

FORM 16

LIST OF ILLITERATE, BLIND INFIRM VOTES

(See Sub-rule (2) of rule 65 -N)

Election to the *.....Panchayat ward/Territorial constituency

Number and name of polling station

Part No. & No.	Sl. No. of elector	Full name of elector	Full name of companion	Address of companion	Signature of companion

Date.....

Signature of the President Officer