)

Date _____
Place _____