

**Form 22A**  
(See rule 49S)

**(Amended Form)**

**PART -I - ACCOUNT OF VOTES RECORDED**

Election as Councillor to ward No /Chairman of.....  
Municipal Council No. and name of polling station..... Part No. of  
electoral roll..... Identification No. of the voting  
control unit..... Machine used at the polling station balloting  
unit ( SI. No.....)

Number and name of Polling Station

Identification of Number of Voting Machine used at the Polling Station

Control Unit :

Detachable Memory Module (DMM) :

Balloting Unit :

1. Total No. of electors assigned to the polling station ..
2. Total No. of voters as entered in the register of voters ..
3. Total No. voters deciding not to record votes under rule 49O ..
4. No. of voters not allowed to vote under rule 49M ..
5. Total No. of votes recorded in Control Unit ..
6. Whether the total No. of votes as shown against item 5 tallies with the total No. of voters as shown against item 2 minus No. of voters deciding not to record votes as against item 3 minus No. of voters as against item 4 (2-3-4) or any discrepancy noticed :
7. No. of voters to whom tendered ballot papers were issued under rule 49P ..
8. No. of tendered ballot papers ..

Serial No.  
From To

- (a) Received for use.....
- (b) Issued to electors.....
- (c) Not used and returned.....
9. Account of paper seals

Serial No.  
From To Total

- (a) Paper seals supplied.....
- (b) Paper seals used.....
- (c) Unused paper seals returned (a-b).....
- (d) Serial number of paper seals damaged.....

Place :  
Date :

Signature of Presiding Officer  
Polling Station No.

Sl. No	Name of polling agent	signature
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....

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**PART II- RESULT OF COUNTING**

Sl. No.	Name of candidate	Number of votes displayed on Control Unit
(1)	(2)	(3)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10		
N.	NOTA	
Total		

Whether the total number of votes shown above tallies with the total number of votes shown against item 6 of Part I or any discrepancy noticed between the two totals.

Place.....  
Date .....

Signature of Counting Supervisor

Sl. No	Name of candidate/election agent/counting agent	Full signature
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....

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Place.....  
Date .....

Signature of Returning Officer