



ELECTION COMMISSION OF INDIA

FORM-6

(See Rules 13(1) and 26) of Registration of Electors Rule-1960

*

SPACE FOR PASTING
ONE RECENT
PASSPORT SIZE
PHOTOGRAPH
SHOWING FRONTAL
VIEW OF FULL FACE
WITHIN THIS BOX

Application for Inclusion of Name in Electoral Roll for First time Voter OR on Shifting from One Constituency to Another Constituency.

To, The Electoral Registration Officer, * Assembly Constituency	Acknowledgement No. _____ (To be filled by office)
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I request that my name be included in the electoral roll for the above Constituency. **(Tick appropriate box)**
As a first time voter **or due to shifting from another constituency**
 Particulars in support of my claim for inclusion in the electoral roll are given below:-

Mandatory Particulars

(a) Name	*		
(b) Surname (if any)			
(c) Name and surname of Relative of Applicant [see item (d)]	*	EPIC No of relative	
(d) Type of Relation (Tick appropriate box)	* Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other <input type="checkbox"/>		
(e) Age [as on 1 st January of 2022]	Years <input type="checkbox"/> <input type="checkbox"/> Months <input type="checkbox"/> <input type="checkbox"/>		
(f) Date of Birth (in DD/MM/YYYY format)	* <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(g) Gender of Applicant (Tick appropriate box)	* Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>		
(h) Current address where applicant is ordinarily resident	House No.	*	
Street/Area/Locality	*	Section No. & Name	*
Town/Village	*		
Post Office	*	Pin Code	* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
District	Siaha	State/UT	Mizoram
(i) Permanent address of applicant	House No.	*	
Street/Area/Locality			
Town/Village			
Post Office		Pin Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
District	Siaha	State	Mizoram
(j) EPIC No. (if issued)			

Optional Particulars

(k) Disability (if any) (Tick appropriate box)	Visual impairment <input type="checkbox"/> Speech & hearing disability <input type="checkbox"/> Loco motor disability <input type="checkbox"/> Other _____
(l) Email id (optional)	
(m) Mobile No. (optional)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DECLARATION - I hereby declare that to the best of knowledge and belief -

(i) I am a citizen of India and place of my birth is Village/Town.....

District..... State

(ii) I am ordinarily resident at the address given at (h) above since

_____ * (date, month, year).

(iii) I have not applied for the inclusion of my name in the electoral roll for any other constituency.

(iv) My name has not already been included in the electoral roll for this or any other assembly/parliamentary constituency.

OR

*My name may have been included in the electoral roll for _____ Constituency in _____ State in which I was ordinarily resident earlier at the address mentioned below and if so, I request that the same may be deleted from that electoral roll.

* strike off the option not appropriate

Address of earlier place of ordinary residence (if applying due to shifting from another constituency)

House No.	*	Street/Area/ Locality	*
Assembly Constituency No & Name	*	Part No & Name	*
Serial No.	*	EPIC No.	*
Town/Village	*		
Post Office	*	Pin Code *	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
District	*	State/UT	*

I am aware that making a statement or declaration 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 the Representation of the People Act, 1950 (43 of 1950).

Place : _____

Date : _____

Signature of Applicant : _____

Remarks of Field Level Verifying Officer:

Signature of BLO with Seal:.....

DETAILS OF ACTION TAKEN

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

The application of Shri / Shrimati/ Kumari _____ for inclusion of name in the electoral roll in Form 6 has been **accepted/ rejected**. Detailed reasons for acceptance [under or in pursuance of rule 18/20/26(4)] or rejection [under or in pursuance of rule 17/20/26(4)] are given below:

Place:

Date :

Signature of ERO

Seal of the ERO



Intimation of decision taken (to be filled by Electoral Registration Officer of the constituency and to be posted to the applicant on the address as given by the applicant)

The application in **Form 6** of Shri/Shrimati/Kumari.....
.....

Postage Stamp to be affixed by the Electoral Registration Authority at the time of dispatch

Current address where applicant is ordinarily resident

House No.

Street/Area/
Locality

Town/Village

Post Office

Pin Code

District

Siaha

State/UT

Mizoram

Has been (a) accepted and the name of Shri/Shrimati/Kumari.....
.....

Has been registered at Serial No.....in Part No & name
of Assembly Constituency No. & name

(b) rejected for the reason
.....

Date:
Address.....

Electoral Registration Officer



Acknowledgement/Receipt

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: