



## FORM-6

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

Acknowledgement No.S1312606N2601241200027

## ELECTION COMMISSION OF INDIA

(To be filled by office)

## Application Form for New Voters

To,  
The Electoral Registration Officer,  
No. & Name of Assembly Constituency  
Or No. & Name of Parliamentary Constituency@  
(@Only for Union Territories not having Legislative Assembly)

No.

126

Name: Deolali (SC)

No.

-

Name: \_\_\_\_\_

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 फरदीन सज्जाद अली

Surname (if any) सैय्यद

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

First Name followed by Middle Name FARDIN SAJJAD ALI

Surname (if any) SAYYAD

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 ☐ OrLegal Guardian in case of orphan/Third Gender ☐

(2)(b.) Name and Surname (In English in BLOCK LETTERS) of the relative mentioned above SAJJAD ALI SAYYAD

सज्जाद अली सैय्यद

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

9	5	7	9	9	6	5	1	0	4
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Of relative mentioned at Item No. 2

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(4) Email ID of Self (If available)

fssaiyyad42@gmail.com

Or

Of relative mentioned at Item No. 2

(5) Aadhaar Details

5	1	4	7	8	4	7	2	7	1	7	2
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(6) Gender

MALE



FEMALE



THIRD GENDER



(7)(a.) Date of Birth (dd/mm/yyyy)

0	2	/	1	1	/	2	0	0	2
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(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 Card3. ☐ PAN Card4. ☐ Driving License5. ☐ Certificates of Class X or Class XII issued by CBSE/ICSE/ State Education Boards, if it contain Date of Birth6. ☐ Indian Passport

(ii) Any Other Document for Proof of Date of Birth:- (If no document is available) (Pl. Specify) \_\_\_\_\_

(8) (a.) Present Ordinary Residence (Full Address)		
House/Building/Apartment No. Gulab Wadi गुलाब वाडी		Street/Area/Locality. Mal dhakka road माळ धक्का रोड
Tehsil/Taluqa/Mandal Nashik नाशिक		Town/Village Deolali Gaon देवळाली गाव
Post Office Idgaon Deolali sub इदगांव देवळाली सब		State/UT Maharashtra
District Nashik		Pin Code 422101
(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. <input type="checkbox"/> Water/Electricity/Gas connection Bill for that address(atleast 1 year)		
2. <input checked="" 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 Kisan Bahi		
6. <input type="checkbox"/> Registered Rent Lease Deed(Incase of tenant)		
7. <input type="checkbox"/> Registered Sale Deed(Incase of own house)		
(ii) Any Other Document for Proof of residence:- (If no document is available) (Pl. Specify) _____		
(9)Category of disability, if any (Optional)		
Locomotive <input type="checkbox"/> Visual <input type="checkbox"/> Deaf & Dumb <input type="checkbox"/>		
If any other (Give description):-		
Percentage of disability <input type="text"/> % Certificate attached (Tick the appropriate box) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(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:- Town/Village Deolali Gaon		
District: Nashik State/UT: Maharashtra		
(ii) I am ordinarily a resident at the address mentioned at Sr. No. 8(a) in Form 6 since: 2024-01		
(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 :26-01-2024		
PLACE :GULAB WADI		
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 S1312606N2601241200027		
Received the application in Form 6 of Shri/Smt./Ms. Fardin Sajjad Ali Sayyad फरदीन सज्जाद अली सैय्यद		
[ Applicant can refer the Acknowledgement No. to check the status of application]		
*** This is a computer generated document and does not require signature ***		