

## FORM-6

(See Rules 13(1) and (26) of the Registration of Electors Rules, 1960)

## **ELECTION COMMISSION OF INDIA**

## **Application Form for New Voters**

Acknowledgement No.S0604306N1403251200003

(To be filled by office)

To, The Electoral Registration Officer, No. & Name of Assembly Constituency  Or No. & Name of Parliamentary Constituency@ (@Only for Union Territories not having Legislative As I submit application for inclusion of my name in the e		No. 43	Name: Vatva Name:	
(1)(a.) Name (In Official Language of State) First Name followed by Middle Name <b>દર્શન</b> Surname (if any) પ્રજાપતિ (1)(b.) Name (In English in BLOCK LETTERS) First Name followed by Middle Name <b>DARSHAN</b> Surname (if any) <b>PRAJAPATI</b> Disclaimer: If name not filled in English, it will be translit	erated by software.			
*(2)(a.) Name and Surname (in official language of State Father Or Mother Legal Guardian in case of orphan/Third Gender (2)(b.) Name and Surname (In English in BLOCK LETTER સોમાભાઇ પ્રજાપતિ	Or Husband Or Wife	Or AJAPATI		
(3) Mobile No. of Self (if available).  Of relative mentioned at Item No. 2	9 3 1 3	6 6 0	1 6 5	
(4) Email ID of Self (If available) darshanpr004@gmail.com  Or  Of relative mentioned at Item No. 2				
(5) Aadhaar Details	9 8 3 6 1	2 3 8 9	9 1 0	
(6) Gender	MALE	FEMALE	THIRD GENDER	
(7)(a.)Date of Birth (dd/mm/yyyy)  2 7 / 1 0 / 2 0 0 4  (b.) Self attested copy of document supporting age proof attached (anyone of the following) (i) Document for Proof of Date of Birth ^:- (Any one of these)  1. Birth certificate issued by Competent Local Body/Municipal Authority/Registrar of Births & Deaths				
2 Aadhaar Card	3. PAN Card y CBSE/ICSE/ State EducationBoards, if it contain Da			g License Passport

(8) (a.) Present Ordinary Residence (Full Address)					
House/Building/Apartment No. <b>B/30 Raghunandan Society ી/30 રધુનંદન સોસાયટી</b>	Street/Area/Locality. <b>Vinzol Road વિઝોલ રોડ</b>				
Tehsil/Taluqa/Mandal <b>Daskroi</b> દસ્ક્રોઈ	Town/Village Vatva વટવા				
Post Office <b>Vatva</b> વટેવા	State/UT <b>Gujarat</b>				
District Ahmedabad	Pin Code <b>382445</b>				
(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 ^:-  1.					
(9)Category of disability, if any (Optional)  If any other (Give description):-  Percentage of disability  % Certificate attached (Tick the appropriate box)	Visual Deaf & Dumb				
(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: <b>SOMABHAI</b> Relationship with applicant: <b>Father</b> His/her EPIC no. <b>DTL7170749</b>					
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:- Town/Village Vatva  District: Ahmedabad State/UT: Gujarat  (ii) I am ordinarily a resident at the address mentioned at Sr. No. 8(a) in Form 6 since: 2004-10  (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 of age proof. 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:14-03-2025  PLACE:AHMEDABAD					
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 document will ensure speedy delivery of services.					
# In case none of the 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					
Acknowledgement Number \$0604306N1403251200003 DATE 14-03-2025					
Received the application in Form 6 of Shri/Smt./Ms. Darshan Prajapati  દર્શન પ્રજાપતિ					
[Applicant can refer the Acknowledgement No. to check the status of application]					
*** This is a computer generated document and does not require signature ***					