

ELECTION COMMISSION OF INDIA

Register for Maintenance of Day to Day Accounts by

Contesting Candidates

Part A

Name of the Candidate:	i-Naising Singh
Name of the Political Party (if any):	Andercadent.
Constituency from which Contested:	65- Gollamabal.
Date of Declaration of Result:	3
Name and address of Election Agent: _	keishna.
_	Dhoolpet, Mangal Hal
	•
Total Expenditure incurred / authorized	:

8801125363.

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

CERTIFICATE

Thus is certified that this Register Contains proges from not to 100 to Record election expenses by the Candidate in TSLA-2023 in 65-Goshamahal A.C.

Returning Officer
65-Goshamahal Assembly Constituency
& Spl. Dy. Collector (L.P.)., HMDA, Hyderabad.

1	2			1	4
Date of	Nature of Exp	enditure		Total Amount in Rupees	Name & Address of Payee
(vent)	Description	Quantity	Rute per Unit	(Paid + Outstanding)	
حداراه	Nomination fee			19,000	Gosha makar - 65 - 65 - 65- 65- 65- 65- 65- 65- 65-
				2	
-	0.8				
_			-		
		_			
				topool-	1900/-

5	6	7	8	
Bill No. / Vouther No.	Amount Incurrent/authorised by Condidate or his election Agent	Amount incurrent/outhorised by political porty and name of political party	Amount incurrent/authorised by other individual/association/body/any other (marcion full Name & Address	9 Remarks, if any
09	Harsing Sing			

1		2		3	4		
Date of Expenditure /		Expenditure		Total Amount in Rupees (Pold +	Name & Address of Payee		
Ewent]	Description	Quantity	Rate per Unit	(Jess + Outstanding)			
24/11/8	-	-		-	WIL		
			-				
			+				
			+				
		-	-				

5	6	7	8	9		
Bill No. / Vaucher No.	Amount incurred/authorised by Condidate or his election Agent	Amount incurred/authorised by political party and name of political party	Amount incurred/sutherised by other individual/association/body/any other imention full Name & Address	Remarks, if any		
-			WIL	NIL		

Mil

				3	4
1 Date of		xpenditure		Total Amount in Rupers	Name & Address of Payer
Expenditure /	Description	Quantity	Rate per Unit	(Poid + Outstanding)	a routiess of Payer
10/10/23	,	-	-	,	
		-			
-		+			
		+			
-					
-		-			
_		+-			
		+			
				-	
-					
_		-			
		-			
				-	

5	6	7	8	9
Bill No. / Voucher No.	Amount incurrent/authorised by Carolidate or No election Agent	Amount incorred/authorised by political party and name of political party	Amount incurred/authorized by other individual/assectation/body/any other (mention full Name & Address	Remarks, if any
		-		-

1	- 0	2		3	4
Date of		xpenditure		Total Amount in Rupers	Name & Address of Payer
ependiture / Event)	Description	Quantity	State per Unit	(Peid+ Outstanding)	-
Ce/11/11	-	-	-	~	
		+	-		
_					
		_	_		
-		+-	-		
_		+	+		
		-	_		
-		+	-		
		+	+		
-					
-		-			

5	6	7	8	9
Bill No. / Voucher No.	Amount incurred/authorised by Cardidate or his election Agent	Amount Instrument Inc.	Amount incorred/authorised by other individual/association/body/any other (mention full Name & Address	Remarks, if any
	-	-	-	_
	9			

my

				3	4	5	6			
1 Date of	Nature of E			Total Amount in Rupees	Name & Address of Pause 8		Amount incurred/authorised by	Amount incurred/authorised by	Amount incurred/authorised by other	9
(vert)	Description	Quantity	Rute per (Init	(Feld + Outstanding)		Voucher No.	Candidate or his election Agent	political party and name of political party	Individual/association/body/any other (mention full Name & Address	Remarks, if any
celula	_	-	-	NAL	NIL		سانع	wil	سا رس	NIL
_		+	-			-				
-		+-	-							
-		+	-			-				
_		+								
		+								
						_				
-										
-		+	_				-			
-		+				-				
		-								
		-	-							
_		-	-							
		+	-							
		_	_							

_				3	4					
1		1		Total Amount in		5	6	7	1	9
Date of	Nature of E	xpenditure		Rupers	Name & Address of Payee	Bill No. /	Amount incurred/authorised by	Amount	Amount incurred/authorised by other	
penditure / Event]	Description	Quantity	Rate per Unit	(Paid + Outstanding)		Voucher No.	Candidate or his election Agent	insurred/authorised by political party and name of political party		Remarks, if any
Spiles			pil	NIM	WLL					NLL.

			\vdash	_						
			1	-						
			-	-						
			+	+						
			+	+						
		-	-							

800 3 4 8
Amount incurred/authorized by other individual/autociation/body/any other (mention full Name & Address 2 Total Amount in Rupees (Faid + Outstanding) 5 6 7 1 Name & Address of Payee Nature of Expenditure Amount Incurrent/authorised by political party and name of political party Amount incurred/authorised by Candidate or his election Agent Bill No. / Voucher No. Date of openditure / Event) Quantity Unit Remarks, if any Description teluly,

S 2 Total Amount in Supers Pages Description Quartity Qua

That

009

9

1	2	j		3	4					72
Date of	Nature of E	xpenditure		Tatzi Amount in Rupees	Name & Address	5	6	7	8	9
Eventj	Description	Quantity	Rate per Unit	(Pold + Outstanding)	Name & Address of Payee	Bill No. / Voucher No.	Amount incurred/authorised by Candidate or his election	Amount incurred/authorised by political party and name	Amount incurred/authorised by other individual/association/body/any	Remarks, if any
dulos				2110	NIL	140.	Apent	of political party	other (mention full Name & Address	
		-							-	WIL
		-								
-										
		+-	_							
		+-	-	-						
		1-	-							
			-							
-			_							
		_								

1	2			3	4					
Date of	Nature of Ex	penditure		Total Amount in Rupees	Name & Add	5	6	7	8 Amount incurred/authorised by	9
penditure /	Description	Quantity	Rate per Unit	(Paid + Outstanding)	Name & Address of Paper	Bill No. / Voucher No.	Amount incurred/authorised by Candidate or his election Agent	Amount incurred/authorised by political party and name of political party	other individual/association/body/any other (mention full Name &	Remarks, if any
Colule									Address	
			-							
			-							
			-							
		-	-							
		-	-							
			-							
		-	_							
		-	_							
		-								

.	2			3	4		-	7		114
1 Date of	Nature of E			Total Amount in Rupees	Name & Address of Payer	5 Bill No. /	6 Amount	7 Amount	8 Amount incurred/authorised by other	9
penditure / Event]	Description	Quertity	Ratz per Unit	(Paid + Outstanding)		Voucher No.	incurred/authorised by Candidate or his election Agent	incurred/authorized by political party and name of political party	Individual/association/body/any other (mention full Name & Address	Remarks, if any
Jul92>		-	-							- 1
		+-	-							
+		1	-							
+										
		0.								
-		-		-		-				
			+	-		-				
		+	+-	-						
			+	+						
				_						
						-				
						-				
		+	1			-				
		-	+			1				
			1							

1	Nature of E	San Company	_	3 Total Amount in Rupees	Name	5	6	7		
Date of openditure / Event()	Description	Quantity	Rateper	W.11	Name & Address of Page	Voucher	Amount incurred/authorized by Carefedate or its election	Amount incurred/authorised by	Amount incurred/authorised by other individual/association/body/any	Remarks
A/11/23						No.	Agent	political party and name of political party	other (mention full flame & Address	
	-NIL-					-				
_		_								
-		1						Meridied with	h Sharlow Obje	codio
-		+_					register an	ment 16.10	sonof has been	talli
-		-	-				_			
		+	_						2014	
		+-	-					W8/2060	(Eo	
		+-	-					A E6 2		
		-	-							
		-	-							
		-	-							
			-							
		+								

1	Nature of E			Total Amount in Rupees	Name & Add	5	6	7	8	9
ete of oditure / lventl	Description Co.	Quantity	Rute per Unit	(Paid + Outstanding)	Name & Address of Park	Bill No. / Voucher No.	Amount incurred/authorised by Candidate or his election Agent	Amount incurred/authorised by political party and name of political party	Amount incurred/authorised by other individual/association/hody/any other (mention full Name & Address	Remarks, if any
olute	-NL-	+								
7	_MC									
		-	-							
		+	-	-		-				
		+	-			\vdash				
				1 1 1 1 1						
						-				
		1								
	_	+	+							
		+	+							
		+	+	-						
			+	+-		-				
		-								
		-								
		_			/	1				

1	2			3	4	5	6	7	
of ture /	Nature of E	penditure	Rate per	Total Amount in Rupees (Paid +	Name & Address of Payee	Bill No. / Voucher	Amount incurred/authorised by Candidate or his election	Amount incurred/authorised by	Amount Incur
vent)	Description	Quantity	Rate per Unit	Outstanding)		No.	Agent	political party and name of political party	other (ment
11/13	- 4110								
	1								
		-	+	-		-			
		+	+	1					
			-		1	₽			
		-	+			l			
			1						
		_	+			-			
						_			
-			+						
		+	+						

5	6	7	8	9
Bill No. / Voucher No.	Amount incurred/authorises by Candidate or his election Agent	Amount Incurred/authorised by political party and name of political party	Amount Incurred/authorised by other individual/association/body/arry other (mention full Name & Address	Remarks, if any

1	2			3	4	1		33.00	- 2
Date of Expenditure /	Nature of Ex	penditure		Total Amount in Rupees	Name & Address of Payee	5 Bill No. /	Amount Incurred/authorised by	7 Amount Incurred/authorised by	8 Amount Incurred/authorised I other
Event	Description	Quantity	Rate per Unit	(Paid + Outstanding)		Voucher No.	Conflicate or his election Agent	political party and name of political party	Incluidual/essociation/body/a other (mention full Name & Address
22/1/23	-VIIC								
		-	+			-			
-			+				(
						⊩			
]			
-		+	+			╟			
				1					
		-	-			-			
		-	+						
-		-	-						

016

Remarks, if any

		4	3			2	1
/ A	S Bill No. /	Name & Address of Payee	Total Amount in Rupees		penditure	Nature of Exp	Date of Expenditure /
r Candidate	Voucher No.	or rayes	(Paid + Outstanding)	Rate per Unit	Quantity	Description	Event)
						- NIC-	23/11/2-
\top							
				_	-		
				_			
				_			
				_			
	_			-	_		
				-	+		
	<u> </u>	1		_	-		
	<u> </u>			-	-		
	-				+		
-					-		
_					-		-

9		7	6	5
Remarks, if any	Amount incurred/authorized by other individual/autocurien/bedy/any other (mention full Norma & Address	Amount incurred/authorised by political party and name of political party	Amount incurred/authorised by Candidate or his election Agent	sill No. / Youcher No.
10,000— ~	enfections of Re	701-4		
obberation	espection is Re with Madow and falliceds	Verified ter. ame	Yagi	
z ly	(F)			
	34 11	AEO		

				3					**************************************	
	2	dituro		Total Amount in Rupees	4	5				
Date of	Nature of Exp	enditure		(Paid + Outstanding)	Name & Address of Payes	5	6	7	8	0
Expenditure /	Description	Quantity	Unit	Outstanding	ayes	Bill No. / Voucher No.	Amount Incurred/authorised by Candidate or his election Agent	Amount incurred/authorised by political party and name of political party	Amount incurred/authorised by other Individual/association/body/any other (mention full Name &	9 Remarks, if any
28/11/20	-111								Address	
03/12/2	01.7		4						Total Expenditur	- Rs 10,000/-
										1
										j.
									1 .	
			7							
		-							2	
		-								
-										

व्या है।



ELECTION COMMISSION OF INDIA

Bank Register for Maintenance of Day to Day Accounts by

Contesting Candidates

Part C

Name of the Candidate: NARSING STREET
Name of the Political Party (if any): THOTPEDEND
Constituency from which Contested: 65 Grandal
Date of Declaration of Result: 03/12/2023
Name and address of Election Agents Suday And
Name of the Bank HOPC BANK
Branch Address Regum Razas
ACROPANO 50100651602541

CERTIFICATE

This is to certify that the Register page NO. 01 to 100 Regarding election expertise Candidate at TSLA-2023 at 65-60 Shamahal Ac.

Deturning Officer the legister contained election exposures of

Returning Officer 65-Goshamahal Assembly Constituency & Spl. Dy. Collector (L.P.)., HMDA, Hyderabad.

SELF 2 MADE A SOUTH TO SOUTH THE SOU		DEPOSITS Name & address of Na	Cash/ Cheque No., Benk Name & Branch	2	Cheque No.	
SEF	Date	amount received / deposited in har	# Branch	4	S	
SRF	1 1	2	101496			
	Stille	SAF	1	1,000	1	
		1				
		The Carte				
		The state of the s	0000			

									1		
									7	Nature of Expenditure	PAYMENTS
									00	Amount	
								110001	9	Balance	
									10	Any expense mentioned in colorns 7 of this table and not mentioned in colorns 2 of table of Part A should be clarified here.	Remarks If any

		-		PAYMENTS	
_	DEPOSIT				
	Name & address of Person/party/association/body /any other from whom the	Cash / Cheque No., Bank Name & Branch	Amount	Cheque No.	Name of Payee
Date	amount received / depot	Branch 3	4	5	6
1	2	964901	W 000		
7/11/23	SELF	909101	11,000	2000	
#1110			11,000/		
	A STATE OF THE STA			17 230 h	
1		1-1-1		THE PARTY NAMED IN	
-			777		
	Programme Officer				
		TEREOD-CO			
	Sector O. P. J. HEDA. Hyderand				
				700	
1					
	PRINCE DE LA COMPANIE				
			P. Charles		
13/20					
		1000			
			and the same		
13/13				F. C. S. S.	
	MARKET POR			17-15-18	

PAYMENTS		30338	Rem	001 arks if any
Nature of Expenditure	Amount	Balance	table and not men	tioned in colomn 7 of this tioned in colomn 2 of table ould be clarified here.
7	8	9		10
		11000		
-				
-				
			1	
			1	
The second secon	The second second	A Company of the Comp	-	

			_	PAYMENTS			
	DEPOSITS Cash / Cheque Amount				Name of Payee		
Date	Name & address of Person/party/association/body /any other from whom the /any other from whom the	Cheque No., Bank Name & Branch		5	6		
1	/any other from whom amount received / deposited in bank amount received / deposited in bank 2	3	4				
			_				
18 m/3	-NIL-						
01/2/2				-			
VIII				-			
02/06	0/8				NOCC R		
02/11/2				-	HDFC Bank		
- A-161							
	Cloting Below-						
100	No. of the last of						
-							
7000							

PAYMENTS		89	002 Remarks if any
Nature of Expenditure	Amount	Balance	Any expense mentioned in colomn 7 of this table and not mentioned in colomn 2 of table of Part A should be clarified here.
7	- 8	9	10
		11000.	
Delit Card charges	590.		
		10,410:00.	

					PAYMENTS			
-	DEPOSIT	S						
-	Name & address of person/party/association/body	Cash / Cheque No., Bank Name &	Amount	Cheque No.	Name of Payee			
Date	/any other from whom the /amy other from whom the amount received / deposited in bank	Branch 3	4	5				
_	amount ress	3						
3/12/20	3.							
3/11/10								
-					0			
					1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
1000	130							
1		1000						
1								
1		-		-				
1				11/2/2				
1								
	The second second		THE OWNER OF TAXABLE PARTY.	The same of the sa				

PAYMENT		1 200	Remarks if any			
Nature of Expenditure	Amount	Balance	table and	Any expense mentioned in colorna 7 of this table and not mentioned in colorna 2 of table of Part A should be clarified here.		
7	8	9		10		
			-			
	1	A CONTRACTOR OF THE PARTY OF TH	20			
			10:10			
	The same					
			11111			
and the second or many						
			93			
			337			
			12 2 1			
		-				
				0.		
				<u> च्राप्ता</u>		



ELECTION COMMISSION OF INDIA

Cash Register for Maintenance of Day to Day Accounts by

Contesting Candidates

Part B

Name of the Candidate:	Eng Strigh
Name of the Political Party (if any):	Independent
Constituency from which Contested:	65-Gotha mahal.
Date of Declaration of Result:	03-12-2027
Name and address of Election Agent:	Suday Singl
	Moleonlipet.

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

Page No. 01 to 100 to 100 that the Register contained of the candidate in Submission of election expenses in Sespect of TSLA-2023 at Returning Officer

65-Goshamahal Assembly Constituency & Spi. Dy. Collector (L.P.).; HMDA, Hyderabad.

-	RECEIP	PAYMENTS			
Date	Name & address of person/party/association/body	Receipt	Amount	No./Voucher No. and Date	Name of Payee &
Date	3010011	3	4	5	
1	2		100001		8.00
2/11/23	SELF CASH		(ccc)		RO. GOSHAMANA
-					
+					
+					
1					
-					
					V
2 7 No.					
		A BOOK	18/		

PAYMENT	5	Balance Amount	Remarks if any		
Nature of Expenditure	Amount	Places at which or person with whom the fullance is kept (if cash is kept at more than one place) persons, mention name and address available.)	Any expense mentioned in colomn 7 of this table and not mentioned in colomn 2 of table of Part A should be clarified here		
7	8	9	10		
Nome west on fee.	10,000				
	Part Ball				

RECEIF	TS		PAYMENTS		
Name & address of Name & Addre	Receipt No	Amount	Bill No./Voucher No. and Date	Name of p	
/any other from smount received.	3	4	5	Address &	
				6	
111/2023	111				
10 1	1				
indo					
407-00					

PAYMENT	5	Balance Amount	Remarks If any
Nature of Expenditure	Amount	Places st which or person with wh the balance is kept (If cash is kept more than one place/persons, me name and address available.	t at this table and not mentioned in colors 2
7	8	9	10
			-

	TOT	5	PAYMENTS		
	RECEIPT Name 8 address of person/party/association/body cather from whom the	Receipt No	Amount	Bill No./Voucher No. and Date	Name of Payee & Address
Date	person/party/association/ /any other from whom the /any other from whom the		4	5	6
	/any other from amount received.	3			
1					
(Land					
	Marie Control				
		-			
-					
-					
1			Total Control		
		1			
			15 3		
		1 4 1 4	A STATE OF THE PARTY OF THE PAR		
			-		
	A CONTRACTOR OF THE PARTY OF TH				
		1			
3 14	A STATE OF THE PARTY OF THE PAR				

PAYMENT	S	Balan	Salance Amount		Remarks if any	
Nature of Expenditure	Amount	the toleres is	Places at which or person with whom the todaws is kept of cash is kept at more than one place/persons, meetion name and address available.)		Any expense mentioned in colomn 7 of this table and not mentioned in colomn 2 of table of Part A should be clarified here.	
	8		9		10	
7						
				1	377.365	