

**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 ConstituencyNo. Name *I submit application for proposed inclusion/deletion of name in existing electoral roll*(1)(a) 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 object to proposed inclusion of name of the person mentioned below 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 Sure name EPIC No. (If available)

Address	House/Building/ Apartment Mo.	
	Town Village	
	Pin Code	
	District	

Street/Area/Locality/ Mohalla/Road	
Post Office	
Tehsil/Taliqa/Mandal	
State/UT	

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.

ACKNOWLEDGEMENT/RECEIPT FOR APPLICATIONAcknowledgement 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

**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 _____