14/01/2023, 16:05 form6

form6

ELECTION COMMISSION OF INDIA FORM-(See Rules 13(1) and 26) **Application** form for New Voters To, The Electoral Registration Officer, Andhra Pradesh Adoni Assembly / Parliamentary Consitituency **Personal Details** First name ಹು೯ಬಹ ಲಿಲಾ YEKBOTE LEELA followed by అక్షయ్ కుమార్ AKSHAY KUMAR Middle Name Surname(if any) Father **☑** Mother □ Husband □ Type of Wife □ Legal Relation Guardian in case of orphan/Guru in case of Third Gender \Box Name and surname of వై ఉరుకుందప్ప of any one of the Y URUKUNDAPPA relatives Mobile No. of Self (if 9492334118 Relative available) Email id of Self(If akshayadoni2022@gmail.com Relative □ available) Aadhaar Number Gender Male ✓ Female □ Third Gender 01/08/2003 Date of Birth (in DD/MM/YYYY format)

about:blank 1/3

5/201/A

House/Building/Apartment

Aadhaar Card

5/201/ఏ

Document for proof of Date of Birth

No.

Present Ordinary

Residence

14/01/2023, 16:05 form6

01/2023, 16:05				T	ormo				
Street/Area/Locality/Mohalla/Road I				KILCHINPET			కీలిచినపేట్		
Town/Village	ADON		•	ఆదోని					
Post Office	ADON	II	ఆదోని			Pin Code 5183		301	
Tehsil/Taluqa/Mandal ADONI					ප ದ್ದೆನಿ				
District Kurnool				State	State/UT			Andhra Pradesh	
Proof of Residence					Aad	Aadhaar Card			
<u>Category of disability if any(Optional)</u>									
Disability (if any)	Locor Deaf		o	Percentage of disability		Certificate Attached □			
Name of family member Y URUKUNDAPPA									
Relationship with applicant	Father ☑ Mother □ Husband □ Wife □ Legal Guardian in case of orphan/Guru in case of Third Gender □								
His/Her Epic No.				F	RTM0524785				
(i) I am a citizer Kurnool State A (ii) I am ordinar since 01/08/200 (iii)I am applyin not included in (iv)I don't posse Therefore, I hav (v)I am aware to application which believe to be true	n of Ind Andhra ily res 13 . g for il any As es any re encl hat ma ch is fa ue, is p	dia and plate of Pradesh sident at the sident at the seembly Colored in substitute of the actions the actions and worth able to an action of the action of t	ce of my e addres onstituer umnets of pport of bove sta which I kn	y birth ss mer al Roll ncy/Pa mentic age pr atemer now or Section	is V ntion for rlim necon room toom bel 31	/illage/ ned at the fir nentary d as pro f. r decla lieve to of Rep	Town Sr. N rst tin y Con one one one one one one one one one o	f Date of Birth/Age. n in relation to this alse or do not	
one year or with fine or with both.									

about:blank 2/3

14/01/2023, 16:05 form6

Applicant Place ADONI

Applicant Date **14/01/2023**

about:blank 3/3