

Conduct of Elections Rules, 1961
(Statutory Rules and Order)

FORM 24A
(See rule 85B)

[This form should be filed with the Election Commission before the due date for furnishing a return of the Political Party's income of the concerned financial year under section 139 of the Income tax Act, 1961 (43 of 1961) and a certificate to this effect should be attached with the Income tax return to claim exemption under the Income-tax Act, 1961 (43 of 1961)]

1. Name of Political Party: Navsarjan Bharat Party
2. Status of the Political Party: (Unrecognised)
3. Address of the headquarters of the Political Party: 492, Fal Eliya Waghdhara Road, Opp. Krishna Petrol Pump, Dadra, Dadra And Nagar Haveli - 369193
4. Date of registration of Political Party with Election Commission: 31/08/2018
5. Permanent Account Number (PAN) and Income-tax Ward/Circle where return of the political party is filed:AAEAN5387L
6. Details of the contributions received, in excess of rupees twenty thousand, during the Financial Year:2024-2025

Serial number	Name and complete address of the contributing person/company	PAN (if any and Amount of Inome-Tax Ward/Circle	Amount of Contribution (Rs.)	Mode of contribution *(cheque/demand draft/cash)	Remarks
1	NIL	NIL	NIL	NIL	

*In case of payment by cheque/demand draft, indicate name of the bank and branch of the bank on which the cheque/demand draft has been drawn.

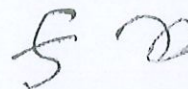
7. In case the contributor is a company, whether the conditions laid down under section 293A of the Companies Act, 1956 (1 of 1956) have been complied with (A copy of the certificate to this obtained from the company should be attached).

Verification

I, KAMUBEN KHALPABHAI PATEL, son/daughter of KHALPABHAI PATEL solemnly declare that to the best of my knowledge and belief, the information given in this Form is correct, complete and truly stated.

I further declare that I am verifying this form in my capacity as PRESIDENT on behalf of the Political Party above named and I am also competent to do so.

For, NAVSARJAN BHARAT PARTY

 President

(Signature and name of the Treasurer/Authorised person)

Date: _____

Place: _____