Acknowledgment Number:-
S2518908C2207231000011

Submission Date : - **22-07-2023**



FORM 8

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

FORM	NO	
1 01(11)		

(To be filled by office)

ELECTION COMMISSION OF INDIA

Voter Application Form for Shifting of Residence/Correction of Entries in Existing Electoral Roll / Replacement of EPIC / Marking of PwD

Liectoral Roll / Rep	Jacen	ilelit (/ LI	10 / 1	viaiki	119 0	1 I V	V D					
To, The Electoral Registration Officer,, No. and Name of Assembly Constituency	No.	189		Na	ame C	handan	nagar						
Or No. and Name of Parliamentary Constituency (@ only for Union Territories not having legislative Assembly)	No.			Na	ime					_			
(I) Name of the applicant - Sanjay Dudheriya													
EPIC No. WB/27/182/426601													
Aadhaar Details:- (Please tick the appropriate box)													
(a) Aadhaar Number 2 6 2	0 6	5	4	3	7	3 1	1	5	Or				
(b) I am not able to furnish my Aadhaar Number bec	ause I do	n't have A	adhaa	r Number									
Mobile No. of Self (or)				9 4	3	3	0	8	3	0	8	7	
Mobile No. of Father/Mother/Any other relative (if available)			[
Email Id of Self (or) dudheriasan@hotmail.com			L										
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)													
Correction of Entries in Existing Electoral Roll (or)													
Issue of Replacement EPIC without correction (or)													
4. Request for marking as Person with Disability													
1. Application for Shifting of Residence I have shifted my residence and I request that my name may be deleted fit EPIC may be issued to me due to change in my address. I hereby return m Present Ordinary House/Building/Apartment No. Residence(Full Town/Village			ddress		Area/Loc					d below.	I reques	st that a	ı replacemer
Address) PIN Code					Taluqa/N	l ∕Iandal							
District				State/L	JT								
Self-attested copy of address proof either in the name of applicant or any (Attach any one of the documents mentioned below ^):- 1.	year) Post Offic	e	2. 4. 6.		nild, if alr Aadhaar Indian Pa	Card assport						address	
Any Other:- (Pl. Specify)													

2. Application	for Correction of Entries in Existing Electoral Roll
Please corre	et my following details in Electoral Roll/EPIC:
(Put a ti Copy of 1. 4. 7.	am of 4 entries/particulars can be corrected) ck & Robspin appropriate box below.) self-attested Documentary Proof in support of claim to be attached. Name 2. Gender 3. DoB/Age Relation Type 5. Relation Name 6. Address Mobile Number 8. Photo It particulars in the entry to be corrected are as under:- Sanjay Dudheria (সঞ্জয় দুধেরিয়া) 08/09/1965 15 , Upen Banerjee Road , Chandannagar , Chinsurah , Gondalpara , 712137 , HOOGHLY , West Bengal (15, উপেন ব্যানাজী রোড, চন্দননগর, গোল্ডালপাড়া, চিনসুরা)
	Name of Document in support of above claim attached
a.	Aadhaar Card
b.	Pan Card
C.	Aadhaar Card
	t a replacement EPIC may be issued to me due to change in my personal details. rn my old EPIC.
Thereby rete	infinity old El 10.
I request that a (Put a tick in a 1 3	Lost 2. Destroyed due to reason beyond control like floods, fire, other natural disaster etc. Mutilated
later stage.	my mutilated/ old EPIC (OR) I have attached copy of FIR/Police report for lost EPIC & I undertake to return the earlier EPIC issued to me if the same is recovered at
Category of	for Marking Person with Disability disability (Tick the appropriate box for category of disability) comotive Visual Deaf & Dumb If any other (Give description) ge of disability: % Certificate attached (Tick the appropriate box) Yes No
	DECLARATION
which is fal	ECLARE that to the best of my knowledge and belief that I am a citizen of India and I am aware that making a statement or declaration se 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 3 of 1950) with imprisonment for a term which may extend to one year or with fine or with both.
Date: 22-0 7	-2023
Place: Char	dannagar
intellectual	v 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 disability, autism, cerebral palsy and multiple disabilities etc., signature or left hand thumb impression of person with disability, or of signature or left hand thumb of his/her legal guardian will be required.
^ Submissio	n of self-attested copy of mentioned documents will ensure speedy delivery of services.
*	% % Acknowledgement/Receipt for application % % %
Acknowledg	ement Number :- \$2518908C2207231000011 Date : 22-07-2023
Received the	application in Form 8 of Shri/Smt./Ms. Sanjay Dudheriya
	Name/Signature of ERO/AERO/BLO

*** This is a computer generated document and does not require signature ***