



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/ Kumari .....for 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

**ANNEXURE –II (For Form-6)**

**FORM OF OATH OR AFFIRMATION**

(To be made by either of the parents/Guru of the first time applicant  
in the age group of 18-21 years who has no age proof)

I, ..... whose  
name is enrolled at the Serial No. .... in the Part No. .... of electoral roll of the  
..... Assembly Constituency  
do swear in the name of the God / solemnly affirm that my son / daughter/chela  
..... is .....years  
of age as on 1<sup>st</sup> January, 20... and is residing with me.

Place:

Date:

Signature of the parent/Guru

Sworn in the name of God/solemnly affirmed by Shri/Shrimati  
..... at .....  
(Place) at ..... (hour) this the ..... day of  
..... 20... before me.

Signature of Electoral Registration Officer /  
Assistant Electoral Registration Officer with Seal

**ANNEXURE –III  
(For Form-6)**

**DECLARATION\***  
**(For an elector of 21+ age group seeking fresh registration for the first time)**

I,....., Son/Daughter/Wife of ..... R/o.....  
....., declare as under: -

I have applied for registration in the electoral roll of ..... constituency,  
as my name does not figure in electoral roll anywhere in India.

2. I have not been issued any EPIC at any time in the past in any constituency.

Place:  
Date:

Signature of the Applicant

**\*(Making false declaration in matters related to preparation/revision of electoral roll is an offence punishable under Section 31 of the Representation of the People Act, 1951, and also under the provisions of the Indian Penal Code)**

ANNEXURE IV(For Form-6)

DECLARATION BY STUDENTS LIVING IN  
HOSTELS/MESSES/ELSE WHERE  
(TO BE ATTACHED WITH FORM 6)

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

I, .....(NAME IN BLOCK LETTERS),  
: son/daughter of \_\_\_\_\_

address of native place), hereby declare that :----

(a) I am a bonifide student of .....( name of  
the institution) and pursuing .....(details of the course)  
from .....(month).....(year)  
to.....(month).....(year)

\* (b) I am presently residing at –

(i) \_\_\_\_\_ (if  
residing in hostel/mess, mention Room No./Block No./ Block Name, etc. of the  
hostel/mess).

OR

\* (ii) \_\_\_\_\_ (if residing elsewhere  
outside the hostel/mess, mention complete  
postal address of the place of stay outside the hostel/mess).

(c) \* I want to be registered in the electoral roll/retain my registration in the electoral roll of  
my native place at my above-mentioned residential address with my parents/guardian.

OR

\* I want to be registered in the electoral roll of the constituency where I am presently residing .

II. I am aware that registration in the electoral roll of more than one constituency or more  
than once in a constituency is not permitted under the election law and am also aware of the  
penal provisions of Sec. 31 of the R.P.Act, 1950, which reads as follows: -

*"If any person makes in connection with (a) the preparation, revision or correction of an electoral roll, or (b)  
the inclusion or exclusion of any entry in or from an electoral roll, a statement or declaration in writing which is  
false and which he either knows or believes to be false or does not believe to be true, he shall be punishable  
with imprisonment for a term which may extend to one year, or with fine, or with both.*

Place :

(signature of the student)

Date :

It is certified that the information given in the declaration at (a) above and the  
photograph have been verified from the records of the institution and are found to be correct.

Place:

Date:

Signature and seal of the  
Head Master/Principal/Registrar/Director/Dean

**ANNEXURE V(For Form-6)**

Election Commission of India (ANNEXURE-V) Application for Issue of Replacement Elector's Photo Identity Card (EPIC)			FORM ID	
			ECI-EPIC-001	
<b>A</b>	State/ UT :			
	AC <sup>3</sup> (No. & Name):			
	District:			
<b>B</b>	<b>Elector's Particulars (To be filled by Elector)</b>			
To, The Electoral Registration Officer, ..... Assembly/ Parliamentary <sup>3</sup> Constituency	Sir/Madam, I request that a Duplicate Electoral Photo identity Card be issued to me as my original card is lost/destroyed/mutilated due to corrections in my elector's detail or due to change of address I want to get afresh card with my new address. I am returning my EPIC to you along with fee for issue of duplicate EPIC My name is included in the electoral roll for the above constituency. Particulars in support of my claim for issue of duplicate EPIC are given below:			
1. Name of Elector:			2. EPIC No of Original card ( if known ) .:	
3. Father's/ Mother's/ Husband's* Name :			4. Sex (M/F):	5. Date of Birth (DOB) If not known then Age in Years)as on 1st Jan, 200____
6. Address				
(i) House / Door number :				
(ii) Street/ Mohalla / Road/ Gali :				
(iii)Area / Locality :				
(iv) Town/Village :			(v) PIN CODE	
(vi) Police Station :			(vii) District:	
(viii) Reasons for applying for a Duplicate card				
1. I will collect EPIC from VRC/CSC 2. I wish to receive my EPIC by Post(self addressed and stamped envelope enclosed) 3. I will collect EPIC from BLO.				
				) Signature of the applicant
(ix) Tick (✓) the appropriate box:			Date:	
I hereby return my mutilated /old card.			Place:	
<input type="checkbox"/> I undertake to return the earlier card issued to me if the same recovered at a later date.				
<input type="checkbox"/>	<i>For official Use</i>			
<i>Authentication for Issue of EPIC (To be filled by ERO's Representative)</i>				
Part No. :	Serial No. of Elector in Part :	ID number of Designated Photography Location (DPL) or Common Service centers (CSE):	#Token No. or Receipt No.	
Register No.	Serial No. in Register			
Verified by:				
Date: __/__/200__		Signature		
<b>D</b>	<b>Acknowledgement of R- EPIC by the Elector</b>			
Received Duplicate EPIC on (Date):			Elector's Signature or Thumb Impression	
	-	-	200__	