

Devolution Trust for Community Empowerment

H #18, St #18, F-6/2, Islamabad. Tel:2878235-38, Fax:2878240
 contact@dtce.org.pk

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CCBN Election Report

Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.

(A) Election Information

1	CCB Network Level	District Level <input type="checkbox"/>	Tehsil/Town Level <input type="checkbox"/>
2	District		
3	Tehsil/Town/Taluka (If applicable)		
4	Election Date (day/month/year)		
Contestants and Voters Details		Male	Female
5	Number of Contestants		
6	Successful Candidates		
7	Registered Voters		
8	Votes Cast		

(B) CCBN Members Information

S#	Name	Gender (M/F)	Designation in CCBN	Votes Received
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(B) CCBN Members Information				
S#	Name	Gender (M/F)	Designation in CCBN	Votes Received
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Filler's Name

Designation

Signature
