



## 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) \_\_\_\_\_

### 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 core document 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