

**DECLARATION BY THE COMPANION OF BLIND AND INFIRM ELECTOR**

Election to President **OR** member of Ward No. ...., Municipal  
Committee/Council, .....

No. and Name of Polling Station.....

I.....S/o/D/o/W/o Sh.....,  
aged.....years, resident of\*.....  
.....

hereby declare that,-

- (a) I have not acted as companion of any other elector at any polling  
station/polling booth today, the.....
- (b) I will keep secret the votes recorded by me on behalf of  
.....

Signature of the Companion

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\*Full address to be given