

FORM - 6

[See rules 13(1) and 26]

ELECTION COMMISSION OF INDIA

Application Form for New Voters

FORM No. _____
(To be filled by Office)

To,

The Electoral Registration Officer
No & Name of Assembly Constituency
No & Name of Part

No.		Name	
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

[illegible]

Sure name (If any)

[illegible]

(1)(b) Name (In English in **Block letters**)

First Name followed by Middle Name

[illegible]

Sure name (If any)

[illegible]

SPACE FOR PASTING
ONE RECENT
UNSIGNED PASSPORT
SIZE COLOUR
PHOTOGRAPH(4.5
CMX3.5 CM)
SHOWING FRONT
VIEW FULL FACE WITH
WHITE BACKGROUND

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 of the relatives:-

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

[illegible]

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

[illegible]

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

[illegible]

Of relatives mentioned at item No.2

[illegible]

(4) Email ID of Self (If available)
Of relatives mentioned at item No.2

(or) _____

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

(a) Aadhaar Number

[illegible]

(b)	I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.
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(6) Gender ☐ Male ☐ Female ☐ Third Gender

Male

11

Female

Third Gender

(7) (a) Date of Birth

D	D	M	M	Y	Y	Y	Y
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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 & Deaths
2. ☐ Aadhaar Card
3. ☐ PAN Card
4. ☐ Driving License
5. ☐ Certificates of Class X or Class XII issued by CBSE/ICSE/State education Boards, if it contains Date of Birth
6. ☐ 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/Taluga/mandal :
	District : Siaha	State : Mizoram

(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 resident:- (Any one of these)

- | | |
|--|---|
| 1. ☐ Water/electricity/Gas connection Bill for that address (Atleast1 year) | 2. ☐ Aadhaar |
| 3. ☐ Current Passbook of Nationalized/Scheduled Bank/Post office | 4. ☐ Indian Passport |
| 5. ☐ Revenue Department's Land Owning records including Kisan Bahi | |
| 6. ☐ Registered Rent Lease Deed (In case of tenant) | 7. ☐ Registered Sale Deed (In case of own house) |

(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 behalf:-

- (i) I am a citizen of India and place of my birth is :- Village/Town _____
District _____ State _____
- (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 at (7)(b)(i) above for proof of Date of Birth/Age. Therefore, I have enclosed _____ (Name of Document) in support of age proof(Strike off, if not applicable).
- (v) I am aware that making the above statement of 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 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 thump 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 of left hand thumb impression of person with disability, or signature of left hand thumb impression of his/her legal guardian will be requires.

Note:-

- | | |
|----------|--|
| <i>*</i> | <i>In case of a married female applicant, name o f husband may preferably be mentioned.</i> |
| <i>^</i> | <i>Submission of self-attested copy of mentioned document will ensure speedy delivery of services.</i> |
| <i>#</i> | <i>In case 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.</i> |

ACKNOWLEDGEMENT/RECEIPT FOR APPLICATION

Acknowledgement 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

**ELECTION DEPARTMENT
MIZORAM**

Registration of Electors
(Annexure for Form 6/7/8)

Particulars of Applicant

Name : _____

Name of Relative : _____

Street/Area/Locality : _____

Remarks of Booth Level Officer

Place : _____
Date : _____ Signature of Booth Level Officer _____ Seal of the BLO _____

Remarks of Field Level Verifying Officer

Place : _____
Date : _____ Signature of AERO _____ Seal of the AERO _____

Detail of action taken

(To be filled by Electoral Registration Officer of the constituency)

Decision Taken : ☐ **Accepted** ☐ **Rejected**

Place : _____
Date : _____ Signature of Electoral Registration Officer _____ Seal of the ERO _____