

FORM XII - A

APPLICATION FOR ISSUE OF POSTAL BALLOT PAPER

(for PWD voters, Voters 80 and above years of age, voters found COVID-19 positive)

***Ordinary/ Casual Elections**

To
The Returning Officer,
.....Ward

..... Municipality/Municipal Corporation.

Sir,

I am a Senior citizen having age of _____ years / found COVID-19 positive / PwD intend to cast my vote by post at the ensuing election to the office of Ward Member from ward No. _____ in _____ Municipality / Municipal Corporation.

Relevant proof is enclosed herewith.

My name is entered at Serial Number in
Ward electoral Roll.

The ballot paper may be sent to me at the following address.
(This shall be same as in the document enclosed)

Place :

Yours faithfully,

Date :

Signature

Name:

Postal Address :

* Senior citizen shall enclose self attested aadhar / EPIC Card / SSC Certificate
(Any one of the above)

* In case of COVID-19 Positive cases, they have to enclose medical test certificate issued after 15th April, 2021 in addition to above.