



ELECTION COMMISSION OF INDIA FORM-6

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

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

To, The Electoral Registration Officer, Kerala THRIPUNITHURA Assembly / Parliamentary Constituency				
I request that my name be included in the electoral roll for the above Constituency. (✓) first time voter Particulars in support of my claim for inclusion in the electoral roll are given below:-				
<u>Mandatory Particulars</u>				
(a) Name	SOORAJ	സൂരജ്		
(b) Surname (if any)	R	ആർ		
(c) Name and surname of Relative of Applicant [see item (d)]	RAMACHANDRAN POTTI	രാമചന്ദ്രൻ പോറ്റി		
(d) Type of Relation	Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/>			
(e) Age [as on 1st January of current calendar year 2021]				
(f) Date of Birth (in DD/MM/YYYY format) (if known)	13/03/1975			
(g) Gender of Applicant (Tick appropriate box)	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>			
(h) Current address where applicant is ordinarily resident	House No.	G.R.C VILLA, T.R.R.A 45 B	ജി.ആർ.സി വില്ല റ്റി.ആർ.ആർ.എ 45 B	
Street/Area/Locality	KALAPURAKKAL LANE		കളപ്പുരയ്ക്കൽ ലെയിൻ	
Town/Village	TRIPUNITHURA		ത്രിപ്പൂണിത്തുറ	
Post Office	TRIPUNITHURA	ത്രിപ്പൂണിത്തുറ	Pin Code 682301	
District	ERNAKULAM		State/UT Kerala	
(i) Permanent address of applicant	House No			
Street/Area/Locality				
Town/Village				
Post Office			Pin Code	
District			State/UT	
(j) EPIC No. (if issued)				
<u>Optional Particulars</u>				
(k) Disability (if any)	Visually Impaired <input type="checkbox"/> Speech hearing disabled <input type="checkbox"/> Locomotor disability <input type="checkbox"/> 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 **TRIPUNITHURA** District **ERNAKULAM** State **Kerala***

*(ii) I am ordinarily resident at the address given at (h) above since **13/03/1975** .*

(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*

Applicant Place **TRIPUNITHURA**

Applicant Date **26/12/2020**