6/9/24, 10:43 PM Form 8



## FORM 8

(See Rules 13(3) and (26) of the Registration of Electors Rules, 1960)

# **ELECTION COMMISSION OF INDIA**

FORM NO \_\_\_\_\_

| To, The Electoral Registration Officer,,                               |                   |
|--|-------------------|
|  |                   |
| No. and Name of Assembly Constituency                                  |                   |
| 0.   |                   |
| 5  |                   |
| ame Tundla   |                   |
| Or No. and Name of Parliamentary Constituency                          |                   |
| No.  |                   |
| Name<br>(@ only for Union Territories not having legislative Assembly) |                   |
|  |                   |
| (I) Name of the applicant - VIMLESH DEVI                               |                   |
| EPIC No. <b>UBC5540489</b>   |                   |
| 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 hav         | re Aadhaar Number |
|  |                   |
| Mobile No. of Self (or)  |                   |
| Mobile No. of Father/Mother/Any other relative (if available)          |                   |
|  |                   |
| Email Id of Self (or)  |                   |
| Email Id of Father/Mother/Any other relative (if available)            |                   |
|  |                   |
| (II) I submit application for (Tick any one of the following)          |                   |
| 1.   |                   |
| Shifting of Residence (or)   |                   |
| 2.   | ~                 |
| Correction of Entries in Existing Electoral Roll (or)                  |                   |
| 3.   |                   |
| Issue of Replacement EPIC without correction (or)                      |                   |
| 4.   |                   |
| 4.   |                   |

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## FORM 8

(See Rules 13(3) and (26) of the Registration of Electors Rules, 1960)

# **ELECTION COMMISSION OF INDIA**

FORM NO \_\_\_\_\_

| То,  |                                       |
|--|---------------------------------------|
| The Electoral Registration Officer,,   |                                       |
| No. and Name of Assembly Constituency  |                                       |
| 0.   |                                       |
| 5  |                                       |
| ame <b>Tundla</b>  |                                       |
| Or No. and Name of Parliamentary Constituency  |                                       |
| No.  |                                       |
| Name<br>(@_only for Union Territories not having legislative Assembly)   |                                       |
| (co compression termination of the construction of the constructio |                                       |
| (I) Name of the applicant - VIMLESH DEVI   |                                       |
|  |                                       |
| EPIC No. <b>UBC5540489</b>   |                                       |
| Aadhaar Details:- (Please tick the appropriate box)  |                                       |
|  |                                       |
| (a)<br>Aadhaar Number  |                                       |
| Or   | × × × × × × × × × × × × × × × × × × × |
| OI   |                                       |
| (b)  |                                       |
| I am not able to furnish my Aadhaar Number because I don't have  | e Aadhaar Number                      |
| Mobile No. of Self (or)  |                                       |
| · · · · · · · · · · · · · · · · · · ·  |                                       |
| Mobile No. of Father/Mother/Any other relative (if available)  |                                       |
| Email Id of Self (or)  |                                       |
| 2.114.114 01 00.11 (0.1)   |                                       |
| Email Id of Father/Mother/Any other relative (if available)  | <del></del>                           |
| II) I submit application for (Tick any one of the following)   |                                       |
|  |                                       |
| 1. Shifting of Residence (or)  |                                       |
| 2.   |                                       |
|  | ~                                     |
| Correction of Entries in Existing Electoral Roll (or)  |                                       |
| Issue of Replacement EPIC without correction (or)  |                                       |
|  |                                       |
| 4.   |                                       |
| Request for marking as Person with Disability  |                                       |

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## FORM 8

(See Rules 13(3) and (26) of the Registration of Electors Rules, 1960)

# **ELECTION COMMISSION OF INDIA**

FORM NO \_\_\_\_\_

| To, The Electoral Registration Officer,, No. and Name of Assembly Constituency o.  |                |
|--|----------------|
| No. and Name of Assembly Constituency  |                |
|  |                |
|  |                |
|  |                |
| ame <b>Tundla</b>  |                |
| Or No. and Name of Parliamentary Constituency  |                |
| No.  |                |
| Name   |                |
| (tel any reliance name necessary)  |                |
| I) Name of the applicant - VIMLESH DEVI  |                |
|  |                |
| EPIC No. <b>UBC5540489</b>   |                |
| 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 |
| Mobile No. of Self (or)  |                |
| ***************************************  |                |
| Mobile No. of Father/Mother/Any other relative (if available)  |                |
| Free cilled of Colf (ov)   |                |
| Email Id of Self (or)  |                |
| Email Id of Father/Mother/Any other relative (if available)  |                |
| I. I. submit application for (Tick any one of the following)   |                |
| (Tick any one of the following)  |                |
|  |                |
|  |                |
| 2.   | ~              |
| Correction of Entries in Existing Electoral Roll (or)  |                |
| 3.   |                |
| Issue of Replacement EPIC without correction (or)  |                |
| 4.   |                |
| Request for marking as Person with Disability  |                |
| 1) I submit application for (Tick any one of the following)  1. Shifting of Residence (or)  2. Correction of Entries in Existing Electoral Roll (or)  3. Issue of Replacement EPIC without correction (or)  4. |                |

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