

FORM-4
[See Rule 53(2)]
LIST OF BLIND AND INFIRM VOTERS

Election to the Municipal Committee _____
From the Constituency (Ward) No. _____
No. of Polling Station/place of poll _____

Serial number of elector on the roll	Full name of elector	Full name of companion	Address of companion	Signature of companion
1	2	3	4	5

Date: _____

Signature of Presiding Officer