FORMAT

Application for inclusion of name in electoral roll

(to be filed by person desiring his name to be included in the roll)

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

To,

The Electoral Registration Officer/Authorized Officer,

……Zilla Parishad Constituency.

I submit application for inclusion of my name in the Panchayat Electoral Roll of _____ No Ward of _____ Gaon Panchayat.

(1) Name of the applicant

a. EPIC Number _____

b. Details on the ECI Voter List: Polling Station No & Name _____of _____ Assembly Constituency.

(2) Name and Surname of any one of the relatives:-

Father ☐ OR Mother ☐ OR Husband ☐

(3) Mobile No. of Self (if available) | | | | | | | | | | |

(or)

Of relative mentioned at Item No. 2 | | | | | | | | | | |

(4) Gender ☐ Male ☐ Female ☐ Third Gender

(5) (a) Date of Birth | D | D | / | M | M | / | Y | Y | Y | Y |

(b) Self attested copy of document supporting age proof attached (anyone of the following)

(i) Document for Proof of Date of Birth: -*(Any one of these)*

1. ☐Birth certificate 2. ☐Aadhaar Card 3. ☐PAN Card 4. ☐Driving License 5. ☐Indian Passport 6. ☐Certificates of Class X/XII issued by CBSE/ICSE/State Education Board

(ii) Any Other Document for Proof of Date of Birth: - (If none of the above documents is available) (Pl. Specify) _____

(6) (a) Present Ordinary Residence (Full Address)	House/Building/ Apartment No.	Street/Area/Locality/ Mohalla/Road
	Town/Village	Post Office
	PIN Code	Tehsil/Taluqa/Mandal
	District	State

(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)*

(i) Document for proof of residence :- *(Any one of these)*

1. ☐ Water/Electricity/Gas connection Bill for that address (at least 1 year)
2. ☐ Aadhaar Card 3. ☐ Current passbook of Nationalized/Scheduled Bank/Post Office
4. ☐ Indian Passport 5. ☐ Registered Rent Lezase Deed (In case of tenant)
6. ☐ Registered Sale Deed (In case of own house)

(ii) Any Other document for Proof of residence: - (If none of the above documents is available) (Pl. Specify) # _____

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 _____

(ii) I am ordinarily a resident at the address mentioned at Sr. No. 6(a) in the Form since_____(mention month and year).

(iii) I am applying for inclusion in Panchayat Electoral Roll for the first time and my name is not included in any Zilla Parishad Constituency.

or

***my name was included in the electoral roll for _____ No Ward of _____ Gaon Panchayat of _____ZP constituency in _____ District in which I was ordinarily resident earlier. I request that the same may be deleted from that electoral roll.**

(iv)* I don't possess any of the documents as mentioned 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 both.

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.

*Strike out the inappropriate alternative.

In case none of the mentioned documents is available, field verification is necessary.

.....(Perforation).....

✂Acknowledgement/Receipt for application✂

Acknowledgment Number _____

Receivedthe application in the Format of Shri/Smt./Ms _____

Signature of ERO/AERO/Authorized Officer

FORMAT

Application for objecting inclusion or seeking deletion of name in electoral roll
(to be filed only by the person whose name is already included in the roll)

To,

The Electoral Registration Officer/Authorized Officer,
……Zilla Parishad Constituency.

(1) Name of the applicant

EPIC Number _____

Serial Number in Draft Electoral Roll _____

Mobile No. of Self (if available) (or)
Of relative mentioned

(2) Option of application/objection: -*(Tick the appropriate option) (Any one)*

☐ (i) I object to proposed inclusion of name of the person mentioned below due to any one of the following reasons:-*(tick any one)*

☐Death ☐Absent / Permanently shifted ☐Not Indian Citizen
☐Already enrolled

☐ (ii) I request to delete below mentioned name from the electoral roll due to any one of the followingreasons:-*(tick any one)*
☐ Permanently shifted ☐ Not Indian Citizen ☐ Already enrolled

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_____Surname_____EPIC Number_____

_____ No Ward of _____ Gaon Panchayat.

Address	House/Building/Apartment No.	Street/Area/Locality
	Town/Village	Post Office
	PIN Code	Tehsil/Taluqa/Mandal
	District	State

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that I am aware that making a 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 both.

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.

……(Perforation)……

✂Acknowledgement/Receipt for application✂

Acknowledgment Number _____

Received the application in the Format of Shri/Smt./Ms _____

Signature of ERO/AERO/Authorized Officer

FORMAT

Application for correction to particulars entered in electoral roll

(to be filed only by the person to whom that entry relates)

To,

The Electoral Registration Officer/Authorized Officer,

……Zilla Parishad Constituency.

(I) Name of the applicant –

EPIC Number _____

Mobile No. of Self (if available) (or)
Of relative mentioned

(II) Please correct my following details in the electoral roll in _____ No Ward of _____ Gaon Panchayat.

(Maximum of 4 entries can be corrected)

(Tick the appropriate boxes)

Copy of self-attested Documentary Proof in support of claim to be attached.

1. ☐Name 2. ☐Gender 3. ☐DoB/Age 4.☐Relation Type 5.☐ Address 6. ☐Relation Name

The correct particulars in the entry to be corrected are as under:-

Name of the Document(s) in support of above claim attached

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that I am aware that making a 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 both.

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.

……(Perforation)……

✂Acknowledgement/Receipt for application✂

Acknowledgment Number _____

Received the application in the Format of Shri/Smt./Ms _____

Signature of ERO/AERO/Authorized Officer