

Certificate of Eligibility to vote issued to a person subject to a disability in terms of the Parliamentary Elections Act, No. 1 of 1981, (Section 40 (2) (c))

Part I

Declaration by the Applicant/ Voter

Full Name :
 Address :
 Occupation :
 Date of Birth :
 NIC/Driving License/Passport No :

I, of being a voter registered in the District, being subject to a disability, declare that the above particulars are true and accurate and do hereby apply for the issue of a Certificate of Eligibility entitling me to vote at the forthcoming (Name of Election) as a person subject to a disability, as provided for by law.

Date : Name of Voter :
 Signature of Voter :

Certificate of GramaNiladhari

I, certify that the information given above is correct and that the following information relating to the application of(Name of the Applicant/ Voter) is correct according to the records maintained by me.

Name :
 No. on the voters' list :
 Province :
 District :
 Electoral Division :
 Other relevant information :

Date : Signature of GramaNiladhari :
 Name of GramaNiladhari :
 Division :
 Seal :

Part II

Certificate of the Government Medical Officer

I have personally examined of who has applied to be entitled to vote as a person subject to a disability, at the forthcoming(Name of Election) and do hereby certify that (Name of Voter/ Applicant) is entitled/ not entitled to vote as a person subject to a disability, as provided for by law.

Date : Name of the Government Medical Officer :
 Signature of Government Medical Officer :
 Seal :

(A)

(Application No.....)

FOR OFFICE USE

The Senior Presiding Officer should get this part completed

Name of the person accompanying the Voter :
 No. of his National Identity Card :
 Residential Address :

I certify that I have come to cast the vote on behalf of the disabled person whose name is given in part I and that I am not a candidate/authorized agent/polling agent/ member of the staff of the polling station at this parliamentary General Election and that I am not subject to any disability.

.....
 Signature of the accompanying person

Name :

Signature of the Senior Presiding Officer :

Name :

Name of the Polling Station :

A copy of this should be handed over to the Senior Presiding Officer on the day previous to the day of poll