

ANNEXURE-XXVI**(Mock Poll certification during Preparation of EVMs)****Date:.....****Name of District:****Name of Municipal Corporation :****Address of hall:**

It is certified that I have done mock poll on..... EVMs and I am fully satisfied with the functioning of EVMs.

Sr. No.	Name of candidate	Name of representative of candidates with party affiliation, if any	Identity document No. with date	Signature of candidate/his representative	Remarks, if any.