

ANNEXURE-10
(CHAPTER 22, PARA 22.6)

**DECLARATION BY THE COMPANION
OF BLIND OR INFIRM ELECTOR**

..... Assembly Segment comprised within
Puducherry Parliamentary Constituency

Sl. No. and Name of Polling Station

I, son of aged resident
of* hereby declare that

(a) I have not acted as companion of any other elector at any Polling Station today, the

(b) I will keep secret the vote recorded by me on behalf of

Signature of Companion

* Full address to be given

Conduct of Elections Rule, 1961
(Statutory Rules and Order)

[FORM 14A]

[See Rules 40(2) and 40A(2)]

List of blind and infirm voters

Election to the House of the People-2024

From Puducherry Parliamentary Constituency.

Number and Name of Polling Station in Assembly
segment.

Part No. & Sl. No. of elector	Full Name of elector	Full Name of companion	Address of companion	Signature of companion
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Date

Signature of Presiding Officer