

# FORM 13A

## *Declaration by Elector*

[ See rule 23(1)(a) of the *Connduct of Elections Rules, 1961* ]

Election to the \*\*House of the People from the \_\_\_\_\_ Constituency  
Legislative Assembly

( This side is to be used Only when the elector signs the declaration himself )

I hereby declare that I am the elector to whom the postal ballot paper bearing serial number \_\_\_\_\_ has been issued at the above election

**Signature of elector**

**Date** \_\_\_\_\_

**Address** \_\_\_\_\_

## *Attestation of Signature*

The above has been signed in my presence by \_\_\_\_\_ (elector)\*\*  
who is personally known to me/has been indentified to my satisfaction by \_\_\_\_\_  
(identifier) who is personally known to me.

Signature to identifier, if any.

**Signature of Attesting Officer**

Designation \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

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\*\* Strike off the inappropriate alternative

*( This side is to be used when the elector cannot sign himself )*

I hereby declare that I am the elector to whom the postal ballot paper bearing serial number \_\_\_\_\_ has been issued at the above election.

Date \_\_\_\_\_

Signature of Attesting Officer on behalf of elector

Address of Elector \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CERTIFICATE**

I hereby certify that :-

- (1) The above named elector\*\* is personally known to me/has been identified to my satisfaction by \_\_\_\_\_ (identifier) who is personally known to me.
- (2) I am satisfied that the elector\*\* is illiterate/suffers from \_\_\_\_\_ (infirmary) and is unable to record his vote himself or sign his declaration.
- (3) I was requested by him to mark the ballot paper and to sign the above declaration on his behalf and.
- (4) The ballot paper was marked and the declaration signed by me on his behalf in his presence and in accordance with his wishes.

Signature of identifier, if any \_\_\_\_\_

Address \_\_\_\_\_

Signature of Attesting Officer

Designation \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_