Application for filing Claims and Objections in Voter List

	ection Officer uncil Election, 2014	
Through: Th	e Head of the Department and Dean of	School of Studies
Subject: Clai	ms and Objections in Voter List	
Reference:	Name of the School of Studies	Name of the Department
	Name of the Course	Serial Number in the Voter List
Dear Sir,		
With referen	ce to above, I have to submit as under:	
Details of Do	ocuments attached:	
Date Place		Name and Signature of the Applicant
	Certificate of Head of th	
		gnation Head of the
Department of		
		Therefore, the above name is accordingly
	ed to be added/altered/ modified/ delet	•
	at is not applicable.	
Date	Signatu	re and Seal of Head of the Department
	Forwarde	-
D .	~·	
Date	Signatu	re and Seal of Dean School of Studies