FORM '1-A' [See Rule 4(4)(ii)] Register of Claims for Registration

Committee	Constituency (Ward) No
Tehsil	
District	
Decision	

Decision

Sr. No	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)