

FORM-6

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

ELECTION COMMISSION OF INDIA

Application Form for New Voters

 $Acknowledgement\ No. S0803906N2510241200003$

(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		
(1)(a.) Name (In Official Language of State) First Name followed by Middle Name मनीष Surname (if any) (1)(b.) Name (In English in BLOCK LETTERS) First Name followed by Middle Name MANISH Surname (if any) 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 पुरुषोत्तम चांद	e) of any one of the relatives:- Or Husband Or Wife Or SS) of the relative mentioned above PURSHOTTAM CHAND	
(3) Mobile No. of Self (if available). Of relative mentioned at Item No. 2	7 8 0 7 8 9 5 3 7 0	
(4) Email ID of Self (If available) Or Of relative mentioned at Item No. 2	manishsharma6906@gmail.com	
(5) Aadhaar Details	4 6 0 7 5 0 6 6 5 2 0 5	
(6) Gender	MALE FEMALE THIRD GENDER	
(7)(a.)Date of Birth (dd/mm/yyyy) 0 2 / 0 8 / 2 0 0 3 (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		
Aadhaar Card Certificates of Class X or Class XII issued b (ii) Any Other Document for Proof of Date of Birth:- (If no	3. PAN Card 4. Driving License y CBSE/ICSE/ State EducationBoards, if it contain Date of Birth o document is available) (PI. Specify)	

(8) (a.) Present Ordinary Residence (Full Address)			
House/Building/Apartment No. WARD NO. 2 ਗਤੀ ਜੰ. 2	Street/Area/Locality. DANDRU উন্মূ		
Tehsil/Taluqa/Mandal BARSAR वड़सर	Town/Village DHULERA धुले रा		
Post Office KASWAR कारवर	State/UT Himachal Pradesh		
District HAMIRPUR	Pin Code 174312		
(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) Locomotive If any other (Give description):- Percentage of disability % Certificate attached (Tick the appropriate box) Yes	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: PURSHOTTAM CHAND Relationship with applicant: Father His/her EPIC no. UP00041053			
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 DHULERA			
District: HAMIRPUR (ii) I am ordinarily a resident at the address mentioned at Sr. No. 8(a) in Form 6 since: 2003-08 (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: 25-10-2024 PLACE: DHULERA			
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 \$0803906N2510241200003 DATE 25-10-2024			
Received the application in Form 6 of Shri/Smt./Ms. MANISH मनीष			
[Applicant can refer the Acknowledgement No. to check the status of application]			
*** This is a computer generated document and does not require signature ***			