



புதுச்சேரி மாநில அரசிதழ்

La Gazette de L'État de Poudouchéry

The Gazette of Puducherry

PART - I

சிறப்பு வெளியீடு

EXTRAORDINAIRE

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அதிகாரம் பெற்ற
வெளியீடு

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GOVERNMENT OF PUDUCHERRY
ELECTIONS DEPARTMENT

No.E.85/A2/2021.

Puducherry, the 27th February 2021.

The Notification No. 51/2021/SDR/Vol.1, dated 26-02-2021 of the Election Commission of India, New Delhi, regarding Certificate to be submitted by COVID-19 suspect/affected persons, is re-published for information of the public.

SHURBIR SINGH, I.A.S.,
Chief Electoral Officer.

ELECTION COMMISSION OF INDIA

No.52/2021/SDR/Vol.I.

*Nirvachan Sadan, Ashoka Road,
New Delhi-110 001.
Dated 26th February, 2021,
14 Magha 1942 (Saka).*

NOTIFICATION

In pursuance of the provisions of clause (c) of Section-60 of the Representation of the People Act, 1951, the Election Commission hereby specifies that the Covid-19 suspect or affected persons, certified by competent authority, who applies for voting by postal ballot paper, and subject to verification of his request by the Returning Officer concerned, would be a class of persons to give vote by postal ballot in the forthcoming general elections to the Legislative Assemblies of Assam, Kerala, Puducherry, Tamil Nadu and West Bengal, to be notified under Section 30 of the Representation of the People Act, 1951, as per the provisions in Part-III A of the Conduct of Elections Rules, 1961, as amended *vide* Ministry of Law and Justice, Government of India, Notification S.O. No. 1964(E), dated 19th June, 2020, read with the directions and guidelines issued by the Election Commission on the subject.

(By order)

N.T. BHUTIA,
Secretary.

CERTIFICATE TO BE SUBMITTED BY COVID-19
SUSPECT/AFFECTED PERSON ALONG WITH FORM 12D

It is certified that Shri/Smt./Ms. son/daughter/
wife of resident of
Village/Mohalla Town/City/Tehsil
District (State) is tested as positive or identified
as suspect on by the Government 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 State Government or Union Territory Administration for this purpose.

Please strike out whichever is not applicable.

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