**EXHIBIT NO. 36**

**Form E-12**

**Form of Declaration by Companion of Blind or infirm Voter**

Election to the Committee members of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-operative Society Limited,

Tahsil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ constituency.

No. and name of the Polling Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aged \_\_\_\_\_\_\_\_\_ Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby declare that;

1. I wish to act as a companion of Shri/Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a blind/infirm voter at the above lection and whose name is in the voters list at Sr. No.\_\_\_\_\_\_\_
2. I have not already acted as the companion of any other voter at my polling station on this day.
3. I will keep secret the vote recorded by on behalf of the voter aforesaid.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Companion