

FORM 6 18
[See Rule 37 (2)]
List of Blind and Infirm Voters

Election to the _____ Gram Panchayat/Anchal
Samiti/Zilla Parishad _____ Constituency.
No. and name of Polling Station _____
Polling Booth No _____

Part No. and Serial No. of voter	Full name of voter	Full name of companion	Address of companion	Signature of companion
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Date _____ ..

Signature of Presiding Officer

FORM -18 (A)
Declaration by the Companion of Blind and Infirm Elector
[See Rule 37 (1)]

_____ Election to the seat no. of Gram Panchayat/
Anchal Samiti/Zilla Parishad _____
constituency _____ ..No. and Name of the
Polling Station _____ .If _____ ..I _____ son
of _____ ..aged _____ resident of _____

(a) have not acted as companion of any other elector at any polling station today, the _____

(b) will keep secret the votes recorded by me on behalf of _____ .

Signature of the Companion

* Full Address to be given.