4/3/2015 FORM-6

Application for inclusion of name in electoral roll ApplicationID:10437199 To, The Electoral Registration Officer *Assembly Constituency: Parkal Sir, I request that my name be included in the electoral roll for the above Constituency. Particulars in support of my claim for inclusion in the electoral roll are given below: I. Applicant's Details: Name: BALAKRISHNA పేరు: బాలకృష్ణ ಬುರ್ರ Surname(if any): **BURRA** ఇంటి పేరు: Date of birth if you know: Day:10 Month:06 Year:1993 Gender: Age as on 1st January Year:21 Months:6 2015 Place of birth Place of birth Village/ Town: **DHARMARAM** WARANGAL District: State: **TELANGANA Relation Details** Relation Type Father's/Mother's/Husband's: M రాధ Name: **RADHA** పేరు: Surname(if any): **BURRA** ಬುಠ್ರ ఇంటి పేరు: II. Particulars of place of present ordinary Residence(Full address) House/Door number: 7-54 వీది /ఏరియా/ Street /Area /Locality బుస్ స్తాన్ద రోడ్ **BUS STAND ROAD** లొకాలిటి: /Mohalla /Road: ధర్మారం Town/ Village: **DHARMARAM** పట్టణం/గ్రామం: Tehsil/ Taluka/Mandal/ గీసుగోన్గ Geesugonda తాలూక /మండలం: Thana: District: WARANGAL Post Office: POST OFFICE DHARMARAM 506330 Pin code: III. Details of member(s) of applicant's family already included in the current electoral roll of the Constitutency: RPart number of the Relationship with Serial number in the Elector's Photo Identity Name: roll of the applicant: Card Number: Part: Constitutency: 1. RADHA **MOTHER** 0 0