DOCUMENTS PDF UPLOAD	SHIFTING TO OTHER PLACE VOTER CARD FROM
	PERSONAL DETAILS
ID PROOF.	Name: Date of Birth: Cast: Gender: Male Qualification: Mob No: E-Mail ID: Applicant Voter Id NO:
<u>NEW ADDRESS</u> <u>PROOF.</u>	NEW ADDRESS DETAILS
<u>FOTHER/MOT</u> <u>HER VOTER ID</u> <u>CARD.</u>	House No: Word No: Town/ Village: Street/Area/Locality: Post Office: Pin Code: District: State:
<u>DATE OF BRITH</u> <u>PROOF.</u>	Constituency:
	Type of Relation: Father Mother Husband Wife Othe Name of Relative: Relative of Voter ID No:
Services Charge:-30/-	
	Place: From submitted digitally, Signature not required. Date: / /