

(b) Self-attested copy of address proof either in the name of applicant or any one of parents/spouse/adult child, if already enrolled as elector at the same address. (Attach anyone of them)

(i) Document for proof of residence :- (Any one of these)

1. Water/Electricity/Gas connection Bill for that address (at least 1 year)
2. Aadhaar Card 3. Current passbook of Nationalized/Scheduled Bank/Post Office
4. Indian Passport 5. Registered Rent Lezase Deed (In case of tenant)
6. Registered Sale Deed (In case of own house)

(ii) Any Other document for Proof of residence: - (If none of the above documents is available) (Pl. Specify) # _____

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief-

**(i) I am a citizen of India and place of my birth is: - Village/Town _____
District _____ State _____**

(ii) I am ordinarily a resident at the address mentioned at Sr. No. 6(a) in the Form since _____ (mention month and year).

(iii) I am applying for inclusion in Panchayat Electoral Roll for the first time and my name is not included in any Zilla Parishad Constituency.

or

***my name was included in the electoral roll for _____ No Ward of _____
Gaon Panchayat of _____ ZP constituency in _____ District in which I
was ordinarily resident earlier. I request that the same may be deleted from that electoral roll.**

(iv) I don't possess any of the documents as mentioned for proof of Date of Birth/Age. Therefore, I have enclosed _____ (Name of the document) in support of age proof (Strike off, if not applicable)

(v) I am aware that making the above 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.

*Strike out the inappropriate alternative.

In case none of the mentioned documents is available, field verification is necessary.

.....(Perforation).....

⌘ Acknowledgement/Receipt for application ⌘

Acknowledgment Number _____

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

Signature of ERO/AERO/Authorized Officer