"FORM 1E
[see rule 9A(5)]
Register of Claims for Registration

Gram Panchayat_____,Ward Nmber_____,

Block_____,Panchayat Samiti _____,Ward Number_____,

Zila Parishad _____, Ward Number_____

Decision_____

Serial Number.	*Name of ward and institution in which registration is claimed*	*Name and 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 District Electoral Officer*	*Signature of official by whom effect was given to the decision of the District Electoral Officer*
1	***2***	***3***	***4***	***5***	***6***	***7***	***8***