

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

Election to Mayor Or member of Ward No....., Municipal Corporation,.....

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