

REGISTRATION OF ELECTORS (AMENDMENT) RULES, 2022

Statement as to place of Ordinary Residence by a Person holding a Declared Office WITH WHITE BACKGROUND "Form- 1 (See rule 7) The Registration of Electors Rules, 1960

SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FACE

Full Name Relation Name Relation Type Age Gender Office held EPIC No. (If issued) Personal Others CIMonth Date of Birth Female Aadhaar Details:— (Please tick the appropriate box) (a) AadhaarNumber or (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number Mobile No. (optional) Email Id (optional) I hereby declare that I am a citizen of India and that but for my holding the above-mentioned office, I would have been ordinarily resident at:- House/Building/Apartment No. Locality Post Office Tehsil/Taluqa/Mandal District Assembly Constituency Street/ Mohalla Town/Village Police Station PIN code State/UT I further declare that my spouse (Husband/Wife) Shri./Smt. Age Years Months Date of Birth ordinarily resides with me and is a citizen of India. I, further, declare that I *and my spouse have neither got *ourselves/myself already registered nor have applied for such registration as ordinary electors in the electoral roll of the place where I am presently posted and residing or any other constituency. I also declare that I am aware of the law that prohibits getting registered as an elector at more than one place either in the same constituency or in different constituencies and if my name *or my spouse's name so appears at different places, the same may be deleted from all such places except from the electoral roll of my native place for which I have made the statement. Date: (For use in the Election Office) Statement received on the Registered in the electoral roll for the (Signature) 20 Assembly Constituency No. Date: * Strike off if not applicable Part No. at S. No. Electoral Registration Officer Form- 2 (See rule 7) The Registration of Electors Rules, 1960

Statement as to place of Ordinary Residence by member of the Armed Forces Pen De ils SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL OF FULL FACE WITH WHITE BACKGROUND

Full Name Relation Name Relation Type Age Gender EPIC No. (If issued) Aadhaar (please tick the appropriate box) Husband Month Date of Birth Other (a) Aadhaar Number or (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number Mobile No. (optional) Email Id (optional) I hereby declare that I am a citizen of India and that but for my service in Armed Forces I would have been ordinarily resident at:- House/Building/Apartment No. Locality Post Office Tehsil/Taluqa/Mandal District Assembly Constituency Service /Buckle No. Rank Name of Armed Force Service/Corps/Regiment Name and Address of Record Office Street/ Mohalla Town/Village Police Station PIN code State/UT I further declare that my spouse (Husband/Wife) Shri./Smt. Age Months ordinarily resides with me and is a citizen of India. Date of Birth I, further, declare that I *and my spouse have neither got *ourselves/myself already registered nor have applied for such registration as ordinary electors in the general part of the electoral roll of the place where I am presently posted and residing or any other constituency. I also declare that I am aware of the law that prohibits getting registered as an elector at more than one place either in the same constituency or in different constituencies and if my name *or my spouse's name so appears at different places, the same may be deleted from all such places except from the last part of the electoral roll of my native place for which I have made the statement. Date: Record Office/Commandant's Office Folio No. Place Date Statement received on the Registered in the electoral roll for the (Signature) Verified and found Correct (Signature) (Designation) Officer-in-Charge, Records. (For use in the Election Office) 20 Assembly Constituency Service Voter's Part, at S.NO. No. Date: * Strike off if not applicable Form- 2A (See rule 7) The Registration of Electors Rules, 1960

Statement as to place of Ordinary Residence by a member of the Armed police force of a State, who is serving outside that State Personal D SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FACE WITH WHITE BACKGROUND

Full Name Relation Name Relation Type Gender EPIC No. (If issued) Aadhaar Details:- (Please tick the appropriate box) Husband Date of Birth Month Female Aadhaar Number or (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number Mobile NO. (optional) Email Id (optional) I hereby declare that I am a citizen of India and that but for my service outside the state in armed police forces mentioned below, I would have been ordinarily resident at:- House/Building/Apartment No. Locality Post Office Tehsil/Taluqa District Assembly Constituency

Service /Buckle No. Rank Name of Armed police Force Name and Address of office of the Commandant I further declare that my spouse (Husband/Wife) Shri./Smt. Street/ Mohalla Town/Village Police Station Pin Code State/UT Age C]Years C] Months ordinarily resides with me and is a citizen of India. Date of Birth I, further, declare that I *and my spouse have neither got *ourselves/myself already registered nor have applied for such registration as ordinary electors in the general part of electoral roll of the place where I am presently posted and residing or any other constituency, I also declare that I am aware of the law that prohibits getting registered as an elector at more than one place either in the same constituency or in different constituencies and if my name *or my spouse's name so appears at different places, the same may be deleted from all such places except from the last part of the electoral roll of my native place for which I have made the statement. Date: Commandant's Office Folio No. Place Date Statement received on the Registered in the electoral roll for the No. Date: * Strike off if not applicable (Signature) Verified and found Correct (Signature) (Designation) Commandant For use in the Election Offi Service Voter's Part, at S.NO. Electoral Registration Officer 20 Assembly Constituency Form- 3 (See rule 7) The Registration of Electors Rules, 1960 Statement as to place of Ordinary Residence by a Person employed under the Government of India in a post outside India Personal SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOCYSRAPH CM X IS SHOWING FRONTAL VIEW OF vutL FACE WHITE BACKGROUND Full Name Relation Name Relation Type Age Gender EPIC No. (If issued) Husband Date of Birth Other Month Female Aadhaar Details:- (Please tick the appropriate box) Aadhaar Number or (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number Mobile No. (optional) Email Id (optional) I hereby declare that I am a citizen of India and that but for my being employed under Government of India in the below- mentioned post, I would have been ordinarily resident at (full postal address):- House/BuiLding/Apartment No. Locali Post Office Tehsil/TaLuqa/MandaI District Assembly Constituency Unique Id No. Description of post held outside India Address of Head of Office Street/ Mohalla Town/Village Police Station PIN Code State/UT rviceDetaI I further declare that my spouse (Husband/Wife) Shri./Smt. Age Months ordinarily resides with me and is a citizen of India. Date of Birth I, further, declare that I *and my spouse have neither got *ourselves/myself already registered nor have applied for such registration as ordinary electors in the general part of electoral roll of the place where I am presently posted and residing or any other constituency. I also declare that I am aware of the law that prohibits getting registered as an elector at more than one place either in the same constituency or in different constituencies and if my name *or my spouse's name so appears at different places, the same may be deleted from all such places except from the last part of the electoral roll of my native place for which I have made the statement. Date: Statement received on the Registered in the electoral roll for the No. Date: * Strike off if not a Si nature Verified and found Correct (Signature) (Designation of the Head of Office) For use in the Election Office) 20 Constituency Service Voter's Part, at S.NO. Electoral Registration Officer licable "Form-6 [See rules 13(1) and 26] ELECTION COMMISSION OF INDIA Application Form for New Voters To, The Electoral Registration Officer, No. & Name of Assembly Constituency Or No. & Name of Parliamentary Constituency@ (@ only for Union Territories not having Legislative Assembly) No. No. Name Name I submit application for inclusion of my name in the electoral roll for the above constituency. (1)(a) Name (In Official Language of State) First Name followed by Middle Name ZORM No. 'To be filled by office) SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND Surname (if any) Name (In English in BLOCK LETTERS) First Name followed by Middle Name Surnarne (if any) Disclaimer: If name not filled in Enqlish. it will be transliterated bv software. *(2)(a) Name and Surname (in official language of State) of any one of the relatives:- MOther [3 Father Or Or Legal Guardian in case of orphan/Guru in case of Third Gender Or *(2)(b) Name and Surname (In English in BLOCK LETTERS) of the relative mentioned above (3) Mi0bile No. of Self (if available) Of relative mentioned at Item No. 2 (4) Email ID of Self (If available) Of relative mentioned at Item No. 2 (5) Aadhaar Details:- (Please tick the appropriate box) (a) Aadhaar Number (b) I am not able to furnish my Aadhaar Number because I donlt have Aadhaar Number. (6) Gender (7) (a) Date of Birth Male Female Gender (b) Self attested copy of document supporting age proof attached (anyone of the following) (i) Document for Proof of Date of Birth A:- (Any one of these) 1. 2

5. Birth certificate issued by Competent Local Body/Municipal Authority/Registrar of Births & Deaths Aadhaar Card PAN Card 4

3. Certificates of Class X or Class XII issued by CBSE/ICSE/ State 6. Education Boards, if it contains Date of Birth Driving License Indian Passport (ii) Any Other Document for Proof of Date of Birth:- (If none of the above documents is available) (Pl. Specify) (8) (a' Present Ordinary Residence (Full Address) House/Building/Apartment No. Town/Village PIN Code District Street/Area/Locality/ Mohalla/Road Post Office Tehsil/Taluqa/Mandal State/UT (b) Self-attested copy of address proof either in the name of applicant or any one of parents/spouse/adult child, if already enrolled as elector at the same address (Attach anyone of them) (1/2 Document for proof of residence A (Any one of these) 1. 3. 5

6. Water/Electricity/Gas connection Bill for that address (atleast 1 year) Current passbook of Nationalized/Scheduled Bank/Post Office Revenue Department's Land Owning records including Kisan Bahi 2



4. Aadhaar Card Indian Passport Registered Rent Lease Deed (In case of tenant) 7.(ii) Any Other
document for Proof of residence: - (If none of the above documents is available) (Pl. Specify) # (9)
Category of disability, if any(Optional) If any other (Give description) Locomotive Registered Sale Deed
(In case of own house) Visual Deaf & Dumb 0/0, Certificate attached (Tick box) [3 Percentage of
disability: (10) The details of my family member already included in the electoral roll at current address
with whom I currently reside are as under: Name of family member: His/her EPIC no.: Relationship with
applicant.; DECLARATION I HEREBY DECLARE that to the best of my knowledge and belief- (i) I am a
citizen of India and place of my birth is:- Village/Town District State/UT (ii) I am ordinarily a resident at
the address mentioned at Sr. No. 8(a) in



Form 6 since and year) (mention month (iii) I am applying for inclusion in Electoral Roll for the first time and my name is not included in any Assembly Constituency/ Parliamentary Constituency. (iv) I don't possess any of the documents mentioned at (7)(b)(i) above for proof of Date of Birth/Age. Therefore, I have enclosed (Name of the document) in support of age proof (Strike off, if not applicable). (v) I am aware that making the above statement or declaration in relation to this application which is false and which I know or believe to be false or do not believe to be true, is punishable under Section 31 of Representation of the People Act, 1950 (43 of 1950) with imprisonment for a term which may extend to one year or with fine or with 00th. Date: Place: Signature of Applicant/Left Hand Thumb Impression

Accessibility Instructions:-In the light of provisions of Rights of Persons with Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities etc., signature or left hand thumb impression of person with disability, or signature or left hand thumb impression of his/her legal guardian will be required. Note- In case of a married female applicant, name of Husband may preferably be mentioned. Submission of self-attested copy of mentioned document will ensure speedy deliver,' of services. # In case none of the mentioned documents is available, field verification is must. As for example, category like homeless Indian citizens who are otherwise eligible to become electors but do not possess any documentary proof of ordinary residence, Electoral Registration Officer shall designate an officer for field verification.

Acknowledgement/ReceiDt for application Acknowledgment Number Received the application in Form 6 of Shri/SmtYMs. [Applicant can refer the Acknowledgement No. to check the status of application.] Date Name/Signature of ERO!AERO/BLO 1. 2. 3. 4. 5. 6

8. To be appended to Form-6 (The fields marked with * are mandatory) GUIDELNES FOR UP THE APPLICATION FORM-6 General Instructions:- (a) The application will be addressed to the Electoral Registration Officer (ERO) of the Assembly Constituency (AC)/Parliamentary Constituency (PC) in which the applicant is ordinarily residing.In case the applicant does not know or has any doubt about number and name of Assembly Constituency / Parliamentary Constituency, assistance may be extended by the Elafloral Registration Officer and the application will not be rejected on the ground of not mentioning of number and name of Assembly Constituency / Parliamentary Constituency. (b) The applicant can fill entries of the application either in English or official language of the state and this will not be a ground for rejection of application. (c) A service personnel, applying for enrolment as general elector 'n the electoral roll at his place of posting at a peace station, should ensure that he is not already enrolled as service elector or general elector in some other constituency. *(d) Photograph: A recent good quality passport size unsigned colour photograph (4.5cm X 3.5cm) with white background should be pasted in the space provided. Eyes must be open and both edges of face must be clearly visible. (e) Elector's Photo Identity Card (EPIC): EPIC will be delivered at g•-ven postal address after enrolment, free of cost through speed post under proper acknowledgement. Item (1) *(Name): The exact name and spelling should be furnished in both official language of the State and English. If filled in only one language, system will transliterate automatically in other language which may lead to spelling mistakes. Item (2a) & (2b) (Name and Surname of Relative): In case of a married female applicant, name of husband may preferably be mentioned. (Strike off the inapplicable options in the column). Item (5) Aadhaar Details: Aadhaar Number should be furnished for the purpose of authentication of entries. If the applicant does not have Aadhaar number, the same may be mentioned in box at item 5 (b). Item (6) (Gender): *(a) Gender in the appropriate box provided for 'Male/' 'Female/' 'Third Gender' should clearly be tick marked. (b) Applicants belonging to Third Gender may indicate their sex as 'Male' or as 'Female' or as 'Third Gender'. Item 7(a)(b) (Date of Birth): *(a) A self-attested copy of one of the documents mentioned in the form can be attached as age proof. Submission of a document mentioned in the form will ensure speedy registration and delivery of services. (b) If none of the documents mentioned in the form is available, the applicant should enclose some other document in support of age proof; and name of the said document should be mentioned in item 7(ii) and item (iv) of 'DECLARATION' part in Form. In such case, the applicant we-ll have to appear personally before Electoral Registration Officer or any other officer designated by him for verification. Item 8 (Present Ordinary Residence): *(a) Complete postal address with PIN code should be mentioned along with a self-attested copy of any of the mentioned documents in name of applicant/parents/spouse as proof of ordinary residence. (b) Necessary field verification shall be made in cases of Homeless Indian Citizens living in sheds/pavements and sex workers having no

documentary proof of ordinary residence, provided they are otherwise eligible for enrollment. (c) Students, who are eligible for enrollment, can be enrolled either at their parent's place or at the hostel/mess where they are ordinarily residing. *DECLARATION: All entries in "DECLARATION" portion should be completed in all respects. Please note that giving any false statement made in the DECLARATION portion is a punishable offence under section 31 of the Representation of the People Act, 1950 (43 of 1950) with imprisonment with a term which may extend to one year or with fine or with both. "Form-6B [See Rule 26A] ELECTION COMMISSION OF INDIA Letter of Information of Aadhaar number for the purpose of electoral roll authentication — (Name of Elector) am enrolled in electoral roll (Name of Assembly/Parliamentary Constituency) having EPIC Number I hereby submit the following information for the purpose of authentication of my entry in electoral roll:- (Please tick the appropriate box) Aadhaar No. or I am not able to furnish my Aadhaar Number because I don't have Aadhaar number. Therefore, I hereby submit a copy of one of the following documents :- (Please tick any one in the appropriate box) MGNREGA Job card. Passbooks with photograph issued by Bank/Post Office. Health Insurance Smart Card issued under the scheme of Ministry of Labour. Driving License. PAN Card Smart Card issued by RGI under NPR. Indian Passport. Pension document with photograph. Service Identity card with photograph issued to employees by Central/State Govt./PSUs/Public Limited Companies. Official Identity Card issued to MPs/MLAs/MLCs. Unique Identity ID (UDID) Card, issued by M/o Social Justice and Empowerment, Government of India. Signature of the Name of the E-mail ID/Mobile Number:..... Place:..... "Form-7 [See rules 13(2) and 26] ELECTION COMMISSION OF INDIA FORM No. (To be filled by office) Voter Application Form for Objection for Proposed Inclusion/ Deletion of Name in Existing Electoral Roll To, The Electoral Registration Officer, No. & Name of Assembly Constituency Or No. & Name of Parliamentary Constituency@ No. No. Name Name (@ only for Union Territories not having Legislative Assembly) I submit application for objection for proposed inclusion/deletion of name in existing electoral roll. (1) Name of the applicant EPIC No. Mobile No. of self or Mobile No. of Relative (2) Option of application/objection:- (Tick the appropriate option) (Any one) (i) I request to delete name of the person mentioned below already included in the current roll due to any one of the following reasons:- (tick any one) Death Already enrolled Under Age Not Indian Citizen Absent/ Permanently shifted (ii) I object to proposed inclusion of name of the person mentioned below due to any one of the following reasons - (tick any one) Death Already enrolled Under Age Not Indian Citizen Absent/ Permanently shifted (iii) I request to delete my name from electoral roll due to any one of the following reasons-(tick any one) Permanently shifted Already enrolled Not Indian Citizen Death Certificate attached (Tick the appropriate option) Yes No (3) The details of the person in respect of whom objection has been raised, are as below:- Name Address Surname House/Building/ Apartment No. Town/Village PIN Code District EPIC No. (if available) Street/Area/Locality/ Mohalla/Road Post Office Tehsil/Taluqa/Mandal State/UT DECLARATION I HEREBY DECLARE that to the best of my knowledge and belief that I am aware that making a statement or declaration which is false and which I know or believe to be false or do not believe to be true, is punishable under Section 31 of Representation of the People Act, 1950 (43 of 1950) with imprisonment for a term which may extend to one year or with fine or with both. Date: Place: Signature of Applicant/ Thumb Impression Accessibility Instructions:- In the light of provisions of Rights of Persons with Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities etc., signature or left hand thumb impression of person with disability, or signature or left hand thumb impression of his/her legal guardian will be required. Acknowledgment Number Acknowledgement/Receipt for application Date Received the application in Form 7 of Shri/Smt./Ms. [Applicant can refer the Acknowledgement No. to check the status of application.] Name/Signature of ERO/AERO/BLO To be ended to Form-7 GUIDELINES FOR FILLING UP THE APPLICATION FORM-7 1. General Instruction:- (a) The application can be made by an elector registered in the existing electoral roll of the constituency. (b) The application can be an objection in respect of a registered elector/ an objection to the proposed inclusion of an entry in the electoral roll of the constituency, in which the applicant himself is registered OR a request for deletion of the applicant's own name from electoral roll

2. Item No.1 (Name of the applicant)- The applicant shall mention his name, EPIC no. and mobile number of self 'or' relative (father/mother/husband/legal guardian)

3. Item No.2 (Option of objection/application of deletion):- The applicant has to tick any one option for which he intends to make the application. He must also tick any one of the reasons mentioned below the option, as to why according to him, the person against whom the objection has been made, is not qualified for inclusion in the electoral roll viz. due to death, under age, absent/permanently shifted, already enrolled in the electoral roll at the same place or some other place, not an Indian citizen etc. The onus of proof to substantiate the reason given for objection or removal of name lies with the applicant. . Item No. 3 (Details of the person in respect of whom objection has been made):- The applicant has to fill up the name, surname, EPIC number and address of the person whose entry is objected to for inclusion or sought to be deleted. **DECLARATION:-** The applicant must give a 'DECLARATION' that the facts and 5. particulars mentioned in the application are true to the best of his/her knowledge and belief. Please note that giving any false statement made in the DECLARATION portion is a punishable offence under section 31 of the Representation of the People Act 1950 (43 of 1950) with imprisonment with a term which may extend to one year or with fine or with both.



Form-8 [See rules 13(3) and 26] ELECTION COMMISSION OF INDIA FORM No. (To be filled by office) Voter Application Form for shifting of Residence/Correction of Entries in Existing Electoral Roll/Replacement of EPIC/Marking of PWD To, The Electoral Registration Officer, No. & Name of Assembly Constituency Or No. & Name of Parliamentary Constituency@ No. No. Name Name (@ only for Union Territories not having Legislative Assembly) (I) Name of the applicant EPIC No. Aadhaar Details:- (Please tick the appropriate box) (a) Aadhaar Number (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number. Mobile No. of Self (or) Mobile No. of Father/Mother/Any other relative (if available) Email Id of Self (or) Email Id of Father/Mother/Any other relative (if available) (11) I submit application for (Tick any one of the following) I' Shifting of Residence (or) Correction of Entries in Existing Electoral Roll (or) 2

3. Issue of Replacement EPIC without correction (or) Request for marking as Person with Disability 4

1. Application for Shifting of Residence I have shifted my residence and I request that my name may be deleted from the previous address and shifted to the current address mentioned below. I request that a replacement EPIC may be issued to me due to change in my address. I hereby return my old EPIC, Present Ordinary Residence House/Building/Apartment No. Town/Village PIN Code (Full Address) District Street/Area/Locality/ Mohalla/Road Post Office Tehsil/TaJuqa/Mandal State/UT Self-attested copy of address proof either in the name of applicant or anyone of the parents/spouse/adult child, if already enrolled with as elector at the same address (Attach any one of the documents mentioned below Water/Electricity/Gas connection Bill for that address (atleast 1 year) 1

3. Current passbook of Nationalized/Scheduled Bank/post Office 5. Revenue Department's Land Owning records including Kisan Bahi Aadhaar Card 2. Indian Passport 4. Registered Rent Lease Deed (In case of tenant) Any Other:- (Pl. Specify) Registered Sale Deed (In case of own house) 7.

2. Application for Correction of Entries in Existing Electoral Roll Please correct my following details in Electoral Roll/EPIC: (Maximum of 4 entries/particulars can be corrected) (Put a tick in appropriate box below.) Copy of self-attested Documentary Proof in support of claim to be attached. Name Relation Type 4. Mobile Number 7. Gender 2. 5' Relation Name 8' Photo DoB/Age 3. Address 6. SPACE FOR PASTING ONE RECENT PASSPORT SIZE UNSIGNED COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND (ONLY IF PHOTO TO BE CHANGED) The correct particulars in the entry to be corrected are as under:- Name of Document in support of above claim attached I request that a replacement EPIC may be issued to me due to change in my personal details. I hereby return my old EPIC

3. Application for Issue of Replacement EPIC without correction I request that a replacement EPIC may be issued to me as my original EPIC is- (Put a tick in appropriate box) Lost Destroyed due to reason beyond control like floods, fire, othe natural disaster etc. Mutilated I hereby return my mutilated/ old EPIC (OR) I have attached copy of FIR/Police report for lost EPIC & I undertake to return the earlier EPIC issued to me if the same is recovered at a later stage

4. Application for Marking Person with Disability Category of disability (Tick the appropriate box for category of disability) Visual Locomotive Deaf & Dumb If any other (Give description)

Percentage of disability: c: : : : :] %, Certificate attached (Tick the appropriate box) Yes No

DECLARATION I HEREBY DECLARE that to the best of my knowledge and belief that I am a citizen of India and I am aware that making a statement or declaration which is false and which I know or believe to be false or do not believe to be true, is punishable under Section 31 of Representation of the People Act, 1950 (43 of 1950) with imprisonment for a term which may extend to one year or with fine or with both. Date: Signature of Applicant/ Thumb Impression In the light of provisions of Rights of Persons with Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities etc., signature or left hand thumb impression of person with disability, or of signature or left hand thumb impression of his/her legal guardian will be required. Submission of self-attested copy of mentioned documents will ensure speedy delivery of services. Acknowledgment Number Acknowledgement/Receipt for application Date Received the application in



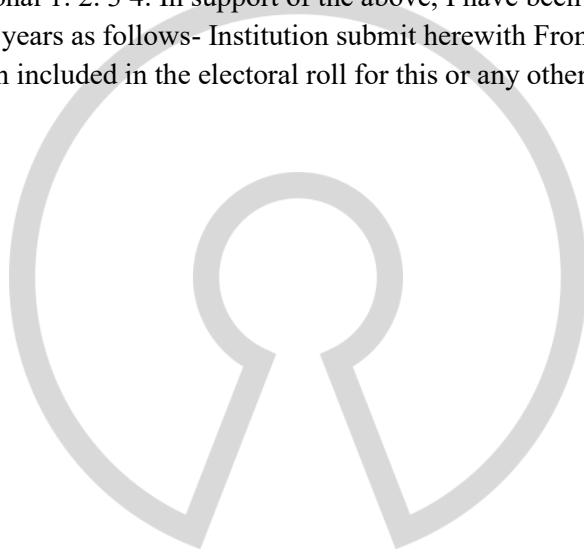
Form 8 of Shri/Smt./Ms. Name/Signature of ERO/AERO/BLO To be a GUIDELINES FOR FILLING UP THE APPLICATION FORM-8 General Instruction:- ended to Form-8 1. 2. 3. 4. 5. 6. (a) The application can be made by a registered/enrolled elector for shifting of residence, or for correction of entries or for issue of replacement EPIC or for marking as PwD. (b) In case of approval of application by Electoral Registration Officer (ERO) for shifting of residence, correction of entries and issue of replacement EPIC without correction, a new replacement EPIC will be issued to the applicant and he has to return his old EPIC to the Electoral Registration Officer immediately. Item No. I (Name of the applicant)- The applicant shall mention his name, EPIC no. , Aadhaar number, mobile number and email id of self or relative mentioned therein. Aadhaar Number should be furnished for the purpose of authentication of entries. If the applicant does not have Aadhaar number, the same may be mentioned in box at item I (b). Item No. 11 (Option for application)- The applicant has to tick any one of the options for making application and fill the details in the relevant section of the application. All other sections which are not relevant should be struck off. Application for shifting of residence- (a) The application has to be made to the Electoral Registration Officer of the constituency in which the new address of the applicant is located. (b) The applicant has to mention his new address, where he has shifted to and presently staying and attach a self-attested copy of any one of the mentioned documents as address proof in his own name or in name of his parents/spouse. He has to tick the mentioned document which he has given as address proof. Mentioned document will ensure speedy delivery of services. If he does not possess any of the mentioned documents, he has to mention name of the other document given for address proof in the blank space. Application for correction of entries in existing roll- (a) If an applicant intends to get any existing entry relating to him in the electoral roll corrected, he has to tick in the appropriate box and attach the document in the support of his claim. The name of the document must be mentioned in the blank space given. (b) In case, the applicant desires to change his photograph, he has to paste a recent good quality passport size unsigned colour photograph (4.5 cm X 3.5 cm) with white background, in the box meant for it. Application for replacement EPIC without correction- The applicant shall put a tick in appropriate box seeking for a replacement EPIC. He shall return his mutilated/old EPIC or submit a copy of FIR/Police report for lost EPIC. DECLARATION- The applicant must give a 'DECLARATION' that the facts and particulars mentioned in the application are true to the best of his/her knowledge and belief. Please note that giving any false statement made in the DECLARATION portion is a punishable offence under section 310 of the Representation of the People Act 1950 (43 of 1950) with imprisonment with a term which may extend to one year or with fine or with both. "Form-18 (See Rule 31) ELECTION COMMISSION OF INDIA Claim for inclusion of name in the electoral roll for a Graduates' Constituency To, SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND The Electoral Registration Officer, (Graduates) Constituency. Sir, I request that my name be registered in the electoral roll for the.....(Graduates) Constituency

1. The particulars are:- Full Name Father's/Mother's/Husband's Name (in full) Qualification Occupation House Address (Place of ordinary residence) House/Building/Apartment No. Town/Village Police Station/ Tehsil/Taluqa/Mouza Sex District Years Months Street/ Mohalla Post Office State Date of Birth Disability (if any):- (Tick appropriate box) (optional Field) Locomotor disability Other Speech & hearing disability Visual impairment Whether registered as an elector for any assembly constituency If yes, then mention the following--- (a) Number and Name of the Assembly constituency (b) Part/Polling Station No. (if known) (c) Date of Birth (d) EPIC Number (if any) Aadhaar Details:- (Please tick the appropriate box) (a) Aadhaar Number (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number Contact Number :- Mobile No. (optional) Landline Email Id (if any) 2. *I am a graduate of the.....University having passed the degree/diploma examination in the year OR *I am in possession of a diploma/certificate in.....which is a qualification equivalent to that of a graduate University in India having passed the examination for the diploma/certificate in the year..... In support of my claim as being a graduate/in possession of the above diploma/certificate. I submit 3. herewith..... *My name has not been included in the electoral roll for this or any other graduates' constituency

4. OR ** My name has been included in the electoral roll for the.....graduates' constituency under the address given below and I request that it be deleted from that roll I declare that t am a citizen of India and that all the particulars given above are true to the best of my knowledge and 5. Date Signature of claimant NOTE : Any person who makes a statement or declaration which is false and which he either knows or believes to be false or does not believe to be true is punishable under section 31 of the Representation of the People Act, 1950. *Strike off the paragraph not applicable. * *Strike off the inappropriate alternative. Intimation of action taken has been— The application in



Form 18 of Shri/Smt./Kumari.....address..... accepted and the name of Shri/Smt./Kumari.....has been registered at Serial No.....in Part No..... (a) rejected for the reason..... . Electoral Registration Officer, Date (Address) ...
(Perforation)..... Receipt of application Received the application in Form 18 from Shri/ Smt./Kumari*. Date *To be filled in by the applicant address*. Electoral Registration Officer, (Address) Form-19 (See Rule 31) ELECTION COMMISSION OF INDIA Claim for inclusion of name in the electoral roll for a Teachers' To, The Electoral Registration Officer, (Teachers') Constituency. Sir, I request that my name be registered in the electoral The particulars are:- Full Name Father's/ Mother's/Husband's Name (in full) House Address (Place of ordinary residence) House/ Building/Apartment No. Town/Village Police Station/ Tehsil/Taluqa/Mouza District Years Months Age Disability (if any):- (Tick appropriate box) (optional Field) Constituency PACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND roll for the... Street/ Mohalla Post Office State Date of Birth .(Teachers') Constituency. Sex Speech & hearing disability Locomotor disability Visual impairment Whether registered as an elector for any assembly constituency If yes, then mention the following--- (a) Number and Name of the Assembly constituency (b) Part/ Polling Station No. (if known) (c) Date of Birth (d) EPIC Number (if any) Other Aadhaar Details:- (Please tick the appropriate box) (a) Aadhaar Number (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number Contact Number :- or 2. Mobile No. (optional) Landline Email Id (if any) During the last six years, I Name of Educational 1. 2. 3 4. In support of the above, I have been engaged in teaching for a total period of more than three years as follows- Institution submit herewith From (Date) To (Date) period *My name has not been included in the electoral roll for this or any other teachers' constituency



3. OR *My name has been included in the electoral roll for the.....teachers' constituency
under the address given below and I request that it be deleted from that roll :- I declare that I am a citizen
of India and that all the particulars given above are true to the best of my knowledge and 4. Date Signature
of claimant NOTE : Any person who makes a statement or declaration which is false and which he either
knows or believes to be false or does not believe to be true is punishable under section 31 of the
Representation of the People Act, 1950. *Strike off the paragraph not applicable.
.....(Perforation)..... . Intimation of action taken The
application in



Form 19 of Shri/Smt./Kumari..... address — has been- (a) (b) Date accepted and the name of Shri/Smt./Kumari.....has been registered at Serial No..... in Part rejected for the reason.....(Perforation)..... Receipt of application Received the application in Form 18 from Shri/ Shrimati/Kumari*.. address*. Date *To be filled in by the applicant".
Electoral Registration Officer, (Address) Electoral Registration Officer, (Address)

