

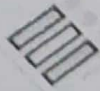
1. Every year on the Eve of National Voters day celebration Our Faculty members & students make awareness on Form-B of New Enrolment among the young Voters & illiterates in the Voters List.
2. collection of subject related Articles from Editorial pages of Daily News Papers.
3. A Departmental Magazine maintained by Political Science Department named "Vikasini" This written Magazine Available every BA Students in the College Library. This Magazine Consists important Political Personalities, Constitutional Articles, Amendments and Recent Political issues. and Personality development topics

వికాసిని

మే 2020

రాజనీతి శాస్త్ర విభాగము

2020



ELECTION COMMISSION OF INDIA

FORM-6

(See Rules 13(1) and 26) of Registration of Electors Rule, 1960

Acknowledgement No. (To be filled by office) OR on Shifting

Application for Inclusion of Name in Electoral Roll for First time Voter from One Constituency to Another Constituency.

To, The Electoral Registration Officer,Assembly / Parliamentary Constituency

I request that my name be included in the electoral roll for the above Constituency. (Tick appropriate box)

As a first time voter [] or due to shifting from another constituency []

Particulars in support of my claim for inclusion in the electoral roll are given below:-

Mandatory Particulars

(a) Name

(b) Surname(if any)

(c) Name and surname of Relative of Applicant [see item (d)]

(d) Type of Relation [Tick appropriate box] Father [] Mother [] Husband [] Wife [] Other []

(e) Age [as on 1st January of current calendar year.....] Years [] [] Months [] []

(f) Date of Birth (in DD/MM/YYYY format)(if known) [] [] / [] [] / [] [] [] []

(g) Gender of Applicant [Tick appropriate box] Male [] Female [] Third Gender []

(h) Current address where applicant is ordinarily resident House No. []

Street/Area/Locality

Town/Village

Post Office

Pin Code

District

State/UT

(i) Permanent address of applicant House No. []

Street/Area/Locality

Town/Village

Post Office

Pin Code

District

State/UT

(j) EPIC No. (if issued)

Optional Particulars

(k) Disability (if any) [Tick appropriate box] Visual impairment [] Speech & hearing disability [] Locomotor disability [] Other []

(l) Email id (optional)

(m) Mobile No. (optional)

DECLARATION - I hereby declare that to the best of knowledge and belief -

- (i) I am a citizen of India and place of my birth is Village/Town.....District.....State.....
(ii) I am ordinarily resident at the address given at (h) above since(date, month, year).
(iii) I have not applied for the inclusion of my name in the electoral roll for any other constituency.
(iv) My name has not already been included in the electoral roll for this or any other assembly/ parliamentary constituency

OR

*My name may have been included in the electoral roll for Constituency in State in which I was ordinarily resident earlier at the address mentioned below and if so, I request that the same may be deleted from that electoral roll.

* strike off the option not appropriate

Handwritten signature in green ink

SPACE FOR PASTING ONE RECENT PASSPORT SIZE PHOTOGRAPH (3.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITHIN THIS BOX