

FORM 67

[See Rule-20(1)]

List of Claims

Date of Receipt	Serial Number	Name of Claimant	Name of Father/husband/mother	Place of residence	Date, time and place of hearing
1	2	3	4	5	6

Signature of the Electoral
Registration Officer/Authorized Officer

Constituency No..í í í í í í í í í í .
Gram Panchayat/Anchal Samiti/Zilla Parishad