

<b>Election Commission of India</b>						<b>FORM ID</b>	
<b>Application for issue of Duplicate Elector's Photo Identity Card (EPIC)</b>						<b>ECI-EPIC-002</b>	
<b>A</b>	<b>State/Ut : S-25</b>						
	<b>AC<sup>s</sup> (NO. &amp; Name) :</b>						
	<b>District:</b>					<b>Campaign ID: WB -2000-01</b>	
<b>B</b>	<b>Elector's Particulars (To be filled by Elector)</b>						
	To, The Electoral Registration Officer,..... Assembly /Parliamentary <sup>s</sup> Constituency			Sir/ Madam, I request that a Duplicate Electoral Photo Identity Card be issued to me as my original card is lost/ destroyed /mutilated. My name is included in the electoral roll for the above constituency. Particulars in support of my claim for issue of duplicate EPIC are given below:			
1. Name of Elector:				2. EPIC No of original Card:			
3. Father's/ Mother's / Husband's* Name:				4. Sex (M/F):	5. Age (Years) as on 1 <sup>st</sup> Jan, 200__.....		
6. Address							
(i) House / Door Number:							
(ii) Street/ Mohalla / Road / Gali :							
(iii) Area / Locality:							
(iv) Town/ Village:				(v) PIN CODE			
(vi) Police Station:				(vii) District:			
(viii) Reasons for applying for a Duplicate card							
(ix) Tick (✓) the appropriate box: <input type="checkbox"/> I hereby return my mutilated card.  <input type="checkbox"/> I undertake to return the earlier card issued to me if the same is recovered at a later date.				Date:  Place:		Thumb Impression  Or Signature of Elector:	
<b>C Authentication for Issue of EPIC (To be filled by ERO's Representative)</b>							
Part No:		Serial No. of Elector in Part:		Designated Photography Location (DPL) No:		<b>Token No. or Receipt No.</b>	
Register NO.		Serial No. in Register		Field Unit No.:			
Verified by : Date: __/__/2000		Signature		Personal ID No.(PIN)			
<b>D EPIC Details (To be filled by the Photography Team)</b>							
EPIC Mode: (Tick ✓ appropriate box) <input type="checkbox"/> On-line  <input type="checkbox"/> Off-line				Date of Photography ____/____/200__  EPIC No.:			
Preparing EPIC (Tick ✓ appropriate box when complete) <input type="checkbox"/> Editing of Data  <input type="checkbox"/> Printout  <input type="checkbox"/> Lamination				Authorised issue of EPIC   Signature		Date of Issue   Personal ID No.(PIN) of ERO's Rep. ____/____/200__	
<b>E Acknowledgement of Duplicate EPIC by the Elector</b>							
Received Duplicate EPIC on (Date):				Elector's Signature  Or Thumb Impression			
		-			-	200__	

\* Strike out the inappropriate alternative.

\$ PC number in case of Union Territories not having Legislative Assemblies.