

ELECTION COMMISSION OF INDIA

FORM-6

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

Acknowledge	eme	nt	No	

(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 Registra								
I request that my nar	SPACE FOR PASTING ONE							
As a first time voter	RECENT PASSPORT SIZE							
Particulars in support	of my claim for i	nclusion in the elect	oral roll are	given below	:-	PHOTOGRAPH (3.5 CM X 3.5 CM) SHOWING		
Mandatory Particulars (a) Name						FRONTAL VIEW OF FULL		
(b) Surname(if any)						FACE WITHIN THIS BOX		
(c) Name and surname Applicant [see item (d)]	of Relative of							
(d) Type of Relation (Tick appropriate box)		Father Mo	other	Husband	Wife	Other		
(e) Age [as on 1 st Janua	y of current calend	lar year]	Years]	Months			
(f) Date of Birth (in DD/	MM/YYYY format)(if known)						
(g) Gender of Applicant	(Tick appropriate box)	Male	Fe	male	Third Gender			
(h)Current address whe	re applicant is ordi	narily resident	House	No.				
Street/Area/Locality			1					
Town/Village								
Post Office					Pin Code			
District				State/UT				
(i) Permanent address	f applicant Hou	use No.						
Street/Area/Locality								
Town/Village								
Post Office					Pin Code			
District				State/UT				
(j)EPIC No. (if issued)								
Optional Particulars	<u> </u>				_			
(k) Disability (if any) (Tick appropriate box)	Visual imp	pairment Speech	& hearing di	sability	Locomotor disability	Other		
(I) Email id (optional)								
(m) Mobile No. (option	al)							
<u>DECLARATION</u> - I hereby		-	-					
						tate		
(ii) I am ordinarily resid						(date, month, year).		
(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								
*My name may have be	en included in the	electoral roll for	OR		Constituency in			
			ntioned belov	v and if so, I r		may be deleted from that		
electoral roll.								
* strike off the option n	ot appropriate							

Address of earl	ier place o	of ordinary re	sidence (if a	ipplying d	lue to shi	fting from	n anoth	ner co	nstituen	cy)							
House No.					Street	/Area/Loc	ality										
Town/Village																	
Post Office								Pin C	Code					\prod	$\overline{1}$		
District									State/	'UT			-				
I am aware the punishable und	_				-				believe to	o be	false	or do	not i	believ	re to b	be ti	rue, is
Place																	
Date							Signa	ature	of Appli	ican	t						
Remarks of Fi	eld Level	Verifying (Officer:														
			(To be fille			action tak		the co	nstituency	v)							
The application electoral roll in 18/20/26(4)] of Place:	n Form 6	has been a	ccepted/ re	ejected. I	Detailed	reasons	for ac	cepta	ance [un							ne ii	n the
Date:	pate: Signature of ERO Sea								eal of	of the ERO							
~																	×
Intimation of applicant on t	he addre	ss as given	by the appl	licant)									•		Postag		•
	The application in Form 6 of Shri/Shrimati/Kumari										Electoral Registration						
Street/Area/Lo	treet/Area/Locality									$\overline{}$	Author	rity at	the				
Town/Village														—		i disp	
Post Office									Pin Cod	de					7 🗆	7 [
District							State/	'UT					<u> </u>	<u> </u>			
Has been (a) a	ccepted	and the nar	ne of Shri/	Shrimati,	/Kumari.					•••••			•••••	•••••		•••••	•••••
Has been regi	stered at	Serial No	i	in Part N	0		of AC	No									
(b) rejected for	r the rea	son															
Date:									Elect	oral	l Reg	istrat	tion O)ffice	r		
~									Addr	ress.							ع_
^				<u>Ackr</u>	_	ement/F	Receip	<u>t</u>									- 8
Acknowledge	ment Nur	nber									Da	те	. – – –				
Received the																	
[Applicant ca	n refer th	e Acknowle	dgement N	No. to ch	eck the s	status of	applic	catior	۱].								
										Na	ame,	/Signa	ature	of El	RO/AI	ERO	/BLO