

FORM-VIII

[RULE-28(1)]

Form of Declaration by Companion of Blind/ Infirm voters

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

Name and No. of the Polling-station.....

I son of / daughter of / wife of..... aged..... years..... of Village,

(Name of the Companion)

P.O..... in..... District, Odisha, do hereby declare that-

- (a) I wish to act as a Companion of..... who is a blind/ infirm voter at the above election appearing at Sl. No..... of the Electoral Roll of Constituency.
- (b) I have not already acted as the Companion of any other voter at any polling station on this day:
- (c) I will keep secret the vote recorded by me on behalf of the voter aforesaid.

Place.....

Date.....

Signature of the companion