



ELECTION COMMISSION OF INDIA

Form-6

FORM No. _____

Application Form for New Voters

(To be filled by office)

(See Rules 13(1) and (26) of the Registration of Electors Rules, 1960)

To,

The Electoral Registration Officer,

No. & Name of Assembly Constituency

No.

Name _____

Or No. & Name of Parliamentary Constituency@

No.

Name _____

(@ only for Union Territories not having Legislative Assembly)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname (if any)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

(1)(b) Name (In English in BLOCK LETTERS)

First Name followed by Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname (if any)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Disclaimer: If name not filled in English, it will be transliterated by software.

*(2)(a) Name and Surname (in official language of State) of any one of the relatives:-

 Father Or Mother Or Husband Or Wife Or

 Legal Guardian in case of orphan/Third Gender

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*(2)(b) Name and Surname (In English in BLOCK LETTERS) of the relative mentioned above

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(3) Mobile No. of Self (if available)

(or)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Of relative mentioned at Item No. 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(4) Email ID of Self (If available)

(or)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Of relative mentioned at Item No. 2

(5) Aadhaar Details:- (Please tick the appropriate box)

(a) Aadhaar Number or(b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.

(6) Gender

 Male Female Third Gender

(7) (a) Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(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)

- Birth certificate issued by Competent Local Body/Municipal Authority/Registrar of Births & Deaths
- Aadhaar Card
- PAN Card
- Driving License
- Certificates of Class X or Class XII issued by CBSE/ICSE/ State Education Boards, if it contains Date of Birth
- 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.

Street/Area/Locality/ Mohalla/Road

Town/Village

Post Office

PIN Code

Tehsil/Taluqa/Mandal

District

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*)

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

- | | | | |
|-----------------------------|---|-----------------------------|---|
| 1. <input type="checkbox"/> | Water/Electricity/Gas connection Bill for that address (atleast 1 year) | 2. <input type="checkbox"/> | Aadhaar Card |
| 3. <input type="checkbox"/> | Current passbook of Nationalized/Scheduled Bank/Post Office | 4. <input type="checkbox"/> | Indian Passport |
| 5. <input type="checkbox"/> | Revenue Department's Land Owning records including Kisan Bahi | | |
| 6. <input type="checkbox"/> | Registered Rent Lease Deed (In case of tenant) | 7. <input type="checkbox"/> | 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) # _____

(9) Category of disability, if any(Optional) Locomotive Visual Deaf & Dumb

If any other (Give description) _____

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

(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: _____ Relationship with applicant _____

His/her EPIC no.: _____

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 _____ (*mention month and year*)

(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 mentioned documents 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.

Note-

* In case of a married female applicant, name of Husband may preferably be mentioned.

^ Submission of self-attested copy of mentioned documents will ensure speedy delivery 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/Receipt for application** ✂

Acknowledgment 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

GUIDELINES FOR FILLING UP THE APPLICATION**FORM-6****1. 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 Electoral 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 in 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 given postal address after enrolment, free of cost through speed post under proper acknowledgement.

2. **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.

3. **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).

4. **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).

5. 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'.

6. 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 will have to appear personally before Electoral Registration Officer or any other officer designated by him for verification.

7. 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.

8. ***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 People Act, 1950 with imprisonment with a term which may extend to one year or with fine or with both.**