

(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 KisanBahi	
6. <input type="checkbox"/> Registered Rent Lease Deed (In case of tenant)	7. <input type="checkbox"/> Registered Sale Deed (In case of ownhouse)

(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 documents 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.

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