

FORM ID : BLA 1

Communication with regard to Authorised Persons to intimate names of representatives authorised by recognised NATIONAL OR STATE Political party for appointment of Booth Level Agents

To

1. The Chief Electoral Officer,
.....(State/Union Territory).

2. The District Election Officer,
.....
.....(State/Union territory)

3. The Electoral Registration Officer,
ofassembly constituency.

Subject:- Revision of electoral rolls – Authorisation of persons to appoint Booth Level Agents (BLAs)

Sir,

In pursuance of instructions issued by the Election Commission of India vide its letter No.23/BLA/2008/ERS dated 19th November, 2008, I hereby communicate that the following person (s) has/have been authorised by the party, which is a National Party/State Party in the State of to intimate the names of the party representatives who shall be appointed as Booth Level Agents to receive printed copies of the draft/final electoral roll on behalf of the party from the Designated Officer/Booth Level Officers appointed by the Election Commission of India during the revision of rolls with reference to 1st January, 200.....as the qualifying date..

Name of the person authorised to appoint BLAs	Name of office held in the party	District(s)/constituency/constituencies in respect of which he/she has been authorised.
1	2	3
(1)		
(2)		
(3)		

2. The specimen signatures of the above mentioned person (s) so authorised are given below:-

(1) Specimen signatures of Shri
(i) (ii)
(iii)

(2) Specimen signatures of Shri
(i) (ii)
(iii)

(3) Specimen signatures of Shri
(i) (ii)
(iii)

Yours faithfully,

President/Secretary
Name of the Party

Place

Date

(Seal of the Party)

NB.

1. This must be delivered to the Electoral Registration Officer, District Election Officer and the Chief Electoral Officer concerned by 3 p.m. **within 7 days of announcement** of the scheduled date for draft publication

2. Form must be signed in ink by the office bearer (s) mentioned above. No facsimile signature or signature by means of rubber stamp, etc., of any office bearer shall be accepted.

3. The seal of the party must be put.

4. No form transmitted by fax or e-mail shall be accepted.

FORM ID : BLA 2

Intimation as to the name of Booth Level Agent appointed by the Persons Authorised by recognised NATIONAL OR STATE Political party for appointment of Booth Level Agents

To

The Designated Officer/Booth Level Officer
Electoral Roll Part No.....
.....Constituency.

Subject:- Revision of electoral rolls – Appointment of Booth Level Agents (BLAs)

Sir,

In pursuance of instructions issued by the Election Commission of India vide its letter No.23/BLA/2008/ERS dated 19th November, 2008, I have been authorised by the party to appoint Booth Level Agents of the party. In pursuance thereof, I hereby appoint Shri/Smt/Kum.....as the Booth Level Agent of the party for electoral roll part No.....ofAssembly Constituency. He/she will collect printed copies of the draft/final electoral roll for the said part on behalf of the party from the Designated Officer/Booth Level Officers appointed by the Electoral Registration Officer during the revision of rolls with reference to 1st January, 200.....as the qualifying date..

His/her name is included in this part of the electoral roll at serial no..... He/she is well conversant with the area covered by the part of the electoral roll and is in a position to verify the entries in the electoral roll.

Specimen signatures of Shri/Smt./Kum.
(i) (ii)
(iii)

Yours faithfully,

Place:
Date :

(Name and Signature of the
Authorised person of the Party)

(Seal of the Party).

N.B.

1. This must be delivered to the Designated Officer/Booth Level Officer appointed by the Electoral Registration Officer for the part of the electoral roll on draft publication of electoral roll at the designated location any time commencing from the date of draft publication of the roll till the last date for filing claims and objections.

2. Form must be signed in ink by the authorised person mentioned above. No facsimile signature or signature by means of rubber stamp, etc. shall be accepted.

3. This Form must be presented in person before the Designated Officer/Booth Level Officer

FORMAT FOR FURNISHING LIST OF DEAD VOTERS

No. & Name of assembly constituency:

Electoral Roll Part No.

Sl.No. of entry in the electoral roll	Name of the elector	EPIC No., if issued	Source of information	Remarks

I hereby declare that the information furnished by me is on the basis of proper verification of the part of the electoral roll given to me and I am aware of the penal provisions of Section 31 of the Representation of the People Act, 1950 for making false declaration.

Date:

(full signature of BLA)

Name in full:

Name of the Party:

FORMAT FOR FURNISHING LIST OF SHIFTED ELECTORS

No. & Name of assembly constituency:

Electoral Roll Part No.

Sl.No. of entry in the electoral roll	Name of the elector	EPIC No., if issued	Place of shifting (with address if known)	Source of information

I hereby declare that the information furnished by me is on the basis of proper verification of the part of the electoral roll given to me and I am aware of the penal provisions of Section 31 of the Representation of the People Act, 1950 for making false declaration.

Date:

(full signature of BLA)

Name in full:

Name of the Party:

FORM OF ACKNOWLEDGMENT

I hereby acknowledge receipt of printed copy of draft / final electoral roll of part No.....ofAssembly Constituency. There arenumber of pages of the printed roll andnumber of entries. I have verified the copy of the roll with the copy displayed by the Designated Officer/Booth Level Officer at the polling station and am satisfied that entries in both the copies of electoral roll are identical.

Date :

(full signature of BLA)

Name in full:

Name of the Party: