

Use  
supplements

Revised

**FORM 24A**  
[See rule 85B]

- 1 Name of Political Party **ALL INDIA HINDUSTAN CONGRESS PARTY**
- 2 Status of the Political Party (recognised/ unrecognised) **Unrecognised**
- 3 Address of the headquarters of the **191-C, CHANDRANAGAR(A) NODUKAN, KALWAD ROAD GOVINDPURA , JHOTWARA, JAIPUR,**
- 4 Date of registration of Political Party with Election Commission **56/213/2015-16**
- 5 Parmanent Account Number (PAN) and Income-tax ward/Circle where return of the political party is filed: **AAABA2970K RAJSTHAN**
- 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/dem and draft/Cash)	Remarks
	NIL				

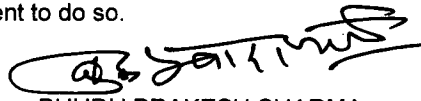
\*In case of payment by cheque/demand draft, indicate name of the bank and branch of the bank on which the cheque/demand draft has been drawn.

- 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 **BUDH PRAKASH SHARMA** , son of **CHIRANJI LAL SHARAM** Solemnly declare that to the best of my knowledge and belief, the information given in this form is correct, complete and truly stated.

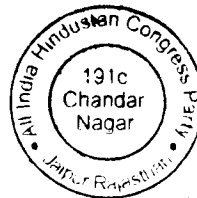
I further declare that I am verifying this form in my capacity as **National President** On behalf of the political Party above named and I am also scometent to do so.



**BHUDH PRAKESH SHARMA**  
**National Presidnet**

ALL INDIA HINDUSTAN CONGRESS PARTY

Date **26/07/2019**  
Place **RAJSTHAN**



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