

**FORM XIV-A**  
**LIST OF BLIND AND INFIRM VOTERS**  
(See Rule-57E)

Election to the Municipality/N.A.C. ....

from Ward No. ..... and name of the polling station .....

Sl. No. of the elector	Full name of the elector	Full name of the companion	Address of companion	Signature of companion

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Date :

Signature of Presiding Officer