

FORM – 27 (A)
[See rule 55 (1)]

DECLARATION BY THE COMPANION OF BLIND/INFIRM ELECTOR

**Election to the District Council ofAutonomous District
from theDistrict Council Constituency**

No. of name of polling station.....

I, son ofaged
.....

residence of *.....hereby declare that –

- (a) I have not acted as companion of any other elector at any polling station today,
the
- (b) I will keep secret the vote recorded by me on behalf of

Signature of Companion

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