

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. <input type="checkbox"/> Name | 2. <input type="checkbox"/> Gender | 3. <input type="checkbox"/> DoB/Age |
| 4. <input type="checkbox"/> Relation Type | 5. <input type="checkbox"/> Relation Name | 6. <input type="checkbox"/> Address |
| 7. <input type="checkbox"/> Mobile Number | 8. <input type="checkbox"/> 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:-

- a.
- b.

- a.
- b.
- c.
- d.

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)

- | | |
|---------------------------------------|--|
| 1. <input type="checkbox"/> Lost | 2. <input checked="" type="checkbox"/> Destroyed due to reason beyond control like floods, fire, other natural disaster etc. |
| 3. <input type="checkbox"/> 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)

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Locomotive | <input type="checkbox"/> Visual | <input type="checkbox"/> Deaf & Dumb | <input type="checkbox"/> If any other (Give description) _____ |
| Percentage of disability: <input type="text"/> % | Certificate attached (Tick the appropriate box) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: 01-03-2024

Place: New Delhi

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

✂ ✂ ✂

Acknowledgement Number :- U0502208R0103241200002

Date : 01-03-2024

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

Name/Signature of ERO/AERO/BLO

*** This is a computer generated document and does not require signature ***