



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 Constituency

I request that my name be included in the electoral roll for the above Constituency. (Tick appropriate box)
As a first time voter [] or due to shifting from another constituency []
Particulars in support of my claim for inclusion in the electoral roll are given below:-

SPACE FOR PASTING ONE RECENT PASSPORT SIZE PHOTOGRAPH (3.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITHIN THIS BOX

Mandatory Particulars

(a) Name []

(b) Surname(if any) []

(c) Name and surname of Relative of Applicant [see item (d)] []

(d) Type of Relation (Tick appropriate box) Father [] Mother [] Husband [] Wife [] Other []

(e) Age [as on 1st January of current calendar year.....] Years [] [] Months [] []

(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 []

(l) 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/Town.....District.....State.....

(ii) I am ordinarily resident at the address given at (h) above since(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

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 that electoral roll.

* strike off the option not appropriate

Address of earlier place of ordinary residence (if applying due to shifting from another constituency)					
House No.		Street/Area/Locality			
Town/Village					
Post Office		Pin Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
District		State/UT			

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)**

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:

Place:

Date:

Signature of ERO

Seal of the ERO

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)

The application in Form 6 of Shri/Shrimati/Kumari.....				Postage Stamp to be affixed by the Electoral Registration Authority at the time of dispatch
Current address where applicant is ordinarily resident		House No.		
Street/Area/Locality				
Town/Village				
Post Office		Pin Code	<input type="text"/>	
District		State/UT		

Has been (a) accepted and the name of Shri/Shrimati/Kumari.....

Has been registered at Serial No.....in Part No..... of AC No.....

(b) rejected for the reason.....

Date: _____ Electoral Registration Officer

Address.....

Acknowledgement/Receipt

Acknowledgement Number _____

Date _____

Received the application in form 6 of Shri / Smt. / Ms. _____
[Applicant can refer the Acknowledgement No. to check the status of application].

Name/Signature of ERO/AERO/BLO