

**FORM 18**  
**[See Rule 52(2)]**

**LIST OF BLIND AND INFIRM VOTERS**

Election to the Imphal Municipal Corporation Ward Number.....

Polling Station Number .....

Polling Station Name .....

Sl. No. of the voter in electoral roll	Full name of voter	Full Name & Address of the companion	Signature of companion
1	2	3	4

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Date : .....

Signature of the Presiding Officer.