

FORM '1-A'
[See Rule 9(5)]
Register of Claims for Registration

Committee _____ Constituency (Ward) No. _____

Tehsil _____

District _____

Decision

Sr. No	Constituency or ward in which registration is claimed	Name, Father's name and occupation of claimant	Date of presentation of claim, authority to whom it is presented with initials of such authority	Date of decision with notes as to presence of parties	Admitted Rejected	Signature of Revising Authority	Signature of official by whom effect was given to the decision of the Revising Authority and date
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)