

FORM – 27
[See rule 55 (2)]

LIST OF BLIND AND INFIRM VOTERS

Election to the District Council ofAutonomous District
from theDistrict Council Constituency

No. & Name of polling station

Part No. & Sl. No. of elector	Full Name of elector	Full name of companion	Address of companion	Signature of companion
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Date

Signature of Presiding Officer