

2. <input checked="" type="checkbox"/> Aadhaar Card	3. <input type="checkbox"/> PAN Card	4. <input type="checkbox"/> Driving License	5. <input type="checkbox"/>
6. <input type="checkbox"/> Indian Passport			

Certificates of Class X or Class XII issued by CBSE/ICSE/ State Education Boards, if it contain Date of Birth

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

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(8) (a.) Present Ordinary Residence (Full Address)

House/Building/Apartment No. <b>1-9-157 1-9-157</b> Tehsil/Taluqa/Mandal <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b> Post Office <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b> District <b>Rangareddy</b>	Street/Area/Locality. <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b> Town/Village <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b> State/UT <b>Telangana</b> Pin Code <b>500030</b>
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(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)	4. <input type="checkbox"/> Indian Passport
2. <input checked="" type="checkbox"/> Aadhaar Card	3. <input type="checkbox"/> Current passbook of Nationalized/Scheduled Bank/Post Office
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 ☐ Visual ☐ Deaf & Dumb ☐

If any other (Give description):-

Percentage of disability  % Certificate attached (Tick the appropriate box) Yes ☐ No ☐

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(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: **MOHAMMED GAFOOR AHMED** Relationship with applicant: **Father** His/her EPIC no. **WPK4599148**

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**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 **RAJENDRA NAGAR**  
District: **Rangareddy** State/UT: **Telangana**

(ii) I am ordinarily a resident at the address mentioned at Sr. No. 8(a) in Form 6 since: **2002-05**

(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 :**09-10-2023**

PLACE :**RAJENDRA NAGAR**

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**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.

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**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.



Select Language

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ird Gender

<b>b.Name *</b>	<b>Surname</b>
<input type="text" value="MOHAMMED GAFOOR AHMED"/>	<input type="text"/>
<input type="text" value="మహమ్మద్ గఫూర్ అహ్మద్"/> 	<input type="text"/> 

#### D. Contact Details

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2. <input checked="" type="checkbox"/>	Aadhaar Card	3. <input type="checkbox"/>	PAN Card	4. <input type="checkbox"/>	Driving License
5. <input type="checkbox"/>				6. <input type="checkbox"/>	Indian Passport

Certificates of Class X or Class XII issued by CBSE/ICSE/ State Education Boards, if it contain Date of Birth

(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. <b>1-9-157 1-9-157</b>	Street/Area/Locality. <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b>
Tehsil/Taluqa/Mandal <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b>	Town/Village <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b>
Post Office <b>RAJENDRA NAGAR రాజేంద్ర నగర్</b>	State/UT <b>Telangana</b>
District <b>Rangareddy</b>	Pin Code <b>500030</b>

(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"/> Indian Passport
Current passbook of Nationalized/Scheduled Bank/Post Office	
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 ☐ 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: **MOHAMMED GAFOOR AHMED** Relationship with applicant: **Father** His/her EPIC no. **WPK4599148**

**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 **RAJENDRA NAGAR**  
District: **Rangareddy** State/UT: **Telangana**

(ii) I am ordinarily a resident at the address mentioned at Sr. No. 8(a) in Form 6 since: **2002-05**

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DATE :**09-10-2023**

PLACE :**RAJENDRA NAGAR**

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.

ENDRA NAGAR

తలసగర్

Taluqa/Mandal \*

ENDRA NAGAR

తలసగర్

It child, if already enrolled as elector

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or EPIC Number

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PK4599148

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MOHAMMED GAFOOR AHMED      Father      WPK4599148

K. 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 \*State/UT \*District

ngareddy

onstituency/Parliamentary

below mentioned document in

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which I know or believe to be false or  
with imprisonment for a term which

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