Rethor Devi . So soi must know the

FORM-XII AFFIDAVIT

(This Certificate Adhere Jharkhand Building Bye-Laws 2016)

generation and the second of t	BOOK No. 1. Serial No. 1832						
	Dated 31'VY M						
14/2 4 2							kno
86 R 13	4	ω	2.			115	IS/O, W/O knowledge and belief.
	1	Dist	The				S/O, W/O ledge and belief. That I am ow
erry		the I	Land	Pa			W/C nd be
of Ge		oard	Mer	palite			lief.
Sign		or A	tions	0			er/r
ment ment	+	cquir	d abo		.wor		by fa
the s		District Board or Acquired land That the land stated above is trib	ove is		d no.		ith H
Sworn & Signed this affidavit on this. Nahendra		nd. ribal	a fre		word no[.Q.	,I	form of the state
oned oned ton t		land	ehol		10	.,Khewat no	v ho
map map		/ not	d pro			at no	resid lder o
will	5	a tri	perty				ent o
be de		pal la	and				d hav
emec		nd fo	does			0	ing I
Pa.		r trib	not b	PS	of the		S 6
e can		al lar	elong	5	nam		do ł
celle		d Per	to k	ida	e of a		Plot
Roperty of Government the sanctioned map will be deemed to be cancelled due to misrepresentation and suppression of facts. Sworn & Signed this affidavit on this		District Board or Acquired land. That the land stated above is tribal land / not a tribal land for tribal land Permission for transfer has been obtained vide case no	has n	P.S. Sedan Thans	of the name of authority. 15 ya. 4. th. Jam. M. coli. W. waya. 4	,T	S/O, W/Oby faith H.f. noll resident of LLONdo hereby solem ge and belief. That I am owner / power of attorney holder of land having R.S./ M.S. Plot no
to m		ion f	nahal		rity.	hana	(laure
gair of	.Year	or tra	Esta	ha	3.0	No.	dy affirm
representa f. 2.2.) 6.1 f. 2.2.) 6.2 f. 2.2.	Maria	nsfer	te of	3	00	"Thana No	T 3
arua Aam Knas, Kalsare Him ntation and suppression of fac 6 5 20 21 20at the na 2 0 4 1		has	gove		5 5	٩	d de
ion and suppression of facts. 2021.20		been	rnme	Hedler myred	E. I		clare
nd suppression of face. 2.120at the na 2.120at the na Mame of Identifier): Name of Advocate: d Seal of Advocate:	K	obtai	nt. It	25	JA 7		that t
uppression of fa20at the na20 f Identifier) ne of Identifier) ne of Advocate: sal of Advocate:	from	ned v	is no	350	ed at		he st
on of on of at the at the miffic wocan by word of Plant o	n SA	ide c	t eith	de	villa		atemo
factte:	R/D	ase n	er G	2	ge/n		ents r
c of I	C/Con	0	M M		ouza		nade
No place.	nmis	7	azaru		25	.corr	herei la no
3	sione	B	la Aa		50	espo.	n bel
Au Au	from SAR/DC/Commissioner court.		m Kl		no T	nding	made herein below a
to misrepresentation and suppression of facts. day of 2.2/65/2.02/at the name of place Medini vog way. Medicine of Medini vog way. Authorized Signatory Name of Advocate: Name of Place. Name of Place. Name of Place.	. I		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,	name of the place	of the name of authority. No Jan. H. Jan. M. coli W. noya. M	.corresponding to holding no.	by faith H. F. noll 4resident of LLONdo hereby solemnly affirm and declare that the statements made herein below are true to the best of power of attorney holder of land having R.S. / M.S. Plot no
of I	1		aisai	of th		oldin	/e to 1
Depoil of the part	1		e Hii	e pla		g no.	to the best
nent			nd,	ce			18
							2.