ELECTION COMMISSION OF INDIA

Form-8

FORM No. _____
(To be filled by office)

Voter Application Form for shifting of Residence/Correction of Entries in Existing Electoral Roll/Replacement of EPIC/Marking of PwD

(See Rules 13(3) and (26) of the Registration of Electors Rules, 1960)

To,
The Electoral Registration Officer,
No. & Name of Assembly Constituency No. ☐ Name _____
Or No. & Name of Parliamentary Constituency@ No. ☐ Name _____
(@ only for Union Territories not having Legislative Assembly)

(I) Name of the applicant ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

EPIC No. _____

Aadhaar Details:- (Please tick the appropriate box)

(a) ☐ Aadhaar Number ☐☐☐☐☐☐☐☐☐☐☐☐ or

(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)

1. ☐ Shifting of Residence (or)
2. ☐ Correction of Entries in Existing Electoral Roll (or)
3. ☐ Issue of Replacement EPIC without correction (or)
4. ☐ 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 the 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 No.		Street/Area/Locality/ Mohalla/Road	
	Town/Village		Post Office	
	PIN Code	☐☐☐☐☐☐	Tehsil/Taluqa/Mandal	
	District		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 mentioned below ^):-

1. ☐ Water/Electricity/Gas connection Bill for that address (atleast 1 year)
2. ☐ Aadhaar Card
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)

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 ☑ 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

SPACE FOR PASTING ONE RECENT PASSPORT SIZE UNSIGNED COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND (ONLY IF PHOTO TO BE CHANGED)

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

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 my old EPIC.

3. Application for Issue of 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 & Dumb ☐ 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 a citizen of India and 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 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/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 of signature or left hand thumb impression of his/her legal guardian will be required.

^ Submission of self-attested copy of mentioned documents will ensure speedy delivery of services.

✂ **Acknowledgement/Receipt for application** ✂

Acknowledgment Number _____ Date _____

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

Name/Signature of ERO/AERO/BLO