



form6

 <div style="text-align: center;"> ELECTION COMMISSION OF INDIA FORM-6 <small>(See Rules 13(1) and 26)</small> Application form for New Voters </div>					
To, The Electoral Registration Officer, Gujarat Olpad Assembly / Parliamentary Consitituency					
Personal Details					
First name followed by Middle Name	Darshil		દર્શીલ		
Surname(if any)	Maniya		માણીયા		
Type of Relation	Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Legal Guardian in case of orphan/Guru in case of Third Gender <input type="checkbox"/>				
Name and surname of of any one of the relatives	Ghanshyambhai Maniya			ઘનશ્યામભાઈ માણીયા	
Mobile No. of Self (if available)	6356769901			Relative <input type="checkbox"/>	
Email id of Self(If available)	darshilmaniya05@gmail.com			Relative <input type="checkbox"/>	
Aadhaar Number					
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>				
Date of Birth (in DD/MM/YYYY format)	15/05/2004				
Document for proof of Date of Birth	Aadhaar Card				
Present Ordinary Residence	House/Building/Apartment No.	A-701 White House		અ-701 વાઇટ હાઉસ	
Street/Area/Locality/Mohalla/Road	Motavarachha		મોટાવરાછા		
Town/Village	Utran		ઉત્રાન		
Post Office	Motavarachha	મોટાવરાછા	Pin Code	394101	
Tehsil/Taluqa/Mandal	Choryasi		ચોર્યાસી		
District	Surat		State/UT	Gujarat	
Proof of Residence	Aadhaar Card				
Category of disability if any(Optional)					
Disability (if any)	Locomotive <input type="checkbox"/> Visual <input type="checkbox"/> Deaf & dumb <input type="checkbox"/> Other _____		Percentage of disability	Certificate Attached <input type="checkbox"/>	
Name of family member	Ghanshyambhai				
Relationship with applicant	Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Legal Guardian in case of orphan/Guru in case of Third Gender <input type="checkbox"/>				
His/Her Epic No.	YIO2882660				
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 Bapada District Bhavnagar State Gujarat (ii) I am ordinarily resident at the address mentioned at Sr. No. 8(a) in Form 6 since 21/07/2014 . (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 mentioned as proof of Date of Birth/Age. Therefore, I have enclosed in support of age proof.

(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.

Applicant Place **Surat**

Applicant Date **26/11/2022**