

Voter list



Booth no-01

Name	ID
<input type="checkbox"/> Axxxx	IIII1
<input type="checkbox"/> Bxxxxx	IIII2
<input type="checkbox"/> Cxxxxx	IIII3
<input type="checkbox"/> Dxxxxxxx	IIII4
<input type="checkbox"/> Exxxxxx	IIII5
<input type="checkbox"/> Fxxxx	IIII6
<input type="checkbox"/> Gxxx	IIII7
<input type="checkbox"/> Avxxxxxx	IIII8
<input type="checkbox"/> Bxxxxxxx	IIII9
<input type="checkbox"/> Cxxxxxxx	IIII10
<input type="checkbox"/> Dxxxxxxxxx	IIII11
<input type="checkbox"/> Exxxxxxxxx	IIII12
<input type="checkbox"/> Exxxxxx	IIII13
<input type="checkbox"/> Fxxxx	IIII14
<input type="checkbox"/> Gxxx	IIII15
<input type="checkbox"/> Avxxxxxx	IIII16
<input type="checkbox"/> Bxxxxxxx	IIII17
<input type="checkbox"/> Gxxx	IIII18
<input type="checkbox"/> Avxxxxxx	IIII19
<input type="checkbox"/> Bxxxxxxx	IIII20
<input type="checkbox"/> Cxxxxxxx	IIII21
<input type="checkbox"/> Dxxxxxxxxx	IIII22
<input type="checkbox"/> Exxxxxxxxx	IIII23
<input type="checkbox"/> Gxxx	IIII24
<input type="checkbox"/> Avxxxxxx	IIII25
<input type="checkbox"/> Bxxxxxxx	IIII26
<input type="checkbox"/> Cxxxxxxx	IIII27
<input type="checkbox"/> Dxxxxxxxxx	IIII28
<input type="checkbox"/> Zxxxxx	IIII29

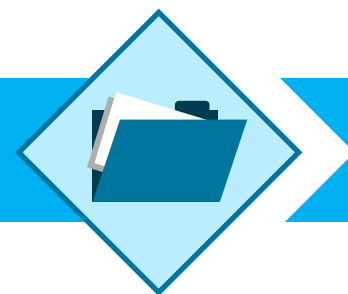
Voter list



Booth no-02

Name	ID
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<input type="checkbox"/> Dxxxxxxx	IIII4
<input type="checkbox"/> Exxxxxx	IIII5
<input type="checkbox"/> Fxxxx	IIII6
<input type="checkbox"/> Gxxx	IIII7
<input type="checkbox"/> Avxxxxxx	IIII8
<input type="checkbox"/> Bxxxxxxx	IIII9
<input type="checkbox"/> Cxxxxxxx	IIII10
<input type="checkbox"/> Dxxxxxxxxx	IIII11
<input type="checkbox"/> Exxxxxxxxx	IIII12
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<input type="checkbox"/> Fxxxx	IIII14
<input type="checkbox"/> Gxxx	IIII15
<input type="checkbox"/> Avxxxxxx	IIII16
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<input type="checkbox"/> Gxxx	IIII24
<input type="checkbox"/> Avxxxxxx	IIII25
<input type="checkbox"/> Bxxxxxxx	IIII26
<input type="checkbox"/> Cxxxxxxx	IIII27
<input type="checkbox"/> Dxxxxxxxxx	IIII28
<input type="checkbox"/> Zxxxxx	IIII29

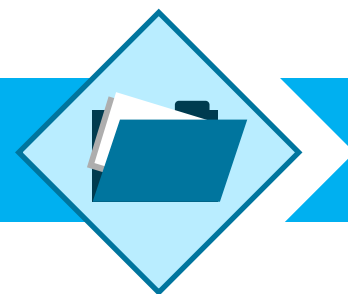
Voter list



Booth no-03

Name	ID
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<input type="checkbox"/> Gxxx	IIII7
<input type="checkbox"/> Avxxxxxx	IIII8
<input type="checkbox"/> Bxxxxxxx	IIII9
<input type="checkbox"/> Cxxxxxxx	IIII10
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<input type="checkbox"/> Exxxxxxxxxx	IIII12
<input type="checkbox"/> Exxxxxx	IIII13
<input type="checkbox"/> Fxxxx	IIII14
<input type="checkbox"/> Gxxx	IIII15
<input type="checkbox"/> Avxxxxxx	IIII16
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<input type="checkbox"/> Gxxx	IIII24
<input type="checkbox"/> Avxxxxxx	IIII25
<input type="checkbox"/> Bxxxxxxx	IIII26
<input type="checkbox"/> Cxxxxxxx	IIII27
<input type="checkbox"/> Dxxxxxxxxxx	IIII28
<input type="checkbox"/> Zxxxxx	IIII29

Voter list



Booth no-04

Name	ID
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<input type="checkbox"/> Dxxxxxxx	IIII4
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<input type="checkbox"/> Fxxxx	IIII6
<input type="checkbox"/> Gxxx	IIII7
<input type="checkbox"/> Avxxxxxx	IIII8
<input type="checkbox"/> Bxxxxxxx	IIII9
<input type="checkbox"/> Cxxxxxxx	IIII10
<input type="checkbox"/> Dxxxxxxxxxx	IIII11
<input type="checkbox"/> Exxxxxxxxxx	IIII12
<input type="checkbox"/> Exxxxxx	IIII13
<input type="checkbox"/> Fxxxx	IIII14
<input type="checkbox"/> Gxxx	IIII15
<input type="checkbox"/> Avxxxxxx	IIII16
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<input type="checkbox"/> Bxxxxxxx	IIII20
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<input type="checkbox"/> Gxxx	IIII24
<input type="checkbox"/> Avxxxxxx	IIII25
<input type="checkbox"/> Bxxxxxxx	IIII26
<input type="checkbox"/> Cxxxxxxx	IIII27
<input type="checkbox"/> Dxxxxxxxxxx	IIII28
<input type="checkbox"/> Zxxxxx	IIII29

