

**NOTARY
DHANBAD**

**FORM-XII
AFFIDAVIT**

(This Certificate Adhere Jharkhand Building Bye...



I...(1). SRI JAY MANGAL PRASAD S/O, SRI JAGDISH PRASAD ..(2) SMT REENA DEVI W/O, SRI TRILOCHAN PRASAD by
faith...**HINDU**...resident of...**ISRI BAZAR , P.S – NIMIYAGHAT , DIST. - GIRIDIH.** do hereby solemnly affirm and

declare that the statements made herein below are true to the best knowledge and belief.

- That I am owner / power of attorney holder of land having R.S./ M.S. Plot no...646 , 647. (PART) Katha no ...70 , 71.....,Khwat
New plot no- 522, 524 New Katha- 37, 233
no.....,Thana No.....89corresponding to holding no 022-000.261.0000.MO.word no. 22 of the name of
authority.....**DHANBAD MUNICIPAL CORPOARTION**.....measuring area of**3.0 KATHA OR 4.95 DECIMAL**...situated at village/
mouza.....**BHELATAND**.....P.S..... *Groindpur*.....name of the place**DHANBAD**.....
- 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.
- That the land stated above is tribal land / **not a tribal land for tribal land** Permission for transfer has been obtained vide case
no..... Year..... **2018**.....from SAR/DC/Commissioner court.
- 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..... **27/8/18**day of**2018**.....at the name of place.....**DHANBAD**.....

*1 Jay mangal Prasad
2. Reena Devi*

Authorized Signatory
(Name of Deponent)

Identified by(name of Identifier):
Name of Advocate:



**NOTARY
DHANBAD**

Authorised.

Sign and Seal of Advocate:

U/S 297 (I) (C) of the Cr.P.C. 1973 Name of Place:
(Act No. 11 of 1974) & u/s (3) II
(Act No 53 of 1952)

27 AUG 2018

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Handwritten signature and scribbles at the bottom left.