



## CASH REGISTER FOR MAINTENANCE OF DAY

## TO DAY ACCOUNTS BY CONTESTING CANDIDATES

Receipt				Payment			Remarks, if any		
Date	Name and address of person/party/association/body/any other from whom the amount received	Receipt No.	Amount	Bill No./ Voucher No. and Date	Name of payee	Nature of Expenditure		Balance Amount	
1	2	3	4	5	6	7	8	9	10
8/4/16	Rabikam Brobra		Rs. 19000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Madambh. Brobra		Rs. 18000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Sunigom Mulom		Rs. 19000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Dalai Basumatory		Rs. 18000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Prasany of Nat 3000		Rs. 19000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Dipali Brobra		Rs. 10000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Usha Roy		Rs. 19000	8/4/16					
8/4/16	Di Swajit Barman		Rs. 18000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Samsul Hoque		Rs. 18000	8/4/16					
8/4/16	Donation for Election purpose								
8/4/16	Domanti Basumatory		Rs. 8000	8/4/16					
	Donation for Election purpose		Rs. 166000						
		B.F	= 7000						
		G.T	= 179000						

Rabikam Brobra

(Part-C)

## BANK REGISTER FOR MAINTENANCE OF DAY

Name of the Candidate : Subhadra Narasany  
 Constituency from which contested : 29. No. West (ST) LAC  
 Date of declaration of result :  
 Name and Address of the Election Agent : Rabikam Behera  
 Name of the Bank :  
 Branch Address :  
 Account No. :

(from the date of nomination to date of declaration of result of election, both date inclusive)

Deposit				
Date	Name and address of person/party/association/body/any other from whom the amount received/deposited in Bank	Cash/Cheque No., Bank name and Branch	Amount	Cheque No.
1	2	3	4	5

Certificate that this is a true account kept by me/my election agent under Section 77 of the Representation of

## TO DAY ACCOUNTS BY CONTESTING CANDIDATES

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Name of Political Party, if any : Independent

	Payment			Balance	Remarks, if any
	Name of payee	Nature of Expenditure	Amount		
	6	7	8	9	10

Signature of the Candidate

