ELECTION COMMISSION OF INDIA FORM No Form – 6 FORM No Application Form for New Voters (To be filled by office) (See Rules 13 (1) and (26) of the Registration of Electors Rules, 1960)			
To, The Electoral Registration Officer No. & Name of Assembly Constituency No. Or No.& Name of Parliamentary Constituency@ No. I submit application for inclusion of my name in the electoral roll for the above constituency. (1)(a) Name (In Official Language of state) (In English in BLOCK LETTERS)			
Applicant English Name Applicant Bengali Name (2) (a) Name and Surname (In Official Language of State) of any one of the relatives:			SPACE FOR PASTING ONE RECENT UNSIGNED
Legal Guardian in case of orphan /Guru in case of Third Gender COLO PHOTOG PHOTOG			PASSPORT SIZE COLOR PHOTOGRAPH
 (b) Name and Surname Bengali (In Official Language of State) of any one of the relatives in: - (3) Mobile No. of Self (if available) (4) Email ID of Self (If available) (5) Aadhaar Details:-(Please tick the appropriate box) (a) Aadhaar Number (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number. (6) Gender Male Female Third Gender (7) Date of Birth , , , (b) Self attested copy of document supporting age proof attached (any of the following) (I) Document for Proof Date of Birth ^: - (Any one of these) 1. Birth certificate issued by Competent Local Body /Municipal Authority/Registrar of Birth &Deaths 2. Aadhaar Card 3. PAN Card 4. Driving License 5. Certificates of Class X or Class XII issued by CBSE/ICSE/State 6. Indian Passport Education Boards, if it contains Date of Birth (II) Any Other Document for Proof of Date of Birth: - (If None of the above documents is available) (Pl. Specify) 			
(a) Present	ngali Name: - (i) Document for proof of residence House/Building/Apartment No.	Street/Area/Locality/ Mohalla/Road	
Ordinary Residence (Full Address)	Town/Village PIN Code District	Post Office Tehsil/Taluka/Mandal State/UT	
(b) Bengali Name: -			
(a) Present		রাস্তা/এলাকা/ মহল্লা/ রাস্তার নাম.	
Ordinary	শহরের গ্রাম. পিনকোড.	ডাক ঘর.	
Residence (Full Address)	জেলা .	তহসিল/তালুকা/মন্ডল. রাজ্য/ইউটি .	
(9) Name of family member: - Relationship with applicant: - His/her EPIC no.: - Date: Date: Place: Place: (Signature of Applicant/Left Hand Thumb Impression)			