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| 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 |
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| Personal Details | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|
| Full Name | <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> | | | | | | | | | | | | | | | | | | |
| Relation Name | <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> | | | | | | | | | | | | | | | | | | |
| Relation Type | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Others | | | | | | | | | | | | | | | | | | |
| Age | <input type="text"/> Years <input type="text"/> Month Date of Birth <div style="display: inline-block; border: 1px solid black; padding: 2px;"> d d / m m / y y y y </div> | | | | | | | | | | | | | | | | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | | | | | | | | | |
| Office held | <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> | | | | | | | | | | | | | | | | | | |
| EPIC No. (If issued) | <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> | | | | | | | | | | | | | | | | | | |
| Aadhaar Details:- (Please tick the appropriate box) | | | | | | | | | | | | | | | | | | | |
| (a) <input type="checkbox"/> Aadhaar Number <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div> or | | | | | | | | | | | | | | | | | | | |
| (b) <input type="checkbox"/> I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number | | | | | | | | | | | | | | | | | | | |
| Mobile No. (optional) | <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div> | | | | | | | | | | | | | | | | | | |
| Email Id (optional) | <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> | | | | | | | | | | | | | | | | | | |
| 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 <div style="border-bottom: 1px solid black; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | |
| I further declare that my spouse (Husband/Wife) Shri./Smt. <div style="border-bottom: 1px solid black; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | |
| Age <input type="text"/> Years <input type="text"/> Months Date of Birth <div style="display: inline-block; border: 1px solid black; padding: 2px;"> d d / m m / y y y y </div> | | | | | | | | | | | | | | | | | | | |
| 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: <div style="border-bottom: 1px solid black; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | |
| (Signature) <div style="border-bottom: 1px solid black; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | |
| (For use in the Election Office) | | | | | | | | | | | | | | | | | | | |
| Statement received on the <div style="border-bottom: 1px solid black; width: 100%;"></div> 20 <div style="border-bottom: 1px solid black; width: 50px;"></div> | | | | | | | | | | | | | | | | | | | |
| Registered in the electoral roll for the <div style="border-bottom: 1px solid black; width: 100%;"></div> Assembly Constituency | | | | | | | | | | | | | | | | | | | |
| No. <div style="border-bottom: 1px solid black; width: 100px;"></div> Part No. <div style="border-bottom: 1px solid black; width: 50px;"></div> at S. No. <div style="border-bottom: 1px solid black; width: 100px;"></div> | | | | | | | | | | | | | | | | | | | |
| Date: <div style="border-bottom: 1px solid black; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | |
| Electoral Registration Officer <div style="border-bottom: 1px solid black; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | |
| * Strike off if not applicable | | | | | | | | | | | | | | | | | | | |