FORMAT

Application for objecting inclusion or seeking deletion of name in electoral roll
(to be filed only by the person whose name is already included in the roll)

To,

The Electoral Registration Officer/Authorized Officer,
……Zilla Parishad Constituency.

(1) Name of the applicant

EPIC Number _____

Serial Number in Draft Electoral Roll _____

Mobile No. of Self (if available) (or)
Of relative mentioned

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

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

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

☐ (ii) I request to delete below mentioned name from the electoral roll due to any one of the followingreasons:-*(tick any one)*
☐ Permanently shifted ☐ Not Indian Citizen ☐ Already enrolled

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

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

Name_____Surname_____EPIC Number_____

_____ No Ward of _____ Gaon Panchayat.

Address	House/Building/Apartment No.	Street/Area/Locality
	Town/Village	Post Office
	PIN Code	Tehsil/Taluqa/Mandal
	District	State

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that I am aware that making a 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 _____

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 or left hand thumb impression of person with disability, or signature or left hand thumb impression of his/her legal guardian will be required.

……(Perforation)……

✂Acknowledgement/Receipt for application✂

Acknowledgment Number _____

Received the application in the Format of Shri/Smt./Ms _____

Signature of ERO/AERO/Authorized Officer

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