

**Form- 1**

(See rule 7)

**Registration of Electors Rules, 1960****Statement as to place of Ordinary Residence by a Person holding a Declared Office**

SPACE FOR PASTING ONE RECENT  
UNSIGNED PASSPORT SIZE COLOR  
PHOTOGRAPH (4.5 CM X 3.5 CM)  
SHOWING FRONTAL VIEW OF  
FULL FACE WITH WHITE  
BACKGROUND

**Personal Details**

Full Name

Relation Name

Relation Type  Father  Mother  Husband  Wife  OthersAge  Years  Month Date of Birth  d  d /  m  m /  y  y  y  yGender  Male  Female

Office held

EPIC No. (If issued)

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. (optional)       

Email Id (optional)

I hereby declare that I am a citizen of India and that but for my holding the above-mentioned office, I would have been ordinarily resident at:-

House/Building/Apartment No.	Street/Mohalla
Locality	Town/Village
Post Office	Police Station
Tehsil/Taluqa/Mandal	PIN Code
District	State/UT

Assembly Constituency \_\_\_\_\_

I further declare that my spouse (Husband/Wife) Shri./Smt. \_\_\_\_\_

Age  Years  Months Date of Birth  d  d /  m  m /  y  y  y  
ordinarily resides with me and is a citizen of India.

I, further, declare that I \*and my spouse have neither got \*ourselves/myself already registered nor have applied for such registration as ordinary electors in the electoral roll of the place where I am presently posted and residing or any other constituency.

I also declare that I am aware of the law that prohibits getting registered as an elector at more than one place either in the same constituency or in different constituencies and if my name \*or my spouse's name so appears at different places, the same may be deleted from all such places except from the electoral roll of my native place for which I have made the statement.

Date: \_\_\_\_\_ (Signature) \_\_\_\_\_

**(For use in the Election Office)**

Statement received on the \_\_\_\_\_ 20 \_\_\_\_\_

Registered in the electoral roll for the \_\_\_\_\_ Assembly Constituency

No. \_\_\_\_\_ Part No. \_\_\_\_\_ at S. No. \_\_\_\_\_

Date: \_\_\_\_\_

**Electoral Registration Officer** \_\_\_\_\_

\* Strike off if not applicable