**FORM – M-13**

**[See Rule 56A-11(2)]**

List of Blind and Infirm voters

Election to the ………………………………………………….. (Name of society) Co-operative Society Ltd ......................., Tahsil................... District .................. from the.......................... Constituency. (Name of constituency)

No. and name of Polling Station:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Serial No. of Voter | Full Name of Voter | Full Name of Companion | Address of Companion | Signature or thumb impression of Companion |
|  | | | | |

Place:

Date: Signature of Polling Officer