

## **ELECTION COMMISSION OF INDIA**

Register for Maintenance of Day to Day Accounts 1/7

# **Contesting Candidates**

#### Part A

Name of the Candidate: &u`	AEPURI VIKRAM BABU
Name of the Political Party (if any):	D.S.P
Constituency from which Contested: _	
Date of Declaration of Result:	
Name and address of Election Agent: _	
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_	
Total Expenditure incurred / authorized	l:

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

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Date of Expenditure /		Quantity Unit		(Paid + Outstanding)	auress of Payer		
Event)	Description	-	_				
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Sill 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 & Address	Remarks, if any
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1	Nature of Expenditure			Total Amount in		5	6	7	8	9
Date of				Rupees (Paid +	Name & Address of Payee	Bill No. /	Amount	Amount	Amount incurred/authorised by other	
enditure / Event]	Description	Quantity	Rate per Unit	Outstanding)		Voucher No.	incurred/authorised by Candidate or his election Agent	incurred/authorised by political party and name of political party	individual/association/body/any other (mention full Name & Address	Remarks, if any
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1	Nature of Expenditure		Total Amount In Rupees	Name & Add	5	6	7	8	9	
Date of			(Paid +	Name & Address of Payer	BIII No. /	Amount	Amount	Amount incurred/authorised by other		
(penditure /	Description	Quantity	Rate per Unit	Outstanding)	16	Voucher No.	incurred/authorised by Candidate or his election Agent	incurred/authorised by political party and name of political party	individual/association/body/any other (mention full Name & Address	Remarks, if any
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### **ELECTION COMMISSION OF INDIA**

Cash Register for Maintenance of Day to flay Accounts by

### Contesting Candidates

### Part B

Name of the Candidate:	50%	AEP	ORI	VIKRA	M BABU
Name of the Political Party (if a	any):	D.	5.6	>	
Constituency from which Conte	ested: _	60-	Hhai	atabad	A-C
Date of Declaration of Result:					
Name and address of Election	Agent: _				

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

	RECEIPTS	P	AYMENTS		
Date	Name & address of person/party/association/body /any other from whom the	Receipt No	Amount	Bill No./Voucher No. and Date	Name of Payee 8 Address
Date	amount received.	3	4	5	- 6
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	RECEIPT:	S		Р	AYMENTS
ate	Name & address of person/party/association/body /any other from whom the	Receipt No	Amount	Bill No./Voucher No. and Date	Name of Payee & Address
	amount received.	-	4	5	6
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PAYMENT	S	Balance Amount	Remarks if any			
Nature of Expenditure	Amount	Places at which or person with whom the balance 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			
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				PAYMENTS							
	RECEIPTS		Amount	sill Name of Payee &		PAYMENT	rs	Balance Amount	0 Remarks if any		
,	Name & source erson/parts/association/body /any other from whom the amount received.	Receipt No	4	No. and Date	Address	Nature of Expenditure	Amount	Places at which or person with whom the balance is kept (if cach is kept at more than one place/persons, mention	Any expense mentioned in colomn 7 this table and not mentioned in colom of table of Part A should be clarified in		
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### **ELECTION COMMISSION OF INDIA**

Bank Register for Maintenance of Day to Day Accounts by

## **Contesting Candidates**

#### Part C

Name of the Candidate: SAI AEPORI VIKRHM BABO
Name of the Political Party (if any):
Constituency from which Contested: 60- Khairatalood A.C.
Date of Declaration of Result:
Name and address of Election Agent:
Name of the Bank
Branch Address
Account No.

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

DEPOSITS				PAYMENTS		PAYMENTS			Remarks if any	
Date	Name & address of Person/party/association/body /any other from whom the amount received / deposited in bank	Cash   Cheque No. Bank Name & Branch	Amount	Cheque No.	Name of Payee	Nature of Expenditure	Balance		Any expense mentioned in colorer 7 of this table and not mentioned in colorer 2 of both of hard A should be clarified here.	
,	amount received   deposition in bank	3	4	5	6	7	8	9	10	
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DEPOSITS  Name & address of Cash /			TAINLING		1	PAYMENT	s	20000	Remarks if any			
Date	Name & address of Person/party/association/body /any other from whom the amount received / deposited in bank	Cash / Cheque No., Bank Name & - Branch	Cheque No., Bank Name & -	Amount	Cheque No.	Name of Payee	٧	Nature of Expenditure	Amount	- Balance	Any expense mentioned in c table and not mentioned in co of Part A should be clar	olomn 2 of table
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	DEPOSIT	PAYMENTS			
Date	Name & address of Person/party/association/body	Cash / Cheque No., Bank Name &	Amount	Cheque No.	Name of Payee
	amount received / deposited in bank	Branch	4	5	6
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PAYMENT	S	Release	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		