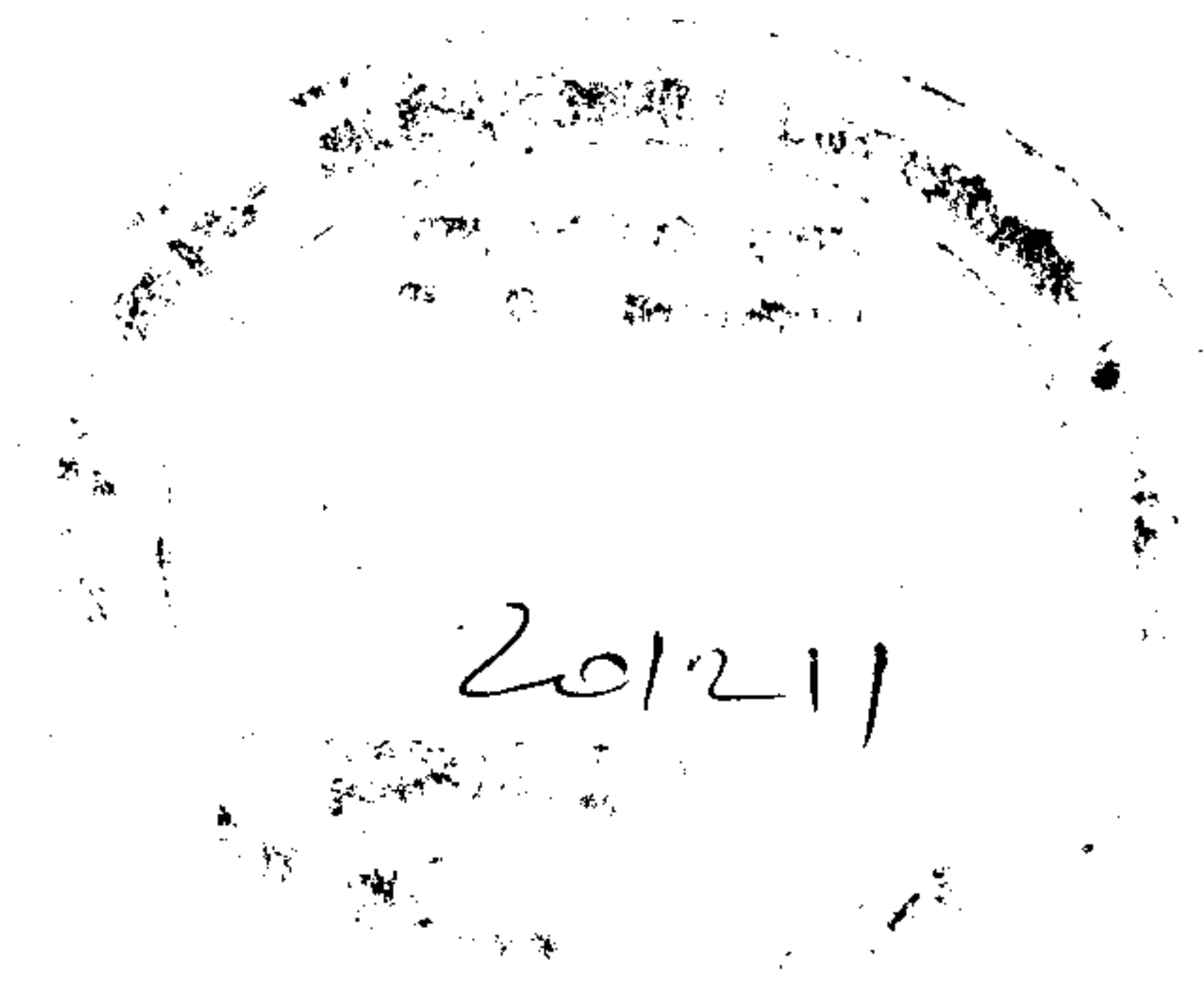


FORM 24A
[See rule 85B]



US (TR)

- 1 Name of Political Party **SANGHARSH SENA**
- 2 Status of the Political Party (recognised/unrecognised) **Unrecognised**
- 3 Address of the headquarters of the **II SAIRAJ COMPLEX, PANDIT NAKA, SHEHPUR, THANE, MAHARASHTRA-421601**
- 4 Date of registration of Political Party with **56/133/PPS-1/2014**
- 5 Permanent Account Number (PAN) and **AAABS8059B**
- 6 Details of the contributions received, in excess of rupees twenty thousand, during the Financial Year 2019-20: **NIL**

Sl No.	Name and Complete address of the contributing person/company	PAN (if any) and Tax Ward/Circle	Income-	Amount of Contribution Rs.	Mode of Contribution *(Cheque/dem and draft/Cash)	Remarks

*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 certificate to this obtained from the company should be attaced).

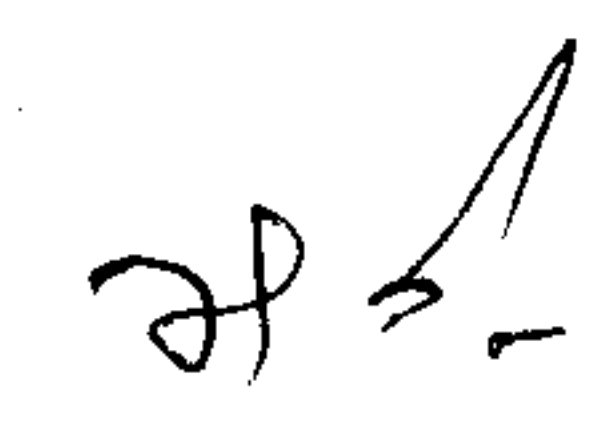
Verification

I **HARISHCHANDRA DATTU PATIL**, son/daughter Of **Dattu Dharma patil** 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 **National Presedent** . On behalf of the political Party above named and I am also scometent to do so.

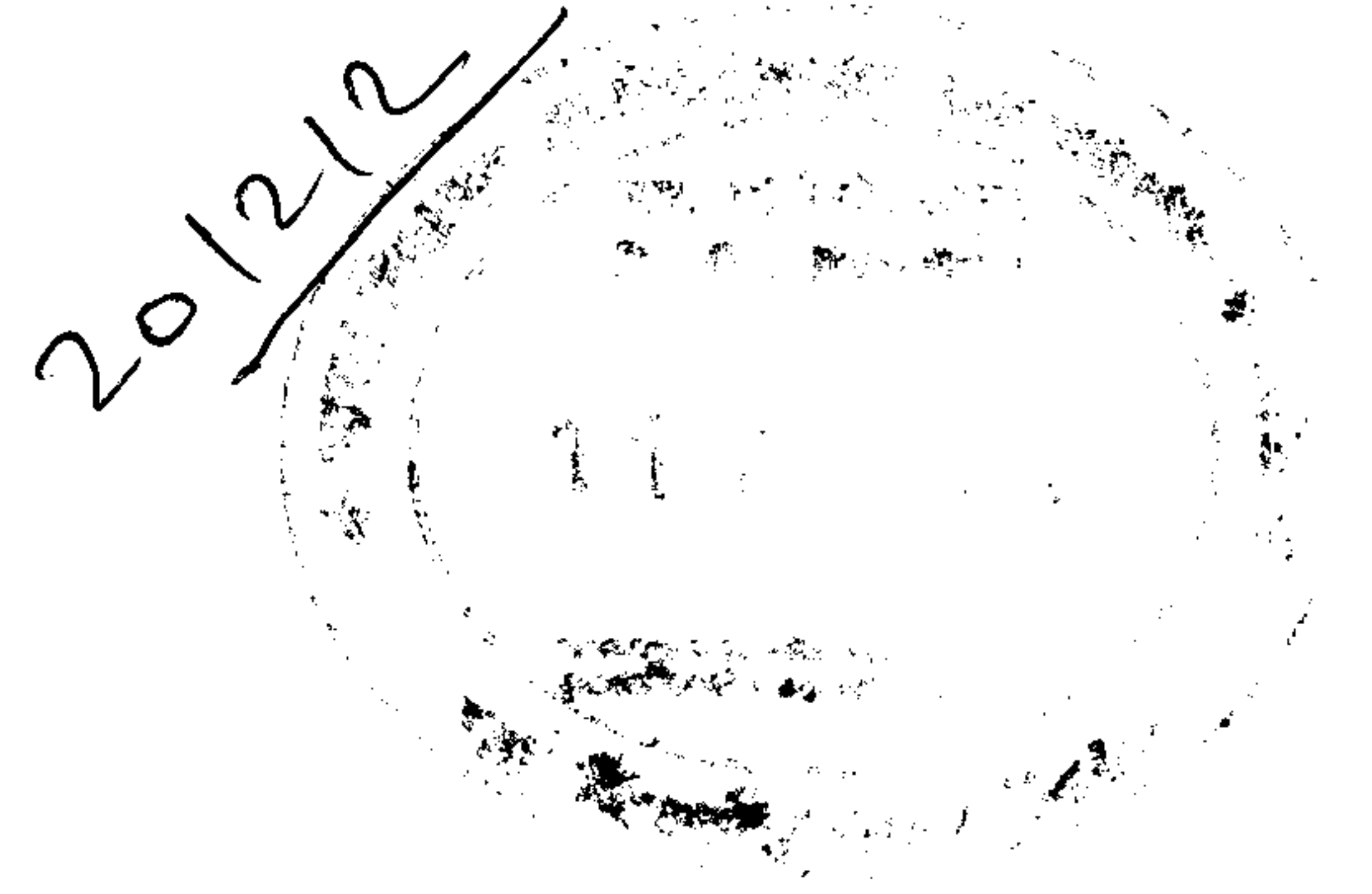
Date **11/01/2021**
Place **Delhi**




National President
SANGHARSH SENA
हरिश्चंद्र पाटील
राष्ट्रीय अध्यक्ष
संघर्ष सेना

FORM 24A

[See rule 85B]



VS (TR)

- 1 Name of Political Party **SANGHARSH SENA**
- 2 Status of the Political Party **Unrecognised**
(recognised/unrecognised)
- 3 Address of the headquarters of the political party: **11 SAIRAJ COMPLEX, PANDIT NAKA, SHEHPUR, THANE, MAHARASHTRA-421601**
- 4 Date of registration of Political Party with **56/133/PPS-1/2014**
- 5 Permanent Account Number (PAN) and Income-tax ward/Circle where return of the political party is filed: **AAABS8059B**
- 6 Details of the contributions received, in excess of rupees twenty thousand, during the Financial Year 2018-19: **NIL**

Sl No.	Name and Complete address of the contributing person/company	PAN (if any) and Income-Tax Ward/Circle	Amount of Contribution Rs.	Mode of Contribution *(Cheque/demand draft/Cash)	Remarks

*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

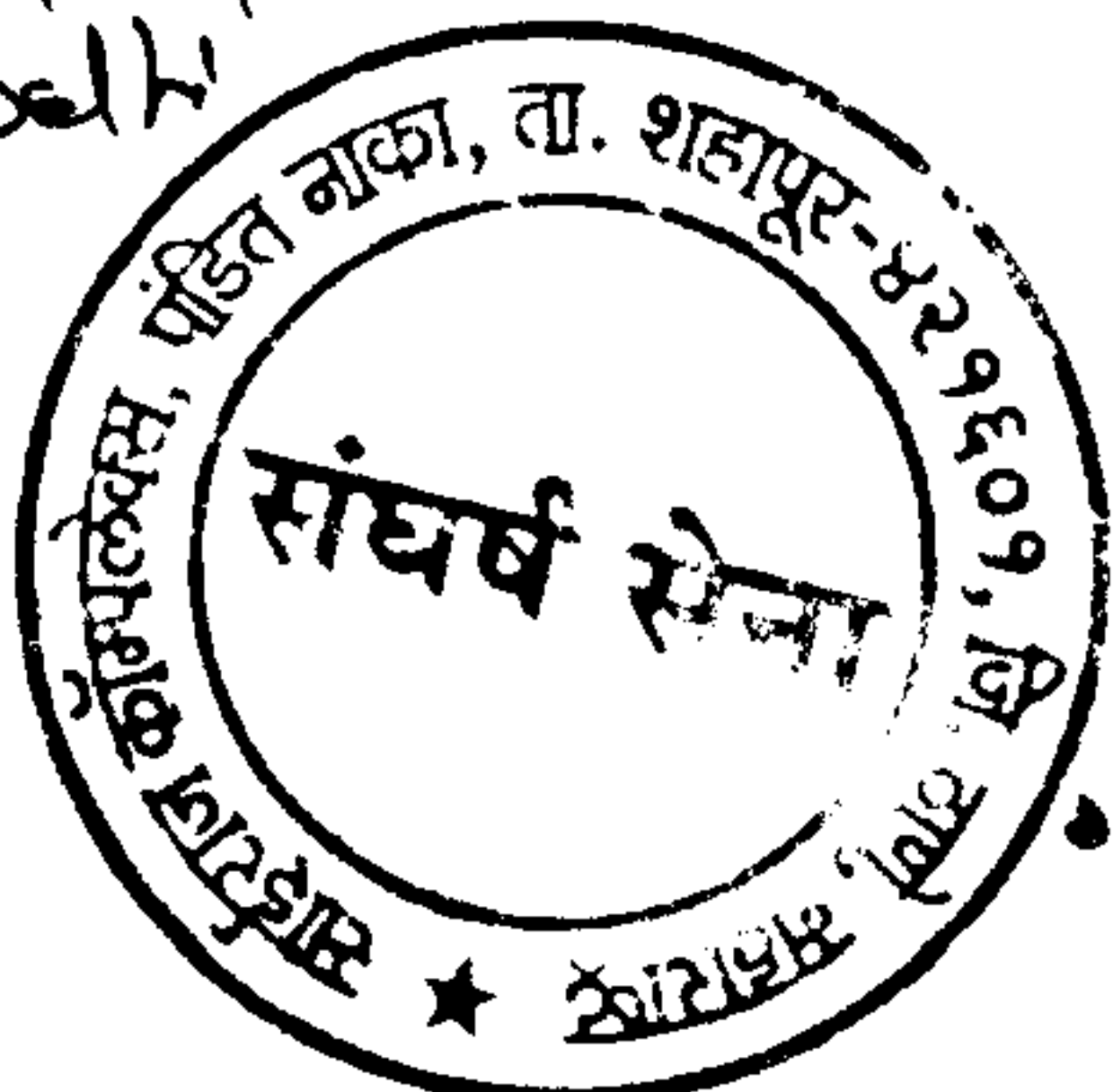
- 7 In case the contributor is a company, whether the conditions laid down under section 293A of the companies Act, 1956(1 of 1956) have been complied with (A Copy of certificate to this obtained from the company should be attached).

Verification

I **HARISHCHANDRA DATTU PATIL**, son/daughter Of **Dattu Dharma patil** 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 **National President** . On behalf of the political Party above named and I am also competent to do so.

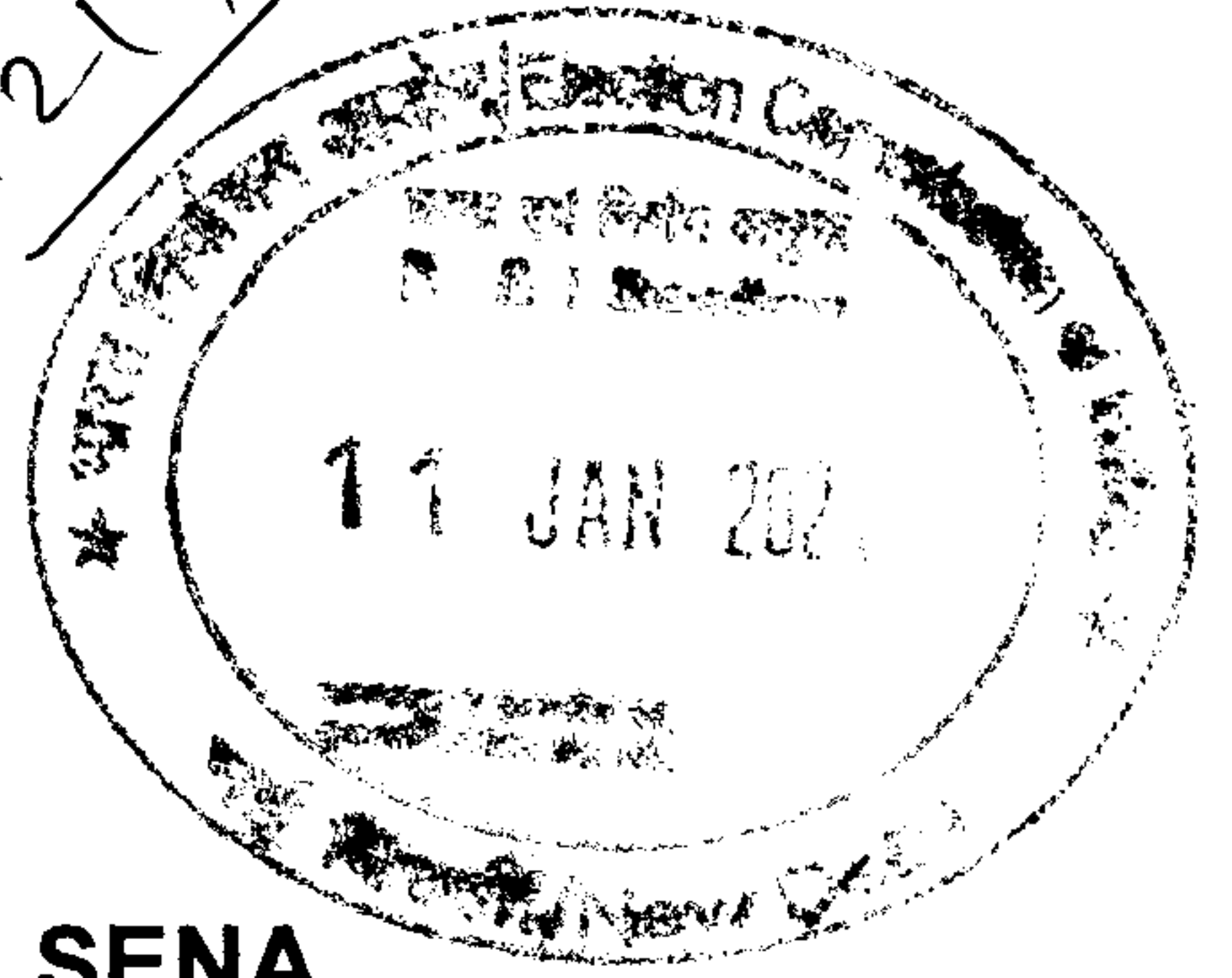
Date **11/01/2021**
Place **Delhi**



National President
SANGHARSH SENA

हरिश्चंद्र पाटील
राष्ट्रीय अध्यक्ष
संगर्ष सेना

20/2/4



FORM 24A
[See rule 85B]

SANGHARSH SENA

Unrecognised

1 Name of Political Party

2 Status of the Political Party
(recognised/unrecognised)

3 Address of the headquarters of the II SAIRAJ COMPLEX, PANDIT NAKA, SHEHPOOR, THANE, MAHARASHTRA-421601

4 Date of registration of Political Party with 56/133/PPS-1/2014

5 Permanent Account Number (PAN) and AAABS8059B

6 Details of the contributions received, in excess of rupees twenty thousand, during the Financial Year 2017-18:

NIL

Sl No.	Name and Complete address of the contributing person/company	PAN (if any) and Income-Tax Ward/Circle	Amount of Contribution Rs.	Mode of Contribution *(Cheque/dem and draft/Cash)	Remarks
	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 certificate to this obtained from the company should be attaced).

Verification

I **HARISHCHANDRA DATTU PATIL**, son/daughter Of **Dattu Dharma patil** 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 **National Presedent** . On behalf of the political Party above named and I am also scometent to do so.

Date 11/01/2021
Place Delhi



National President
SANGHARSH SENA

हरिश्चंद्र पाटील
राष्ट्रीय अध्यक्ष
संघर्ष सेना

US (TR)



- 1 Name of Political Party **SANGHARSH SENA**
- 2 Status of the Political Party
(recognised/unrecognised) **Unrecognised**
- 3 Address of the headquarters of the political party: **II SAIRAJ COMPLEX, PANDIT NAKA, SHEHPOOR, THANE, MAHARASHTRA-421601**
- 4 Date of registration of Political Party with Election Commission **56/133/PPS-1/2014**
- 5 Permanent Account Number (PAN) and Income-tax ward/Circle where return of the political party is filed: **AAABS8059B**
- 6 Details of the contributions received, in excess of rupees twenty thousand, during the Financial Year 2016-17: **NIL**

Sl No.	Name and Complete address of the contributing person/company	PAN (if any) and Ward/Circle	Income-Tax	Amount of Contribution in Rs.	Mode of Contribution *(Cheque/demand draft/Cash)	Remarks
	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 certificate to this obtained from the company should be attached).

Verification

I **HARISHCHANDRA DATTU PATIL**, son/daughter Of **Dattu Dharma patil** 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 **National President**. On behalf of the political Party above named and I am also competent to do so.

Date **11/01/2021**
Place **Delhi**



HARISHCHANDRA DATTU PATIL
National President
SANGHARSH SENA
हरिश्चंद्र पाटील
राष्ट्रीय अध्यक्ष
संघर्ष सेना