

[FORM - 27]

Part I

Letter of intimation to Returning Officer  
(for absentee voters)

To

The Returning Officer,  
Ward No.....of Gram Panchayat/Sarpanch of Gram Panchayat/District Panchayat/  
Municipal Council  
.....(designation and address of RO)

Sir,

I.....son/ daughter/ wife of.....resident of.....village/ mohalla .....  
town/ city/ tehsil.....District.....(State) belong to the class of absentee  
voter and wish to cast my vote by post at the election to Ward No.....

My complete present postal address is as under:- House/dwelling

unit/tent number.....  
Camp/mohalla/tent number.....  
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.....Gram Panchayat/Sarpanch of Gram Panchayat/ District  
Panchayat/Municipal Council

I will be on election duty 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 am..... years of age/am a person with disability, and am not in a position to go  
to the polling station to cast vote.

OR

I am hospitalized on account of COVID-19 or am in Home/Institutional Quarantine on account of  
COVID-19 and hence 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 Organisation 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.

.....  
(full signature of the attesting Officer)  
.....(Name)  
.....(address)  
.....(rubber stamp)

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

Note - This Application must reach RO within 08 days following the date of notification of election.

**Certificate to be submitted by COVID-19  
Suspect/ Affected Person along with Form -27**

It is certified that Shri./ Smt./Ms..... son/daughter/wife of  
..... resident of.....  
village/mohalla..... Town/city/tehsil.....  
District..... (UT) is tested as positive or identified as suspect  
on..... by the Govt. Hospital/Lab or the Hospital/Lab recognized by the  
Government as COVID Hospital or under home quarantine or institutional quarantine  
due to COVID 19.

.....  
Full Signature of Competent Health Authority\*

.....(Name)

.....(Address)

.....(Rubber Stamp)

*\*Competent Health Authority as may be notified by the Union Territory  
Administration for this purpose.*

Please strike out whichever is not applicable.