

Note: Fields marked with asterisks ( \* ) are mandatory

Form 6  
(See Rules 13(1) and 26) of Registration of Electors Rule-1960

Application for inclusion of name in the electoral roll for the first time due to the transfer of voter or any other constituency from any one constituency

In service

Electoral Registration Officer,

State \*

Select

District

Select

Legislative Assembly / Parliamentary constituency \*

Select

I request that my name be included in electoral rolls for all the aforesaid areas.

- ☐ First time voter
- ☐ Due to transfer from other meeting areas.

Below are specifications in support of my claim to be included in the electoral rolls.

Mandatory specifications

(A) Name \*

(In English)

(In Regional)

(B) Surname (if any) \*

(In English)

(In Regional)

(C) Name of the applicant's relative \*

(In English)

(In Regional)

(D) Nickname of the applicant's relative \*

(In English)

(In Regional)

(E) Type of the relationship \*

Select

☒ (F) Age [on January 1 of the current calender] \*

Age

Year

Month

Or

☐ (G) Date of birth (in the form of month/ day/ year) (if known) \*

dd-----yyyy

(H) Applicant's gender \* 

Select

(I) Current address where applicant is ordinarily resident

House no. \*

(In English)

(In Regional)

Street / area / location \*

(In English)

(In Regional)

City / Village: \*

(In English)

(In Regional)

Post Office: \*

(In English)

(In Regional)

Pin Code \*

State / Union Territory \*

Select

District \*

Select

Family / Neighbour Epic No.

Optional specialties

(J) Disability (if any)

☐ Visual impairment

☐ Speech & hearing disability

☐ Locomotor disability

☐ other

(K) Email ID (optional)

(L) Mobile No. (optional) +91

Upload supporting documents (Supported formats .jpg, .png, .bmp, .jpeg) (max. 2MB)  
[List of supported documents](#)

Your photo \*

Choose File

No file chosen

Document type \* 

Select

Age proof \*

Choose File

No file chosen

Document type \* 

Select

Adress proof \*

Choose File

No file chosen

Document type \* 

Select

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;

City / Village:

Select state \*

District \*

(ii) I am ordinarily resident at the address given at (h) above since; Date \*

(iii) I have not applied for the inclusion of my name in the electoral roll for any other constituency;

☐ (iv) My name has not already been included in the electoral roll for this or any other assembly/ parliamentary constituency

Or

☐ My name may have been included in the electoral roll for \*  Constituency in \*  State in which I was ordinarily resident earlier at the address mentioned below and if so, I request that the same may be deleted from that electoral roll.

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Location \*  date

☐ I am aware that making a statement or declaration 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 the Representation of the People Act, 1950 (43 of 1950).

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