

## सार्वजनिक सूचना / मुनादी

सर्वसाधारण को सूचित किया जाता है कि State Election Commission Haryana, Panchkula की नोटिफिकेशन की अनुपालना में रिवाइजिंग अथोरिटी-कम- उप-मण्डल अधिकारी (ना0), रोहतक द्वारा नगरपालिका कलानौर के दिनांक 17.12.2024 को Publication of Ward-wise draft electoral roll पर 23.12.2024 से 27.12.2024 तक Objection and Claims लिये गये थे, जिनको स्वीकृत व अस्वीकृत करके सूची को नगरपालिका कलानौर की वेब-साईट व कार्यालय के नोटिस बोर्ड पर चस्पा कर दिया गया है। नगरपालिका कलानौर क्षेत्र में किसी भी आमजन को Publication of Ward-wise draft electoral roll से सम्बन्धित कोई Objection and Claims है। तो उसके लिए उपायुक्त महोदय, रोहतक कार्यालय में दिनांक 28.12.2024 से 31.12.2024 तक संलग्न प्रोफार्मा Annexure- E भरकर जमा करवा सकते है। दिनांक 31.12.2024 के उपरांत किसी भी प्रकार के Objection and Claims मान्य नहीं होंगे।

सूचित रहे।

  
सचिव

नगरपालिका कलानौर।

ANNEXURE-E

**Appeal against the order of Revising Authority**

(Draft specified by the State Election Commission under Rule 4(4) (viii))

Place \_\_\_\_\_

Dated: \_\_\_\_\_

To

Deputy Commissioner, \_\_\_\_\_

District: \_\_\_\_\_

**Subject:** Appeal against the order No. \_\_\_\_\_, dated \_\_\_\_\_ of the Revising Authority, \_\_\_\_\_ (Municipal Council/Committee \_\_\_\_\_).

Sir,

Aggrieved by the referred order of Sh. \_\_\_\_\_, authorized Revising Authority appointed for the preparation of electoral roll of the Municipal Council/Committee noted in the subject, I submit this appeal, photocopy of the impugned order is enclosed.

2. I filed the following claim/ objection before the Revising Authority:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The following are the basis of my appeal :-

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_

4. It is requested that re-considering the facts and documents submitted by me, impugned order of the Revising Authority may be set aside and my claim/ objection may be accepted.

If name of the appellant is included in the electoral roll, then its description:- Municipality: _____ Ward No. _____ Voter No. _____	Signature (Appellant) _____ Name (Full) _____ Father/ husband name _____ _____ Address _____
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**Declaration**

I, above stated appellant, declare that the facts written in the above paras of this appeal are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature (Appellant)  
Name (Full) \_\_\_\_\_

Enclosure:

- (1) Photocopy of order dated \_\_\_\_\_ of Revising Authority.  
(2) Documents (if any) in support of the submitted Appeal.
- \_\_\_\_\_