FORM 12D [see rule 27-C] PART I

Letter of intimation to Assistant Returning Officer (for absentee voters)

To The Assistant Returning Officer, (for the notified class of electors) Parliamentary/Assembly constituency (designation and address of ARO) Sir, I,.....son/daughter/w ife ofresident ofvillage/mohalla...... Town/city/tehsil absentee voter and wish to cast my vote by post at the election to the House of the People/Legislative Assembly from the Parliamentary/Assembly constituency. My complete present postal address is as under:-House/dwelling unit/tent number..... Camp/mohalla/village..... Ward/town/tehsil..... District..... State.....PIN CODE.... Mobile Phone No. (if available)..... My name is entered at serial number.....in part No.....of the electoral roll for......Parliamentary/Assembly constituency. I am working as......(designation of the office held) in.....

(Name and full address of organization).

I will be on duty in the above-mentioned office on the day of poll for the above-mentioned election.
*On account of my official duties on the date of poll, I will not be in a position to be present in the polling station assigned to me on the day of poll. Or
*I amyears of age/am a person with disability, and am not in a position to go to the polling station to cast vote. It is requested that postal ballot paper may be issued to me as absentee voter for the above election.
Yours faithfully,
(Full name and signature)
PART II (for absentee voter other than senior citizen or persons with disability)
Certificate by the nodal officer appointed by the Organization concerned.
It is hereby certified that the particulars given by the applicant in Part I are correct, and it is further certified that the applicant will be on official duty on the day of poll, and he/she will not be in a position to be present in the polling station on the day of poll.

•• Strike off whichever is not applicable and tick the relevant statement.

Note- This Application must reach RO within 5 days following the date of notification of election.

(full signature of the attesting Officer)

.....(Name)

.....(address)

.....(rubber stamp)