

ELECTION COMMISSION OF INDIA

FORM-6

Acknowledgement No._

(See Rules 13(1) and 26) of Registration of Electors Rule-1960

(To be filled by office)

Application for Inclusion of Name in Electoral Roll for First time Voter OR on Shifting												
from One Constituency to Another Constituency.												
To, The Electoral Registration Officer,Assembly / Parliamentary Consitituency												
As a first time voter or due to shifting from another constituency RECENT PASSPORT SIZE												
Particulars in support of my claim for inclusion in the electoral roll are given below:-												
Mandatory Particulars 3.5 CM) SHOWING												
(a) Name FRONTAL VIEW OF FULL FACE WITHIN THIS BOX												
(b) Surname(if any)												
(c) Name and surname of Relative of												
Applicant [see item (d)] Father Mother Husband Wife Other												
(Tick appropriate box)												
(f) Date of Birth (in DD/MM/YYYY format)(if known)												
(g) Gender of Applicant (Tick appropriate box) Male Female Third Gender												
(h)Current address where applicant is ordinarily resident House No.												
Street/Area/Locality												
Town/Village												
Post Office Pin Code												
District State/UT												
(i) Permanent address of applicant House No.												
Street/Area/Locality												
Town/Village												
Post Office Pin Code												
District State/UT												
(j)EPIC No. (if issued)												
Optional Particulars												
(k) Disability (if any) (Tick appropriate box) Visual impairment Speech & hearing disability Locomotor disability Other												
(I) Email id (optional)												
(m) Mobile No. (optional)												
DECLARATION - I hereby declare that to the best of knowledge and belief –												
(i) I am a citizen of India and place of my birth is Village/TownDistrictDistrictDistrict												
(ii) I am ordinarily resident at the address given at (h) above since												
(iii)I have not applied for the inclusion of my name in the electoral roll for any other constituency. *(iv)My name has not already been included in the electoral roll for this or any other assembly/ parliamentary constituency												
OR *My name may have been included in the electoral roll for Constituency in												
State in which I was ordinarily resident earlier at the address mentioned below and if so, I request that the same may be deleted from tha												
electoral roll.												
* strike off the option not appropriate												

Address of ear	lier place o	of oi	dina	ry res	idence	e (if a	appl	ying c	lue to	o shif	fting f	from	anot	her co	ns	stituency)											
House No.									Str	reet/	/Area/	/Loc	ality															
Town/Village																												
Post Office														Pin C	Coc	de	Γ		1 Г		1 [٦	Γ	7		7		
District																State/U	<u></u> Т											
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 the Representation of the People Act, 1950 (43 of 1950).																												
Place																												
Date Signature of Applicant																												
Remarks of Field Level Verifying Officer:																												
Details of action taken (To be filled by Electoral Registration Officer of the constituency)																												
electoral roll	The application of Shri / Shrimati/ Kumarifor inclusion of name in the electoral roll in Form 6 has been accepted/ rejected. Detailed reasons for acceptance [under or in pursuance of rule 18/20/26(4)] or rejection [under or in pursuance of rule 17/20/26(4)] are given below:															n the												
Place:																												
Date: Signature of ERO Seal of												al o	of the ERO															
\simeq																											$\boldsymbol{\succ}$	
Intimation of decision taken (to be filled by Electoral Registration Officer of the constituency and to be posted to the applicant on the address as given by the applicant) Postage Stamp to														mp to														
The application in Form 6 of Shri/Shrimati/Kumari be affixed Current address where applicant is ordinarily resident House No.													y the															
		ihhii	Cant	5 01 0		/ 185	luein	L			пос	1961	NU.											Registration Authority at the				
Street/Area/Lo	cality																								time of dispatch			
Town/Village															-													
Post Office																Pin Code												
District		•											State	/UT														
Has been (a) accepted and the name of Shri/Shrimati/Kumari																												
Has been reg	istered at	t Se	rial N	lo		•••••	.in P	art N	lo				of AC	: No				•••••										
(b) rejected f	or the rea	asor	۱	•••••						•••••					••••							•••••		•••••				
Date:																Elector	ral	Re	gist	rat	ion	Of	fice	er				
e /																Addre	ss.										~ 2	
$\boldsymbol{\boldsymbol{\times}}$								Ackı	nowl	edg	emer	nt/F	lecei	ot													~	
Acknowledgement Number										Date																		
Received the													!															
[Applicant ca	in reier th	ne A	UKUC	wied	igem	enti	INO. I	iu ch	eck t	.ne s	Idlus	S OT	appii	catior	ıj.													
																	Na	me	/Sią	gna	atur	re c	of E	RO	/AE	RC)/BLO	