(G.P.V.)-Y-159-84,900-10-2007

FORM 14A

LIST OF @ ILLITERATE, BLIND AND INFIRM VOTERS

[See rule 40(2) and rule 40A(2) of the Conduct of Election Rules, 1961]

Election to the ..... *from the .....Consitituency*/
by the**elected members/**members of the Legislative Assembly of ..... (State)

+No. and name of the Polling Station ..... in ..... Assembly Constituency.

Name of place of Poll .....

Part No. and Serial No. of elector	Full Name of elector	Full name of companion	Address of Companion	Signature of Companion
1	2	3	4	5

Date .....

Signatue of
Presiding Officer

@ The word "Illiterate" not applicable in the case of election from Assembly/Parliamentary Constituency.
* Strike off whichever is inapplicable.
** Strike off whichever is inapplicable.
\+ Strike off whichever is inapplicable.