

FORM-IX
[RULE-28(2)]
Form for list of Blind/ Infirm voters

Election to the office (s) of President / Vice-President /Member of
the Committee (from..... Constituency) of.....
Society Ltd.,..... P.O..... in..... Block/ N.A.C/
Municipality in..... District, Odisha held on.....

(Date)

Name and Number of Constituency.....				
Sl. No.	Electoral Roll No. and constituency of voter	Full name of voter	Full name and address of companion	Signature or Thumb impression of companion
(1)	(2)	(3)	(4)	(5)

Place.....
Date.....

Signature of the officer
Presiding over the Polling