FORM-6 3/5/2017

## Application for inclusion of name in electoral roll

## ApplicationID:0455826325

To,

The Electoral Registration Officer

\*Assembly Constituency: Quthbullapur

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:	YADAIAH GOUD			పేరు:	ಯ್ದಯ್ಯ ಗೌಡ್
Surname(if any):	CHINNAVEERANNA			ఇంటి పేరు:	చిన్నవీరన్న
Date of birth if you know:	Day:18	Month:10	Year:1983	Gender:	M

Age as on 1st January Year:32 2016:

Months:2

## Place of birth Place of birth

Village/ Town:	HYDERABAD			
District:	RANGA REDDY	State:	TELANGANA	

•			1 01 till 0			
Relation Details						
Relation Type Father's/Mother's/Husban	d's: <sup>F</sup>					
Name:	ANJAIAH GOUD		పేరు: (	ಅಂಜಯ್ಯ ಗೌಡ್		
Surname(if any):	CHINNAVEERAN	NA	ఇంటి పేరు: 📑	చిన్నవీరన్న		
II. Particulars of plac			ddress)			
House/Door number:	H. NO 4-35-199, K	ALAVATHI NAGAR				
Street /Area /Locality /Mohalla /Road:	SHAPUR NAGAR	, IDA JEEDIMETLA	వీది/ఏరియా/ లొకాలిటి:	పపూర్ నగర్,, ఈద జీడిమెట్ల		
Town/ Village:	QUTHBULLAPUR		పట్టణం/గ్రామం: శ	చు్ుల్లపూర		
Tehsil/ Taluka/Mandal/ Thana:	QUTHBULLAPUR		తాలూక/మండలం: న	చేుఠ్బుల్లపూర		
District:	RANGAREDDY		Post Office: J	: JEEDIMETLA		
			Pin code:	00055		
III. Details of membe	er(s) of applicant's	family already inclu	RPart number of the	- II	Constitutency:  Elector's Photo Identity	
Name:		applicant:	roll of the Constitutency:	Part:	Card Number:	
1.			0	0		
2.			0	0		

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Mobile No: 0	Remarks:		
Email-Id:			
Aadhar ID:			
Print			