FORM 17

[See rule 79 (2)]

LIST OF BLIND AND INFIRM VOTERS

Election to .....**Village Council/Island Council from the ..... constituency.

Number and name of Polling Station ..... Constituency.

Part No. & Sl.No. of elector	Full name of elector	Full name off companion	Address of companion	Signature of companion
1	2	3	4	5

Date .....

Signature of Presiding Officer

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*strike off whichever is inapplicable.