# 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 Off(State/Ur		
2. The District Election Of	ficer,	
(State	/Union territory)	
3. The Electoral Registra of	tion Officer, assembly constitue	ncy.
Subject:- Revision Level Agents (BLA		prisation of persons to appoint Booth
No.23/BLA/2008/ERS data person (s) has/have been the State ofbe appointed as Booth Le on behalf of the party from	ted 19 <sup>th</sup> November, 2008 on authorised by the part to intimate the namevel Agents to receive porn the Designated Office India during the revision	Election Commission of India vide its letter 8, I hereby communicate that the following 9, which is a National Party/State Party in nes of the party representatives who shall rinted copies of the draft/final electoral roll cer/Booth Level Officers appointed by the on of rolls with reference to 1st January,
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)		
(0)		
The specimen signatur below:-	es of the above mention	ed person (s) so authorised are given
	(ii)	

(	2) Specimen signatures of Shri
(	3) Specimen signatures of Shri
	Yours faithfully,
Place	President/Secretary Name of the Party
	(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

То
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 19 <sup>th</sup> 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
His/her name is included in this part of the electoral roll at serial no
Specimen signatures of Shri/Smt./Kum. (ii)(ii)
(iii)
Yours faithfully,
Place: (Name and Signature of
Date : Authorised person of the Party)
(Seal of the Party).
<ul><li>N.B.</li><li>1. This must be delivered to the Designated Officer/Booth Level Officer appointed by the</li></ul>

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 the part of the electoral roll given to me and I a of the Representation of the People Act, 1950 f	m aware of the penal provisions of Section 31
Date:	(full signature of BLA) Name in full: Name of the Party:
FORM OF ACKN	<u>OWLEDGMENT</u>
I hereby acknowledge receipt of printon	number of entries. I have verified the Designated Officer/Booth Level Officer at the
Date :	(full signature of BLA) Name in full: Name of the Party: