

BOOTH LEVEL OFFICER

TE ELECTORAL ROLL CHUNGCHANGA FORM FILL-UP DAN TUR

Form hi chi hrang hrang a awm a. A hnuai a kan sawi ang hian hman tur a ni.

S. No.	Form No.	A hman dan tur
1	6	Vote nei thar (<i>New Voters</i>) tur ten inthun luh nan hman tur a ni. (Vote nei tawh a inngai, vote lo nei tawh si lo te pawh in a thar a in thun leh nan hman tur a ni)
2	6A	Overseas electors India ramchhung ni lo. Foreign a awm, an awmna tanga vote lo dil duh te tan hman tur a ni.
3	6B	Aadhaar Card, Phone No. Link-na tur a ni.
4	7	Inpaih (Delete) nan hman tur a ni. Electoral Roll a awm tawh leh Form hmanga vote dilna lo theh lut mek pawh he mi Form hmang hian Objection a siam theih bawk. [Eg: Mitthi, Vote nei kawp (Double)]
5	8	He form ah hian chi 4 dilna a awm. 1. Hmun dang a in sawn (<i>Transfer</i>) dilna 2. Tihdanglam/siamthat (<i>Correction</i>) dilna 3. EPIC Card thlak (<i>Replacement/Lost</i>) dilna 4. PwD (<i>Pianphunga rualbanlo</i>) chhinchhiahna tur a dilna.
6	9	Form-6 Kan dawnte ziah luhna.
7	10	Form-7 Kan dawnte ziah luhna.
8	11	Form-8 Kan dawnte ziah luhna. (A bikin Correction/Replacement of EPIC/PwD Marking-ah te hman tur a ni.)
9	11A	Form-8 kan dawn Assembly Constituency pakhat chhung a mi kan dawn te ziah luhna. (Eg: 39-Saiha (ST) A/C chhung PS hrang hrang atang in sawn duh te)
10	11B	Form-8 kan dawn Assembly Constituency dang a mi kan dawn te ziah luhna. (Eg: 38-Lawngtlai East (ST) A/C atang 39-Saiha(ST) A/C a lo in sawn tur te ziah luhna)
11	Report Form	Date kan lo siam ang hian Form kan thehluk rualin Report Form hi thehluk tel tur a ni.

Form kan fill-up reng reng fiah felfai a ni tur a ni. Electors Pakhat tan Revision Vawikhat kumkhat chhungin Form dang (Correction) apply a theih tawh loh avangin hming/kum/pa hming/nu hming/pasal hming etc., kan ziah dik loh chuan Correction siam turin kum khat chhung nghah leh a ngai thin. Electors te tan harsatna kan siam theih avangin fimkhur hle tur a ni.



FORM - 6
[See rules 13(1) and 26]
ELECTION COMMISSION OF INDIA
Application Form for New Voters

FORM No. _____
(To be filled by Office)

Form No. _____ tih khi chu Office lamin kan ziah tur a ni.

To,			
The Electoral Registration Officer			
No & Name of Assembly Constituency	No.	[]	Name []
No & name of Polling Station	No.	[]	Name []
<i>I submit application for inclusion of my name in the electoral roll for the above constituency</i>			

No. & Name of Assembly Constituency a No. tih bula Box ah khian Constituency No. Eg- 39 or 40 ziah tur a ni a, Name tih ah khian No-ah 39 kan ziah chuan Saiha (ST) ziah tur a ni a. No-ah 40 kan ziah chuan Palak (ST) ziah tur a ni.

To,			
The Electoral Registration Officer			
No & Name of Assembly Constituency	No.	[]	Name []
No & name of Polling Station	No.	[]	Name []
<i>I submit application for inclusion of my name in the electoral roll for the above constituency</i>			

No. & Name of Polling Station a No. tih bula Box ah khian Polling Station No. Eg: 1 – Thiahra/ 2-Amotlah tih ang kha ziah tur a ni. No. bula box-ah khian Polling Station No. ziah a. Name bula Box-ah khian Polling Station hming ziah leh mai tur a ni.

(1)(a) Name (In Official Language of State) First Name followed by Middle Name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td></tr> </table> Sure name (If any) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td></tr> </table> (1)(b) Name (In English in Block letters) First Name followed by Middle Name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td></tr> </table> Sure name (If any) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td></tr> </table>	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOUR PHOTOGRAPH(4.5 CMX3.5 CM) SHOWING FRONT VIEW FULL FACE WITH WHITE BACKGROUND
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(1)(a) Chhungah hian mahni Official hming dik tak ziah tur a ni. Birth Certificate emaw Educational Certificate mil in ziah luh hram a tha.

Eg:

A.

(1)(a) Name (In Official Language of State) First Name followed by Middle Name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td><td>[]</td></tr> </table>	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">H</td> <td style="width: 10%;">C</td> <td style="width: 10%;"> </td> <td style="width: 10%;">B</td> <td style="width: 10%;">E</td> <td style="width: 10%;">I</td> <td style="width: 10%;">A</td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>	H	C		B	E	I	A													
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]																						
H	C		B	E	I	A																																			

OR

B.

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

First Name followed by Middle Name

B	E	I	A		H	L	Y	C	H	H
O										

Hmingah hian a then chuan hnam hming lam tawi kan ziaak hmasa thin a, a then chuan hming tawp ah hnam hming pum kan dah bawk thin. Sap hming nei te pawh kan awm bawk a, A in zawm tur anih chuan awl awm lo in kan ziaak ang a, in zawm lo tur a nih chuan a inkarah box awl pakhat dah tur a ni. (1)(a) Ziah tawh chuan (1)(b) khi chu ziah a ngai tawh lem lo.

Passport size photo Fiah tha tak a sir tawp lama belna tur siam ah khian bel tur a ni. Passpost size a fiah tha lo anih chuan Software in a hmu thei thin lo a. fimkhur a ngai khawp mai. Background plane ni the ihram se a tha.

Sure Name, if any tih khi Mizo ah chuan kan nei lo a, ziah a ngai lo bawk.

(2)(a)

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	

A dil tu leh a laichin Form a a ziah luh tur te in laichin dan Box ah khian Tick tur a ni.

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

Box chhungah hian Box-a i tick ang khan, Father i tick chuan A pa hming i ziaak lut ang. Mother i tick chuan a nu hming, Chutiang zelin a dang pawh khi ziah tur a ni.

(2)(a) I ziah tawh chuan (2)(b) chu ziah a ngai tawh lo.

(3)	Mobile No. of Self (If available)	(or)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Of relatives mentioned at item No.2		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

3.

Mobile No. of Self (If Available) ah khian A diltu in phone a neih chuan a phone no. ziah luh tur a ni. Phone anei lo anih chuan A pa/nu/pasal/nupui phone no a hnuai zawk box ah khian ziah luh tur a ni.

Tunah chuan phone no dah hi a pawimawh tawh hle mai a, Election thil pawimawh reng reng phone ah khan a thlen tawh avang in leh EPIC pawh nise. nvsp.in atangin a download theih tawh a, Aadhaar kan download thin angin. Phone No. ah OTP a thleng thin a. OTP tel lo chuan a download theih loh a, Phone No. kha a pawimawh em em a ni.

(4)

Email ID of Self (If available) Of relatives mentioned at item No.2	(or)	_____
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Email ID hi a nei te chuan fill-up sak hram a tha, Phone a lo that loh pawh in mail ah, OTP leh thil dang pawimawh kha information a lo lut thin ani.

(5)

Aadhaar Details:- <i>(Please tick the appropriate box)</i>													
(a) ☐	Aadhaar Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
(b) ☐	I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.												

(a)-ah khian a diltu in Aadhaar a neih chuan tick a, a piaah box-ah khian Aadhaar No. kha ziah luh tur ni. Kan Voters ID (EPIC) leh Aadhar kha kan thlun zawm nghal tihna a ni. Eng emaw vanga Aadhaar a nei remchang lo anih chuan (b) khi tick mai tur a ni.

(6)

Gender	☐ Male	☐ Female	☐ Third Gender
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A diltu kha Mipa a nih chuan Male bul a box ah khian tick tur a ni. Hmeichhia anih chuan Female bula box ah khian tick leh mai tur. Third Gender khi chu kan awm em lo ang chu maw. 🤔🤔

(7)

(a)	Date of Birth	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
(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)									

(a) -ah khian Pian ni/thla/kum te ziah tur.
(b) -ah khian pian ni ti Chiang (Proof) thei tur a, Document an lo thil tel Birth Certificate/Aadhaar/PAN Card,. etc, an lo dah ang ang kha tick tur a ni.

(8)(a) Present Ordinary Residence (Full Address)	House/Building/ : Apartment No.	Street/Area/Locality/ : Mohalla/Road								
	Town/Village :	Post Office : Siaha								
	Pin code : 796901	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) <table border="0"> <tr> <td>1. ☐ Water/electricity/Gas connection Bill for that address (Atleast 1 year)</td> <td>2. ☐ Aadhaar</td> </tr> <tr> <td>3. ☐ Current Passbook of Nationalized/Scheduled Bank/Post office</td> <td>4. ☐ Indian Passport</td> </tr> <tr> <td>5. ☐ Revenue Department's Land Owning records including <u>Kisan Bahi</u></td> <td>7. ☐ Registered Sale Deed (In case of own house)</td> </tr> <tr> <td>6. ☐ Registered Rent Lease Deed (In case of tenant)</td> <td></td> </tr> </table>			1. ☐ Water/electricity/Gas connection Bill for that address (Atleast 1 year)	2. ☐ Aadhaar	3. ☐ Current Passbook of Nationalized/Scheduled Bank/Post office	4. ☐ Indian Passport	5. ☐ Revenue Department's Land Owning records including <u>Kisan Bahi</u>	7. ☐ Registered Sale Deed (In case of own house)	6. ☐ Registered Rent Lease Deed (In case of tenant)	
1. ☐ Water/electricity/Gas connection Bill for that address (Atleast 1 year)	2. ☐ Aadhaar									
3. ☐ Current Passbook of Nationalized/Scheduled Bank/Post office	4. ☐ Indian Passport									
5. ☐ Revenue Department's Land Owning records including <u>Kisan Bahi</u>	7. ☐ Registered Sale Deed (In case of own house)									
6. ☐ Registered Rent Lease Deed (In case of tenant)										
(ii) Any Other document for Proof of residence:- (If none of the above documents is available) (Pl. Specify) # _____										

(8)

House No. ah a diltu laichin (Relative) Electoral Roll a awm/chuang tawh, Electoral Roll a House No. en sak a, Electoral Roll House No. ziah luh tur a ni. A bik in Polling Station-a Section 1/2/3 nei kan awm anih chuan Braket chhungah (Sec-1 or Sec-2) lo ziah tel tur a ni.

Street/Area/Locality ah chuan Polling Station hming lo ziah mai tur.

Town/Village ah chuan Siaha Town chhung a awm te tan chuan Siaha a dah theih mai a, Khua/veng chauh pawh dah mai tur a ni.

Pin Code ah chuan kan District in Post Office pakhat chauh kan neih tawh avangin kan lo dah lut sa a ni e.

(i) Document for Proof of Resident ah khian serial 1-7 zinga pakhat talk hi Xerox copy thil tel ngei tur ani a, kan thil tel ngei kha a zawna Box-ah khian tick tur a ni.

(ii) Document a sawite kan nei rem chang thei lo anih chuan document a lo dah kha Eg: VC/YMA/MTP Hriatpuina emaw ziah tur.

(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

A dil tu kha pianphunga rualbanlo anih chuan box chhungah khian a rualban lohna ber kha tick tur a ni. Inziak zingah a awm lo anih chuan **if any other** tih a line awm ah khian ziah tur a ni. Certificate a neih chuan a certificate thil tel sak tur a ni a, Box ah khian a neih leh neih loh **Yes/No** tick bawh tur a ni. Certificate nei chuan % of disability khi an lo nei ang a ziah luh sak tur.

(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 _____

A diltu laichin (Relative) Electoral Roll a chuang tawh a pa/nu/ pasal/nupui/ unau a tu ber emaw ziah ngei ngei tur.

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 thumb impression

Declaration

- (i) Pianna khua, District leh State ziah tur a ni.
- (ii) Serial No. 8-na a ziah ang in engtik atangin nge he khua/Polling Station Area ah hian a awm tan **THLA** leh **KUM** ziah lan ngei ngei (*) tur a ni.
- (iv) Serial No.7 (b)(i) a document an lo thil tel ang a ziah tur a ni.
(Eg: Birth Certificate/Aadhaar)

Signature of applicant-ah a diltu in hming a sign ang a, a sign thiam lo anih chuan a kut zungpui a nem tur a ni. A ti lo anih chuan diltu awm lo. A dil lo ang a ngaih a ni ang. A application form hi reject theih a ni.

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

Acknowledgement/Receipt for application hi ziah a, pek ngei tur a ni. Acknowledgement Number ah khi chuan Form in dawn dan a dawt in in pe mai dawn nia. Date leh an Hming khi Chiang takin ziah sak bawk tur ani. BLO in seal chhu in Signature a pe bawk ang.

ELECTION DEPARTMENT MIZORAM
Registration of Electors (Annexure for Form 6/7/8)
<u>Particulars of Applicant</u>
Name : _____
Name of Relative : _____
Street/Area/Locality : _____

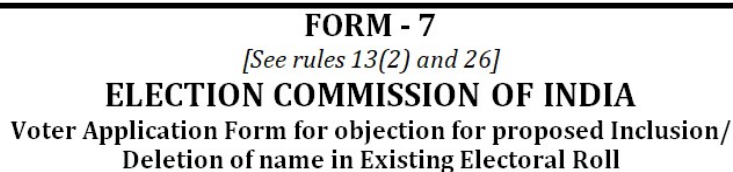
A diltu hming, diltu laichin leh Polling Station hming ziah tur a ni.

<u>Remarks of Booth Level Officer</u>
Place : _____
Date : _____
Signature of Booth Level Officer Seal of the BLO

Remarks ah hian BLO te'n a diltu kan hmuhdan Chiang tak a ziah lan tur ani a, Signature leh BLO Seal chhut ngei tur a ni bawk.

<u>Remarks of Field Level Verifying Officer</u>
Place : _____
Date : _____
Signature of AERO Seal of the AERO
<u>Detail of action taken</u> (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

Field Verification leh Details of Action taken hi chu a tul ang in AERO/ERO te'n a lo hma an lo la tawh dawn a ni.



FORM No. _____
(To be filled by Office)

To, The Electoral Registration Officer
No & Name of Assembly Constituency No. Name
I submit application for proposed inclusion /deletion of name in existing electoral roll

No. & Name of Assembly Constituency a No. tih bula Box ah khian Constituency No. Eg: 39 or 40 ziah tur a ni a, Name tih ah khian No-ah 39 kan ziah chuan Saiha (ST) ziah tur a ni a. No-ah 40 kan ziah chuan Palak (ST) ziah tur a ni a.

[illegible]

A diltu (Delete-tu) hming ziah tur.

[illegible]

A diltu (Delete-tu) EPIC No. Mobile No. A neih chuan ziah tura ni a. A diltu hian Mobile a nei lo a nih chuan a laichin (Relative) No ziah tur a ni.

2.

(2) Option of application/objection:- *(Tick the appropriate option) (Any One)*

☐ (i) I request to delete name of the person mentioned below already included in the current roll due to any one of the following reasons:- *(Tick any one)*

☐ Death	☐ Under age	☐ Absent/Permanently shifted
☐ Already enrolled	☐ Not Indian Citizen	

☐ (ii) I object to proposed inclusion of name of the person mentioned below due to any one of the following reasons:- *(Tick any one)*

☐ Death	☐ Under age	☐ Absent/Permanently shifted
☐ Already enrolled	☐ Not Indian Citizen	

☐ (iii) I request to delete my name from electoral roll due to any one of the following reasons:- *(Tick any one)*

☐ Permanently Shift	☐ Already enrolled	☐ Not Indian Citizen
--	---	---

Death Certificate attached *(Tick the appropriate option)* ☐ Yes ☐ No

Option khi uluk takin en tur a ni.

(i) Electoral Roll a awm tawh paih (Delete) dilna a ni a, kan hmang dawn anih chuan (i) bul a box ah khian tick tur a ni. A hnuai a thlan tur hrang hrang te khi kan delete duh chhan Box-ah khian Tick leh mai tur a ni.

- (ii) Electoral Roll a in thun tum mek Form-6 a dilna lo theh lut te, thun lo tur a, dilna a ni. Kan hmang dawn a nih chuan (ii) bula Box khi tick tur a ni. A hnuai a thlan tur hrang hrang te khi kan delete duh chhan Box-ah khian Tick leh mai tur a ni.
- (iii) Electoral Roll a mahni leh mahni in delete tur a dilna a ni. Kan hmang dawn a nih chuan (iii) bula Box-ah khian tick tur a ni. A hnuai a thlan tur hrang hrang te khi kan delete duh chhan Box-ah khian Tick leh mai tur a ni.

Death Certificate attached khi kan dah tel thei anih chuan **Yes/No** bul a Box ah khian tick tur a ni.

3.

(3) Details of the person in respect of whom objection has been raised, are as below:- Name _____ EPIC No. (If available) _____									
Address	House/Building/ Apartment Mo.					Street/Area/Locality/ Mohalla/Road			
	Town Village					Post Office <u>Siaha</u>			
	Pin Code	7	9	6	9	0	1	Tehsil/Taliqa/Mandal	
	District	<u>Siaha</u>				State/UT <u>Mizoram</u>			

Kan paih (Delete) tur Electoral Roll a, a hming leh EPIC No. te chiang takin ziah lan tur a ni.

DECLARATION	
I HEREBY DECLARE that to the best of my knowledge and belief that 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/Thumb impression

Declaration ah hian A diltu (Applicant) in a hming a sign ngei ngei tur a ni.

ACKNOWLEDGEMENT/RECEIPT FOR APPLICATION	
Acknowledgement Number _____	Date _____
Received the application in Form 7 of Shri/Smt/Ms. _____	
[Applicant can refer the Acknowledgement No. to check the status of application.]	
Name/Signature of ERO/AERO/BLO	

Acknowledgement/Receipt for application hi ziah a, pek ngei tur a ni. Acknowledgement Number ah khi chuan Form in dawn dan a dawt in in pe mai dawn nia. Date leh an Hming khi chiang takin ziah sak bawk tur ani. BLO in seal chhu in Signature a pe bawk ang.

**ELECTION DEPARTMENT
MIZORAM**

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

Particulars of Applicant

Name : _____

Name of Relative : _____

Street/Area/Locality : _____

A diltu hming, diltu laichin leh Polling Station hming ziah tur a ni.

Remarks of Booth Level Officer

Place :

Date :

Signature of Booth Level Officer

Seal of the BLO

Remarks ah hian BLO te'n a diltu kan hmuhdan chiang tak a ziah lan tur ani a, Signature leh BLO Seal chhut ngei tur a ni bawk.

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

Field Verification leh Details of Action taken hi chu a tul ang in AERO/ERO te'n hma an lo la tawh dawn a ni.

	FORM - 8 <i>[See rules 13(3) and 26]</i> ELECTION COMMISSION OF INDIA Voter Application Form for shifting of Residence/Correction of Entries in existing Electoral Roll/Replacement of EPIC/making of PwD	FORM No. _____ <i>(To be filled by Office)</i>
		Passport size

Form No. _____ tih khi chu Office lamin kan ziah tur a ni.
 Passport Size fiah tha tak a belna tura siam ah khian bel tur a ni. Passport size ah hian a hmung lam tial lo. Plane a ni ni tur a ni.

To,			
The Electoral Registration Officer			
No & Name of Assembly Constituency	No.		Name
No & Name of Polling Station	No.		Name

No. & Name of Assembly Constituency a No. tih bula Box ah khian Constituency No. Eg- 39 or 40 ziah tur a ni a, Name tih ah khian No-ah 39 kan ziah chuan Saiha (ST) ziah tur a ni a. No-ah 40 kan ziah chuan Palak (ST) ziah tur a ni a.

To,			
The Electoral Registration Officer			
No & Name of Assembly Constituency	No.		Name
No & Name of Polling Station	No.		Name

No. & Name of Polling Station a No. tih bula Box ah khian Polling Station No. Eg: 1 – Thiahra/ 2-Amotlah tih ang kha ziah tur a ni. No. bula box-ah khian Polling Station No. ziah a. Name bula Box-ah khian Polling Station hmung ziah leh mai tur a ni.

1.	(I) Name of applicant	
	EPIC No.	

A diltu hmung leh Electoral Roll a chuang ngei EPIC No. Ziah luh tur a ni. EPIC No. ziah lo chu dilna (application) hnawl tur a ni.

Aadhaar Details:- (Please tick the appropriate box)	
(a)	<input style="width: 30px;" type="checkbox"/> Aadhaar Number
(b)	<input style="width: 30px;" type="checkbox"/> I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.

Aadhaar Card an neih chuan (a) bul a box khian in tick ang a, Aadhaar Number tih piahah khian Aadhaar Number ziah ngei ngei tur a ni. A xerox copy thil tel bawk tur. Aadhaar Card an neih loh chuan (b) zawk khi in tick tur a ni.

Mobile No. of Self (or)	
Mobile No. of Father/Mother/Any other Relative (If available)	

Mobile No. hi ziah ngei tur a ni. A diltu in Mobile phone a nei anih chuan self ah khian ziah tur ani a, A diltu in a nei lo anih chuan a laichin (Relative) Mobile No. Ziah tur ani. Form hi software-ah kan thun lut ngei a ni tih hriat nan Election Commission of India atang in SMS in lo dawng dawn a ni.

Email Id of Self (or)	
Email Id of Father/Mother/Any other Relative (If available)	

A diltu in email aneih chuan ziah sak ngei tur a ni. Election information hrang hrang email ah an dawn theih nan.

(II)

I submit application for (Tick any one of the following)	
1.	☐ Shifting Residence (or)
2.	☐ Correction of Entries Existing Electoral Roll (or)
3.	☐ Issue of Replacement EPIC without correction (or)
4.	☐ Request for marking as Person with Disability

Hei hi a pawimawh khawp mai. Form-8 hmang a, I dil duh ber thlanna a ni. A rualin 1 (Pakhat) ai a tam thlan theih loh.

1. Awm hmun in sawnna (Shifting Residence) I thlang a nih chuan Box ah khian i tick ang. A hnuaia 1. Application for Shifting of Residence tih chhunga Box ho hi I dah khat dawn ni a.

1. Application for Shifting of Residence	
I have shifted my residence and I request that my name may be deleted from previous address and shifted to the current address mentioned below. I request that a replacement EPIC may be issued to me due to change in my address. I hereby return my old EPIC	
Present Ordinary Residence (Full Address)	House/Building/ Apartment Mo.
	Town Village
	Pin Code
	District
	Street/Area/Locality/ Mohalla/Road
	Post Office
	Tehsil/Taliqa/Mandal
	State/UT
Self attested copy of address proof either in the name of applicant or anyone of the parents/spouse/adult child, if already enrolled with as elector at the same address (attach any one of the documents mention below):-	
1	☐ Water/Electric/Gas Connection Bill for that Address (at least 1 year)
2	☐ Aadhaar Card
3	☐ Current passbook of National/Scheduled bank/ Post Office
4	☐ Indian Passport
5	☐ Revenue Department's land Owning record including <u>Kisan Bahi</u>
6	☐ Registered Rent Lease Deed (<u>Incase</u> of tenant)
7	☐ Registered sale Deed (In case of own house)
Any other:- (Pl. Specify)	

House No./Building/Apartment No. ah a diltu laichin (Relative) Electoral Roll a awm/chuang tawh, Electoral Roll a House No. en sak a, Electoral Roll House No. ziah luh tur a ni. A bik in Polling Station-a Section 1/2/3 nei kan awm anih chuan Bracket chhungah (Sec-1 or Sec-2) lo ziah tel tur a ni

Electoral Roll a, a luh duhna chhungkua House No kha hman tur a ni. Chhung dang a lut lo a. Chhungkaw/in thar a awm tur an nih chuan Electoral Roll a House No. tawp/hnung ber kha I en ang a, A dawt chiah I pek chhunzawm ang. A thar dang an lo awm ve leh anih pawh in a thar I pek dawt chiah kha I pek chhunzawm ve leh mai dawn nia.

Street/Area/Locality ah chuan Polling Station hming lo ziah mai tur.

Town/Village ah chuan Siaha Town chhung a awm te tan chuan Siaha a dah theih mai a, Khua/veng chauh pawh dah mai tur a ni.

Pin Code ah chuan kan District in Post Office pakhat chauh kan neih tawh avangin kan lo dah lut sa a ni e.

- (i) Document for Proof of Resident ah khian serial 1-7 zinga pakhat tal hi Xerox copy thil tel ngei tur a ni a, kan thil tel ngei kha a zawna Box-ah khian tick tur a ni.
- (ii) Document a sawite kan nei rem chang thei lo anih chuan document a lo dah kha Eg: VC/YMA/MTP Hriatpuina emaw ziah tur.

2. Application for Correction of Entries in existing Roll-ah hian

Application for Correction of Entries in existing Electoral Roll																																																											
Please correct my following details in Electoral Roll/EPIC (Maximum of 4 entries/particulars can be corrected) (put a tick (V) in appropriate box below)																																																											
Copy of self-attested Documentary Proof in support of claim to be attached																																																											
1	☐	Name	2	☐	Gender	3	☐	DoB/Age																																																			
4	☐	Relation Type	5	☐	Relation name	6	☐	Address																																																			
7	☐	Mobile Number	8	☐	Photo																																																						
The Correct particulars in the entry to be corrected are as under:-																																																											
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																											
Name of Document in support of above claim attached																																																											
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																											
I request that a replacement EPIC may be issued to me due to change in my personal details I hereby return old EPIC																																																											

(II) Box chhunga **Correction of Entries in Existing Roll** khi tick ngei ngei tur a ni.

I siam that (Correction) duh tak kha 1 - 8 Box ah khian tick tur a ni. Vawi khatah 4 (Pali) ai a tam siam that/tick phal a ni lo. I tick tak ang khian a hnuaia Box awm teuh ah khian a in ziah duh dan dik takin i ziah sak dawn ni a.

Entirna: Relation type-ah hian NU,Pa, Nupui, Pasal Chiang taka ziah lan tur a ni.

The Correct particulars in the entry to be corrected are as under:-																													
N	A	M	E	:	B	E	I	A																					
G	E	N	D	E	R	:	M	A	L																				
D	O	B	:	1	0	1	2	0	6																				
R	E	L	A	T	I	O	N	:	H																				
Name of Document in support of above claim attached																													
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																													

Kan Correct duh ber a kha entirna ka lo siam ang khian in ziaak hmasa ang a. a dik tak khan in chhunzawm dawn nia.

Supporting Document an thil tel ngei tur a ni a. An document lo thil tel chu a hnuaia blank awmah khian ziaah tur a ni. Eg: Birth Certificate/ Educational Qualification/ Aadhaar Card etc..

3.

Application for Issue for Replacement EPIC without correction.	
I request that a replacement EPIC may be issued to me as my original EPIC is:- (Put a tick in appropriate box)	
☐ Lost	☐ Destroyed due to reason beyond control like floods, fire, other natural disaster, etc.
☐ Mutilated	
I hereby return my mutilated/Old EPIC (or) I have attached copy of FIR/Police report for lost EPIC & I undertake to return the earlier EPIC issued to me if the same is recovered at a later stage.	

(II) Box chhunga **Issue for Replacement EPIC without correction** khi tick ngei ngei tur a ni.

Hei hian EPIC tibo (Lost), Khuarel chhiahna avanga EPIC bo te (Destroyed due to reason..), Eng emaw vang tihchhiat palhte (Mutilated) te tan EPIC thar dilna a ni a, A chhan Chiang tak a zawtin Box ah khian I tick sak dawn nia. EPIC Card tibo kan tam hle maia, Tibo tawh lo tur a hrilh hriat tam theih nise.

EPIC tibo an nih chuan Police verification la in a copy an thil tel ngei tur a ni.

4.

Application for Marking Person with Disability			
Category of Disability (Tick the appropriate box for category of disability)			
☐ Locomotive	☐ Visual	☐ Deaf & Dumb	☐ If any other (Give description) _____
Percentage of disability: ☐ %		Certificate attached (Tick the appropriate box) ☐ Yes ☐ No	

(II) Pian phunga rualban lo a nih chuan Box chhunga **Marking Person with Disability** khi tick ngei ngei tur a ni.

Pian phunga rualban lote Electoral Roll a, chhinchhiah (Mark) na tur a ni. Box chhung ah khian an rualban lohna a zir in Tick tur a ni a, in ziaak ah khian an rualban lohna ang a awm lo anih chuan If any other khi I tick ang a Space awm ah khian I ziaak ang.

Thenkhat chuan Doctor atangin emaw Social Welfare atangin emaw Disability Certificate an nei thin a, an lo nei a nih chuan a Xerox copy thil tel in percentage of disability ah khian in ziaak lang ang. A certificate in lo thil tel anih chuan Yes bul Box-ah khian I tick ang a, Certificate an nei lo anih chuan No bula Box-ah khian I tick ang.

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that 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/Thumb impression

Declaration ah hian a diltu (Applicant) in a hming a sign ngei ngei tur a ni.

ACKNOWLEDGEMENT/RECEIPT FOR APPLICATION

Acknowledgement Number _____ Date _____

Received the application in Form 7 of Shri/Smt/Ms. _____

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

Name/Signature of ERO/AERO/BLO

Acknowledgement/Receipt for application hi ziah a, pek ngei tur a ni. Acknowledgement Number ah khi chuan Form in dawn dan a dawt in in pe mai dawn nia. Date leh an Hming khi Chiang takin ziah sak bawk tur ani. BLO in seal chhu in Signature a pe bawk ang.

ELECTION DEPARTMENT MIZORAM

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

Particulars of Applicant

Name : _____

Name of Relative : _____

Street/Area/Locality : _____

A diltu hming, diltu laichin leh Polling Station hming ziah tur a ni.

Remarks of Booth Level Officer

Place :

Date :

Signature of Booth Level Officer

Seal of the BLO

Remarks ah hian BLO te'n a diltu kan hmuhdan Chiang tak a ziah lan tur ani a, Signature leh BLO Seal chhut ngei tur a ni bawk.

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

Field Verification leh Details of Action taken hi chu a tul ang in AERO/ERO te'n hma an lo la tawh dawn a ni.

Form – 9

ANNEXURE 5.8
(CHAPTER V, PARA 25)

FORM 9

List of Applications for inclusion received in Form 6

Designated location identity (where applications have been received)	No. & name of Polling Station :	Revision identity				
1. List number [@]	2. Period of applications (covered in this list)	From date _/_/_	To date _/_/_			
3. Place of hearing*						
Serial number ^s of application	Date of receipt	Name of claimant	Name of Father / Mother / Husband and (Relationship) [#]	Place of residence	Date of hearing*	Time of hearing*
1	2	3	4	5	6a	6b

Form-9 hi Form-6 (New Inclusion/Electors) kan dawn te lakkhawm/ziah luhna tur a ni.

Form – 10

ANNEXURE 5.9
(CHAPTER V, PARA 25)

FORM 10

List of Applications for objection on inclusion of names received in Form 7

Designated location identity (where applications have been received)	No. & name of Polling Station :	Revision identity						
1. List number [@]	2. Period of applications (covered in this list)	From date _/_/_	To date _/_/_					
3. Place of hearing*								
Serial number ^s of application	Date of receipt	Name (in full) of objector	Particulars of name objected at	Reasons in brief for objection	Date of hearing*	Time of hearing*		
1	2	3	Part number 4	Serial number 5	Name in full 6	7	8a	8b

Form-10 hi Form-7 (Deletion/objection) kan dawn te lakkhawm/ziah luhna tur a ni.

Form – 11

FORM 11

[See rules 15 and 16]

LIST OF OBJECTIONS/APPLICATION FOR CORRECTION OF ENTRIES/ REPLACEMENT OF EPIC/ MARKING OF PwD RECEIVED IN FORM 8

Designated location identity (where applications have been received)	No. & name of Polling Station :	Revision identity					
1. List number [@]	Period of applications (covered in this list)	From date _/_/_	To date _/_/_				
2. Place of hearing*							
Serial number ^s of application	Date of receipt	Name of elector objecting/making application	Reasons for objection/applications	Date of hearing*	Time of hearing*		
1	2	3	Whether correction of entry (Y/N) 4	Whether Replacement of EPIC (Y/N) 5	Whether making of PwD (Y/N) 6	8a	8b

Form-11 hi Form-8 (tihdanglam/EPIC thar/Ti bo/PwD voters) kan dawn te lakkhawm/ziah luhna tur a ni.

Form – 11A

FORM 11A

[See rules 15 and 16]

LIST OF APPLICATIONS FOR SHIFTING OF ADDRESS WITHIN THE CONSTITUENCY RECEIVED IN FORM 8

Designated location identity (where applications have been received)		Constituency (Assembly/Parliamentary ^f Constituency)		Revision Identity	
1. List number [®]		2. Period of receipt of applications (covered in this list)		From Date	To Date
				___/___/___	___/___/___
3. Place of Hearing*					
Serial number ⁵ of application	Date of receipt	Name of elector objection/making application	New Address (Present Place of ordinary residence)	Time of hearing*	
1	2	3	4	5	

Form-11A hi Form-8 (Assembly Constituency in ang atanga insawn) kan dawn te lakkhawm/ziah luhna tur a ni.

Form – 11B

FORM 11B

[See rules 15 and 16]

LIST OF APPLICATIONS FOR SHIFTING OF ADDRESS OUTSIDE THE CONSTITUENCY RECEIVED IN FORM 8

Designated location identity (where applications have been received)		Constituency (Assembly/Parliamentary ^f Constituency)		Revision Identity	
1. List number [®]		2. Period of receipt of applications (covered in this list)		From Date	To Date
				___/___/___	___/___/___
3. Place of Hearing*					
Serial number ⁵ of application	Date of receipt	Name of elector objection/making application	New Address (Present Place of ordinary residence)	Date/Time of hearing*	
1	2	3	4	5	

Form-11B hi Form-8 (Assembly Constituency dang atang in sawn) kan dawn te lakkhawm/ziah luhna tur a ni.

To,

The Electoral Registration Officer
No & Name of Assembly Constituency
No & name of Polling Station

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)

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

First Name followed by Middle Name

[illegible]

Sure name (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 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)

(or)

Of relatives mentioned at item No.2

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

(a) Aadhaar Number

(a) Aadhaar Number

(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

--	--	--	--	--	--	--	--

(b) Self attested copy of document supporting age proof attached (Any one 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 : <u>Siaha</u>
	Pin code : <u>796901</u>	Tehsil/Taluka/mandal :
	District : <u>Siaha</u>	State : <u>Mizoram</u>

(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 (Atleast 1 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	7. ☐ Registered Sale Deed (In case of own house)
6. ☐ Registered Rent Lease Deed (In case of tenant)	

(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 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 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 of 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

**FORM - 7**

[See rules 13(2) and 26]

ELECTION COMMISSION OF INDIA**Voter Application Form for objection for proposed inclusion/
Deletion of name in Existing Electoral Roll**FORM No. _____
(To be filled by Office)

To,

The Electoral Registration Officer

No & Name of Assembly Constituency

No. Name *I submit application for proposed inclusion/deletion of name in existing electoral roll*(1) Name of applicant

EPIC No.

Mobile No of self

Mobile No of Relative

(2) Option of application/objection:- (Tick the appropriate option) (Any One)

☐ (i) I request to delete name of the person mentioned below already included in the current roll due to any one of the following reasons:- (Tick any one)☐ Death☐ Under age☐ Absent/Permanently shifted☐ Already enrolled☐ Not Indian Citizen☐ (ii) I object to proposed inclusion of name of the person mentioned below due to any one of the following reasons:- (Tick any one)☐ Death☐ Under age☐ Absent/Permanently shifted☐ Already enrolled☐ Not Indian Citizen☐ (iii) I request to delete my name from electoral roll due to any one of the following reasons:- (Tick any one)☐ Permanently Shift☐ Already enrolled☐ Not Indian Citizen

Death Certificate attached (Tick the appropriate option)

☐ Yes☐ No

(3) Details of the person in respect of whom objection has been raised, are as below:-

Name EPIC No. (If available)

Address	House/Building/ Apartment Mo.		Street/Area/Locality/ Mohalla/Road	
	Town Village		Post Office	<u>Siaha</u>
	Pin Code	<u>7 9 6 9 0 1</u>	Tehsil/Taliga/Mandal	
	District	<u>Siaha</u>	State/UT	<u>Mizoram</u>

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that 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/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 thump impression of person with disability, or signature of left hand thump impression of his/her legal guardian will be requires.

**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

ACKNOWLEDGEMENT/RECEIPT FOR APPLICATION

Acknowledgement Number _____ Date _____

Received the application in Form 7 of Shri/Smt/Ms. _____

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

Name/Signature of ERO/AERO/BLO

**FORM - 8***[See rules 13(3) and 26]***ELECTION COMMISSION OF INDIA****Voter Application Form for shifting of Residence/Correction of Entries in existing Electoral Roll/Replacement of EPIC/making of PwD.**FORM No. _____
(To be filled by Office)Passport
size

To,

The Electoral Registration Officer
No & Name of Assembly Constituency
No & Name of Polling StationNo. Name
No. Name

(I) Name of applicant

EPIC No.

Aadhaar Details:- (Please tick the appropriate box)

(a) ☐ Aadhaar Number

(b) ☐ I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.

Mobile No. of Self (or)

Mobile No. of Father/Mother/Any other Relative (If available)

Email Id of Self (or)

Email Id of Father/Mother/Any other Relative (If available)

(II) I submit application for (Tick any one of the following)

- ☐ Shifting Residence (or)
- ☐ Correction of Entries Existing Electoral Roll (or)
- ☐ Issue of Replacement EPIC without correction (or)
- ☐ Request for marking as Person with Disability

1. Application for Shifting of Residence

I have shifted my residence and I request that my name may be deleted from previous address and shifted to the current address mentioned below. I request that a replacement EPIC may be issued to me due to change in my address. I hereby return my old EPIC

Present Ordinary Residence (Full Address)	House/Building/ Apartment Mo.		Street/Area/Locality/ Mohalla/Road	
	Town Village		Post Office	Siaha
	Pin Code	7 9 6 9 0 1	Tehsil/Talika/Mandal	
	District	Siaha	State/UT	Mizoram

Self attested copy of address proof either in the name of applicant or anyone of the parents/spouse/adult child, if already enrolled with as elector at the same address(attach any one of the documents mention below^):-

- | | |
|--|--|
| 1 ☐ Water/Electric/Gas Connection Bill for that Address (at least 1 year) | 2 ☐ Aadhaar Card |
| 3 ☐ Current passbook of National/Scheduled bank/ Post Office | 4 ☐ Indian Passport |
| 5 ☐ Revenue Department's land Owning record including Kisan Bahi | |
| 6 ☐ Registered Rent Lease Deed (In case of tenant) | |
| 7 ☐ Registered sale Deed (In case of own house) | |

Any other:- (Pl. Specify)

2 Application for Correction of Entries in existing Electoral Roll

Please correct my following details in Electoral Roll/EPIC

(Maximum of 4 entries/particulars can be corrected) (put a tick (V) in appropriate box below)

Copy of self-attested Documentary Proof in support of claim to be attached

1 Name

2 ☐ Gender

3 ☐ DoB/Age

4 ☐ Relation Type

5 Relation name

6 Address

7 Mobile Number

8 Photo

The Correct particulars in the entry to be corrected are as under:-

[illegible]

Name of Document in support of above claim attached

I request that a replacement EPIC may be issued to me due to change in my personal details

I hereby return old EPIC

3 Application for Issue for Replacement EPIC without correction.

I request that a replacement EPIC may be issued to me as my original EPIC is:-

(Put a tick in appropriate box)

Lost

☐ Destroyed due to reason beyond control like floods, fire, other natural disaster, etc.☐ Mutilated

I hereby return my mutilated/Old EPIC (or) I have attached copy of FIR/Police report for lost EPIC & I undertake to return the earlier EPIC issued to me if the same is recovered at a later stage.

4 Application for Marking Person with Disability

Category of Disability (Tick the appropriate box for category of disability)

☐ Locomotive☐ Visual☐ Deaf & Dump

☐ If any other (Give description)

Percentage of disability: %, Certificate attached (Tick the appropriate box)

☐ Yes☐ No

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that 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/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 of left hand thumb impression of person with disability, or signature of left hand thumb impression of his/her legal guardian will be requires.

**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

ACKNOWLEDGEMENT/RECEIPT FOR APPLICATION

Acknowledgement Number _____ Date _____

Received the application in Form 8 of ~~Shri~~/Smt/Ms. _____

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

Name/Signature of ERO/AERO/BLO

ANNEXURE 5.8
(CHAPTER V, PARA 25)

FORM 9

List of Applications for inclusion received in Form 6

Designated location identity (where applications have been received)		No. & name of Polling Station :			Revision identity	
1. List number@		2. Period of applications (covered in this list)			From date ____/____/____	To date ____/____/____
3. Place of hearing*						
Serial number ⁵ of application	Date of receipt	Name of claimant	Name of Father / Mother / Husband and (Relationship)#	Place of residence	Date of hearing*	Time of hearing*
1	2	3	4	5	6a	6b
£ In case of Union territories having no Legislative Assembly and the State of Jammu & Kashmir @ For this revision for this designated location. * Place, time and date of hearings as fixed by Electoral Registration Officer \$ Running serial number is to be maintained for each revision for each designated location. # Give relationship as F =Father, M =Mother and H =Husband within brackets i.e. (F), (M), (H)				Date of exhibition at designated location under rule 15(b)	Date of exhibition at Electoral Registration Officer's Office under rule 16(b)	

ANNEXURE 5.9
(CHAPTER V, PARA 25)
FORM 10



List of Applications for objection on inclusion of names received in Form 7

Designated location identity (where applications have been received)		No. & name of Polling Station :				Revision identity		
1. List number@		2. Period of applications (covered in this list)				From date ____/____/____		To date ____/____/____
3. Place of hearing*								
Serial number [§] of application	Date of receipt	Name (in full) of objector	Particulars of name objected at			Reasons in brief for objection	Date of hearing*	Time of hearing*
			Part number	Serial number	Name in full			
1	2	3	4	5	6	7	8a	8b
§ In case of Union territories having no Legislative Assembly and the State of Jammu & Kashmir @ For this revision for this designated location. * Place, time and date of hearings as fixed by Electoral Registration Officer § Running serial number is to be maintained for each revision for each designated location.						Date of exhibition at designated location under rule 15(b)	Date of exhibition at Electoral Registration Officer's Office under rule 16(b)	

FORM 11

[See rules 15 and 16]

LIST OF OBJECTIONS/APPLICATION FOR CORRECTION OF ENTRIES/ REPLACEMENT OF EPIC/ MARKING OF PWD RECEIVED IN FORM 8

Designated location identity (where applications have been received)		No. & name of Polling Station :				Revision identity	
1. List number@		Period of applications (covered in this list)				From date ____/____/____	To date ____/____/____
2. Place of hearing*							
Serial number [§] of application	Date of receipt	Name of elector objecting/making application	Reasons for objection/applications			Date of hearing*	Time of hearing*
			Whether correction of entry (Y/N)	Whether Replacement of EPIC (Y/N)	Whether making of PwD (Y/N)		
1	2	3	4	5	6	8a	8b
§ In case of Union territories having no Legislative Assembly and the State of Jammu & Kashmir @ For this revision for this designated location. * Place, time and date of hearings as fixed by Electoral Registration Officer § Running serial number is to be maintained for each revision for each designated location.					Date of exhibition at designated location under rule 15(b)	Date of exhibition at Electoral Registration Officer's Office under rule 16(b)	

Page No.....

Page 30 of 35

[See rules 15 and 16]

[illegible]

[See rules 15 and 16]

[illegible]

.....

REPORT FORM

(Special Summary Revision of Electoral Roll wef., 01.01.2025)

Number & Name of Assembly Constituency : _____

Number & Name of Polling Station : _____

1st Report : Dt. **23/08/2024** to Dt. **30/09/2024**

Offline				
S. No	Form No	Male	Female	Total
1	6			
2	7			
3	8			
	Total			

Online				
S. No	Form No	Male	Female	Total
1	6			
2	7			
3	8			
	Total			

Name & Signature of BLO: _____
(with Seal)

.....

REPORT FORM

(Special Summary Revision of Electoral Roll wef., 01.01.2025)

Number & Name of Assembly Constituency : _____

Number & Name of Polling Station : _____

2nd Report : Dt. **01/10/2024** to Dt. **30/10/2024**

Offline				
S. No	Form No	Male	Female	Total
1	6			
2	7			
3	8			
	Total			

Online				
S. No	Form No	Male	Female	Total
1	6			
2	7			
3	8			
	Total			

Name & Signature of BLO: _____
(with Seal)

.....

REPORT FORM

(Special Summary Revision of Electoral Roll wef., 01.01.2025)

Number & Name of Assembly Constituency : _____

Number & Name of Polling Station : _____

Final Report : Dt. **31/10/2024** to Dt. **20/11/2024**

Offline				
S. No	Form No	Male	Female	Total
1	6			
2	7			
3	8			
	Total			

Online				
S. No	Form No	Male	Female	Total
1	6			
2	7			
3	8			
	Total			

Name & Signature of BLO: _____
(with Seal)