Form-B

[See rule 4 (4) (i)]

Application for objecting	inclusion or seeking deletion of na	me in electoral roll		
To The Revising Author	SPACE FOR PASTING ONE RECENT PASSPORT SIZE			
Municipal Corporatio	PHOTOGRAPH (3.5 cm X 3.5 cm) SHOWING			
Or	FRONTAL VIEW OF FULL FACE WITHIN THIS BOX.			
Deputy Commissione	er,			
Sir,				
	sed inclusion of the name of the und Municipal Corporation. Particulars in	•		
I submit that the entry delete for the reasons stated h	relating to myself/the person named ereunder:	below is required to be		
Applicant's details	Name	Surname (if any)		
*Father's Mother's Name	Name	Surname (if any)		
Husband's				
Noin the electoral rolls	mt/Missis mentioned at of Municipal Corporation, but the in the limit of the Municipal Corporation	area in which the said		
2. That the name of Sh./Smt/l ward No	Miss is included in wa	ard No instead of		
3. Declaration				
I hereby declare that the facts a knowledge and belief.	and particulars mentioned above are t	rue to the best of my		

Place :								
Date :	te: Signature or thumb impression of the claim							
		Complete	Address of the applicant					
		Mobile No	·					
Note: Any person who makes a statement or declaration which is false and which he either knows or believes to be false or does not believe to be true, is punishable under section 8C of the Haryana Municipal Corporation Act, 1994 (16 of 1994).								
*Strike out the ina	appropriate alternative							
	Detail of	action taker	1					
(To b	pe filled by Revising Aut	nority of Mu	nicipal Corporation)					
The application of	Shri/Smt/Km		objecting to inclusion/					
seeking deletion o	f name of Shri/Smt./Km		in the electoral					
roll in Form-B has	been accepted/rejected.							
Detailed reasons	for acceptance or rejecti	on under or	in pursuance of rule 4 of the					
Haryana Municipal Corporation Election Rules, 1994								
Place:								
Date:	Signature of Revising A	Authority	(Seal of the Revising Authority)					

During continuous updating after final publication of electoral roll.

^{*}Strike out the inappropriate alternative

Remarks of Field Level Officer e.g. BLO, Designated Officer, Supervisory Officer

Received an application in Form B from Sh	n./Smt./	Kumari_					
Address							
	_ and	entered	at	sr.	no.	of the entr	У
register.							
Date and time fixed for hearing							
						Sign and Designatio	n
(Receip	ipt for	office us	e)				
Obtained the information about the date an	nd time	fixed for	the	heai	ring c	of claim/objection.	
Dated:	S	ignature a	and	thur	nb im	pression of the applicar	nt

Receipt of application and information about the date of hearing (for applicant)

	An	application	has	been	received		in		Form	В	from	
		ıri			who 	is	reside	ent	of	Municipal	Corp	oration
	The hea	aring in the ap	plicant wil	l be don	e by tl	ne F	Revisin	g Au	ıtho	rity at his o	ffice s	ituated
at			_ on		a	at				He/She i	s dire	cted to
appear	for hea	ring alongwith	necessary	docume	ents/in	form	nation.					
Date:_				Sig	nature	of t				iving the ap ne Revising		
				(Addre	ess)