



**FORM-XII  
AFFIDAVIT**



Knowledge and belief  
by faith  
resident of  
do hereby solemnly affirm and declare that the statements made herein below are true to the best

1. That I am owner / power of attorney holder of land having R.S./M.S. Plot no. 1228 Katha no. 148

.....Khevat no. .... Thana No. 194 .....corresponding to holding no.

..... of the name of authority. SHRI GADKARN PRASAD

.....measuring area of B.I.D situated at village/ mouza. LOHARDAGA

..... name of the place

B.I.D NEER DUTIKA SAVITRI HOSPITAL LOHARDAGA

2. The Land Mentioned above is a freehold property and does not belong to khas mahal Estate of government. It is not either Gair Mazarua Aam Khas, Kaisare Hind, District Board or Acquired land.

3. That the land stated above is tribal land / not a tribal land for tribal land Permission for transfer has been obtained vide case no. ....

4. That Further declare that in future, if it will be found that property mentioned above gair Mazarua Aam Khas, Kaisare Hind, District Board or Acquired Land Property of Government the sanctioned map will be deemed to be cancelled due to misrepresentation and suppression of facts.

Sworn & Signed this affidavit on this ..... day of ..... 20..... at the name of place. LOHARDAGA

..... from SAR/DCC/Commissioner court.

Ref. No 777 Date 27/11/2024

Shri/Smt. Gadkarn, Prasad  
Who has been identified by  
Shri Prasad  
Advocate has Solemnly Affirmed  
and declare before me.

Serial No: 130278



Identified by (Name of Identifier):  
Name of Advocate

Authorized Signatory  
(Name of Deponent)

SHRI GADKARN PRASAD

District Prasad  
Notary Public, Lohardaga