Form-B

[See rule 4]

Application for objecting	inclusion or seeking deletion of na	me in electoral roll		
Municipal Council/Co	The Revising Authority Municipal Council/CommitteeWard No Or Deputy Commissioner,			
Sir,				
the electoral roll for the above objection are given below:	sed inclusion of the name of the und e Municipal Council/Committee. Parti y relating to myself/the person named ereunder:	culars in support of my		
Applicant's details	Name	Surname (if any)		
*Father's Mother's Name	Name	Surname (if any)		
Husband's				
Sr.Noof Ward No	Sh./Smt/Missin the electoral rolls of Municipal Cou on is residing does not fall in the			
2. That the name of Sh./Si	is included in ward			
3. Declaration I hereby declare that the facts knowledge and belief.	and particulars mentioned above are	e true to the best of my		

Date :	Complete Address of the	Signature or thumb imple applicant	pression of the claimant
	1	Mobile No	
either knows or	erson who makes a stateme believes to be false or doe ne Haryana Municipal Act,	es not believe to be true, is	
*Strike out the i	inappropriate alternative		
	Detail o	f action taken	
(To be	filled by Revising Autho	rity of Municipal Council	//Committee)
The app	lication of Shri/Smt/Km		objecting to
inclusion/ seekin	g deletion of name of Shri/	/Smt./Km	in the
alastaral rall in E	orm-B has been accepted/	rejected.	
electoral roll in F			
	reasons for acceptance or	rejection under or in purs	suance of rule 4 of

Place:				
Date:				
	Signature of Revising Authority	(Seal of the Revising Authority		
During continuous u	updating after final publication of elec	toral roll.		
*Strike out the inap	propriate alternative			
Remarks of Field Level Officer e.g. BLO, Designated Officer, Supervisory Officer				
Received an applicat	on in Form B from Sh./Smt./Kumari			
Address				
	and entered a	t sr. noof the entry		
register.				
Date and time fixed for	or hearing			
		Sign and Designation		
(Receipt for office use)				
Obtained the informa	tion about the date and time fixed for the	e hearing of claim/objection.		

Signature and thumb impression of the applicant

Dated:

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

	An	application	nas	been	received	ın	Form	В	trom
Sh./Sn	nt./Kum	nari		w	rho is resider	nt of Mur	nicipal Cou	ıncil/Cor	nmittee
	The h	earing in the ap	plicant w	ill be done	by the Revis	sing Auth	nority at his	office s	situated
at			_ on		at	•	He/She	e is dire	cted to
appea	r for he	aring alongwith	necessar	y documer	nts/informatio	n.			
Date:				•	ature of the c If of the Revi		•	applicati	ion on
					SS	•	•)