FORM 8

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

FORM NO

ELECTION COMMISSION OF INDIA

(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

/ Replacement of EPIC / Marking of PWD					
To, The Electoral Registration Officer,, No. and Name of Assembly Constituency Or No. and Name of Parliamentary Constituency (@ only for Union Territories not having legislative Assembly) No. 33 Name Dumri No. Name					
(I) Name of the applicant - DEEPAK AGRAWAL					
EPIC No. MWH8283046					
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)					
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 seemed to be a considered to the current address mentioned below. I request that a replacement EPIC may be seemed to be a considered to the current address mentioned below.					
issued to me due to change in my address. I hereby return my old EPIC.					
Present Ordinary House/Building/Apartment No. Street/Area/Locality/ Mohalla/Road					
Residence(Full Town/Village Post Office					
Address) PIN Code Tehsil/Taluqa/Mandal State/UT					
DISTRICT State/01					
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 ^):-					
Water/Electricity/Gas Bill for that address (atleast 1 year) Aadhaar Card Address (atleast 1 year)					
Current passbook of Nationalized/Scheduled Bank/Post Office 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 Elector	al Roll		
Please corre	ect my following details in Electoral Roll/EPI			
(Mayin	num of 4 entries/particulars can be corrected	1)		
	tick 🗸 in appropriate box below.)	,	ODA OF FOR PARTING	
	of self-attested Documentary Proof in suppor	t of claim to be attached.	SPACE FOR PASTING ONE RECENT	
1.	Name 2.	Gender 3. DoB/Age	PASSPORT SIZE	
			UNSIGNED COLOR	
4.	Relation Type 5.	Relation Name 6. Address	PHOTOGRAPH (4.5	
7.	Mobile Number 8.	Photo	CM X 3.5 CM)	
L			SHOWING FRONTAL	
The corre	ect particulars in the entry to be corrected ar	e as under:-	VIEW OF FULL FACE	
	and particular of the control of the		WITH WHITE	
a.	DEEPAK AGARWAL (दीपक अग्रवाल)		BACKGROUND (ONLY IF PHOTO TO BE	
b.	01/01/1979		CHANGED)	
C.	SAHDEV AGRAWAL (सहदेव अग्रवाल)			
D.	9931170424	,		
	7701170424			
	Name of	Document in support of above claim attached		
a.	Aadhaar Card			
b.	Aadhaar Card			
C.	Aadhaar Card			
d.				
	at a replacement EPIC may be issued to me	due to change in my personal details.		
I hereby ret	urn my old EPIC.			
(Put a tick in a	a replacement EPIC may be issued to me as appropriate box) Lost 2. Mutilated n my mutilated/ old EPIC (OR) I have attached	my original EPIC is- Destroyed due to reason beyond control like floods, fire, oth d copy of FIR/Police report for lost EPIC & I undertake to return the ear		
	for Marking Person with Disability			
	f disability (Tick the appropriate box for cate			
L	ocomotive Visual	Deaf & Dumb	other (Give description)	
Percent	age of disability: %	Certificate attached (Tick the appropriate box)	Yes No	
		DECLARATION		
and which		ledge and belief that I am a citizen of India and I am aware ot believe to be true, is punishable under Section 31 of Rep e year or with fine or with both.		
Date: 18-0	9-2024			
Place: KAN	NJKIRO			
11000.101				
disability, a		Rights of Persons with Disabilities Act 2016 and Rights of Persons with es etc., signature or left hand thumb impression of person with disabili		
^ Submission	on of self-attested copy of mentioned docur	nents will ensure speedy delivery of services.		
*	% %	Acknowledgement/Receipt for application	% % %	
Acknowled	gement Number :- \$2703308C1809241200	002 Date : 18-	-09-2024	
Received th	ne application in Form 8 of Shri/Smt./Ms. D	EEPAK AGRAWAL		
		Name/Signature of ERO/AERO	/BLO	

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