



ELECTION COMMISSION OF INDIA

Form-6

Application Form for New Voters

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

FORM No. _____

(To be filled by office)

To,

The Electoral Registration Officer,

No. & Name of Assembly Constituency

No.

Name _____

Or No. & Name of Parliamentary Constituency@

No.

Name _____

(@ only for Union Territories not having Legislative Assembly)

I submit application for inclusion of my name in the electoral roll for the above constituency.

(1)(a) Name (In Official Language of State)

First Name followed by Middle Name

Surname (if any)

(1)(b) Name (In English in BLOCK LETTERS)

SPACE FOR PASTING
ONE RECENT
UNSIGNED PASSPORT
SIZE COLOR
PHOTOGRAPH (4.5 CM
X 3.5 CM) SHOWING
FRONTAL VIEW OF
FULL FACE WITH
WHITE BACKGROUND

First Name followed by Middle Name

Surname (if any)

 Disclaimer: If name not filled in English, it will be transliterated by software.

*(2)(a) Name and Surname (in official language of State) of any one of the relatives:-

 Father Or Mother Or Husband Or Wife Or Legal Guardian in case of orphan/Guru in case of Third Gender

*(2)(b) Name and Surname (In English in BLOCK LETTERS) of the relative mentioned above

(3) Mobile No. of Self (if available) (or)

Of relative mentioned at Item No. 2

(4) Email ID of Self (If available) (or)

Of relative mentioned at Item No. 2

(5) Aadhaar Details:- (Please tick the appropriate box)

(a) Aadhaar Number or(b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.(6) Gender Male Female Third Gender(7) (a) Date of Birth d d / m m / y y y y

(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 & Deaths2. Aadhaar Card 3. PAN Card 4. Driving License5. Certificates of Class X or Class XII issued by CBSE/ICSE/ State Education Boards, if it contains Date of Birth6. Indian Passport(ii) *Any Other Document for Proof of Date of Birth:- (If none of the above documents is available) (Pl. Specify)*

(8) (a) Present Ordinary Residence (Full Address)	House/Building/Apartment No.	Street/Area/Locality/ Mohalla/Road
	Town/Village	Post Office
	PIN Code	Tehsil/Taluqa/Mandal
	District	State/UT

(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 ^:-

(Any one of these)

- | | |
|---|--|
| 1. <input type="checkbox"/> Water/Electricity/Gas connection Bill for that address (atleast 1 year) | 2. <input type="checkbox"/> Aadhaar Card |
| 3. <input type="checkbox"/> Current passbook of Nationalized/Scheduled Bank/Post Office | 4. <input type="checkbox"/> Indian Passport |
| 5. <input type="checkbox"/> Revenue Department's Land Owning records including KisanBahi | |
| 6. <input type="checkbox"/> Registered Rent Lease Deed (In case of tenant) | 7. <input type="checkbox"/> Registered Sale Deed (In case of ownhouse) |

(ii) Any Other document for Proof of residence:-

(If none of the above documents is available) (Pl. Specify) # _____

(9) Category of disability, if any(Optional)

Locomotive

Visual

Deaf & Dumb

If any other (Give description) _____

Percentage of disability: %, Certificate attached (*Tick the appropriate box*) Yes No

(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: _____ Relationship with applicant _____

His/her EPIC no.: _____

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:- Village/Town _____

District _____ State/UT _____

(ii) I am ordinarily a resident at the address mentioned at Sr. No. 8(a) in Form 6 since _____ (*mention month and year*)

(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 for proof of Date of Birth/Age. 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: _____

Place: _____ Signature of Applicant/Left Hand Thumb Impression

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-

- | | |
|----------------------------|--|
| * <input type="checkbox"/> | In case of a married female applicant, name of Husband may preferably be mentioned. |
| ^ <input type="checkbox"/> | Submission of self-attested copy of mentioned documents will ensure speedy delivery of services. |
| # <input type="checkbox"/> | In case none of the mentioned 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. |

XAcknowledgement/Receipt for application X

Acknowledgment Number _____ Date _____

Received the application in Form 6 of Shri/Smt./Ms. _____

[Applicant can refer the Acknowledgement No. to check the status of application.]

Name/Signature of ERO/AERO/BLO