

User Manual for Graduates (form-18) & Teachers (form-19)

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Citizens can apply Form-18/Form-19 through www.ceoandhra.nic.in /www.ceotelangana.nic.in website for inclusion of name in the electoral roll for a Graduates and Teachers Constituency of his/her names in the electoral roll through E-Registration

Go to E-Registration → Council Constituency → Form-18(Graduates) or Form-19(Teachers).

The screenshot shows the website of the Chief Electoral Officer, Andhra Pradesh, Election Commission of India. The page features a navigation menu on the left with various options like Organization, CEO's Desk, Forms, etc. The main content area includes a table with the following data:

Assembly Constituency		
Council Constituency	Form-18(GRADUATES)	SERVER-1
	Form-19(TEACHERS)	SERVER-2
	Know Your Status	

Below the table, there is a section for 'Current Issues' with links for National Media Awards-2016, Hiring of Resource Persons for conduct of Certification Course for Returning Officers, and Mee-Seva Centres. On the right side, there are buttons for 'Register Your Complaint', 'Know Your Appeal Status', and 'Deleted Electors List'.

Form - 18

Citizens can apply through www.ceoandhra.nic.in website inclusion of name in the electoral roll for Graduates Constituency his/her names in the electoral roll through E-Registration:

FORM-18(GRADUATES)

Claim for inclusion of name in the electoral roll for a Graduates' Constituency

ApplicationID:

To, The Electoral Registration Officer

*Graduates Constituency: Srikakulam-Vizianagaram-Vis: ▾

*District: Srikakulam ▾

Sir, I request that my name be included in the electoral roll for the above Graduates Constituency. Particulars in support of my claim for inclusion in the electoral roll are given below:



Choose File No file chosen

Upload

1. Applicant's Details:

*Name: TEST	Surname (if any): TEST
*పేరు: టెస్ట్	ఇంటి పేరు: టెస్ట్
*Educational Qualification: MSC మస్సు	Occupation: TEST టెస్ట్
Date of birth: Day: 30 Month: 05 Year: 1985 Age: 31	Gender: Male ▾ Relation Type: Father ▾
*Relation Name: TEST	Relation Surname(if any): TEST
పేరు: టెస్ట్	ఇంటి పేరు: టెస్ట్

House Address(Place of ordinary residence):

*House/Door number: 1-21	*Town/ Village: Town ▾ *Tehsil/ Taluka/ Mandal/ Thana: 13. Kothuru(Srikakulam) ▾
*Street /Area /Locality /Mohalla /Road: TEST టెస్ట్	*Town/ Village: TEST టెస్ట్
*Post Office: TEST టెస్ట్	*Pin Code: 500039

Details of AC & EPIC, If the applicant's name is included:

District: 1-Srikakulam ▾	Ac No & Name: 1-Ichchapuram
EPIC No(ID CARD NO): ABC123456	SI.No in PS: 2
Polling Station: 2	

2.I am a graduate of the ANDHRA UNIVERSITY ఆంధ్ర యూనివర్సిటీ university having passed the degree/diploma examination in the year 06/05/2005 (dd/mm/yyyy)

OR

I am in possession of a diploma/certificate in Attested copy of Diploma Certificate ▾ which is a qualification equivalent to that of a graduate university in india having passed examination for the diploma/certificate in the year 01/05/2007 (dd/mm/yyyy)

3. To support of my claim as being a graduate/in possession of the above diploma/certificate,I submit herewith above diploma/certificate

Graduation Diploma
Choose File No file chosen

4. My name has not been included in the electoral roll for this or any other Graduates constituency;

Or

4.My name has not been included in the electoral roll for this or any other Graduates constituency;

My name has been included in the electoral roll for Constituency Srikakulam-Vizianagaram-Visa ▾ and District

Srikakulam ▾ under the given address below and I request that it to be deleted from that roll.

House No: 1-2	Street/Mohalla: TEST	Town/Village: TEST
Mobile No: 9989222666	Email ID: abc@gmail.com	

I declare that I am citizen of India and that all the particulars given above are true to the best of my knowledge.

Translate

Submit

Clear

After filing all the details and click “**Translate button**” it converts from English to Telugu in Telugu Fields and check the Telugu fields once again for if any corrections in Telugu field names.

Upload Graduate or Diploma Certificate before form submission which is marked in above image and after click the “**Submit button**”, form will be submitted successfully.

After successful submission of application, a unique “**Application ID**” will be generated and acknowledgement will be displayed, citizen can obtain the printout.

Online Form-18	
Application for inclusion of name in electoral roll for Graduates Constituency	
ApplicationID:F18-111324653	
To, The Electoral Registration Officer Graduates Constituency: Srikakulam-Vizianagaram- Visakhapatnam Sir, I request that my name be registered in the electoral roll for the above constituency. The particulars in support of my request are given below:	
I. Applicant's Details:	
Name: TEST	పేరు: టేస్ట్
Surname(if any): test	ఇంటి పేరు: టేస్ట్
Date of birth if you know:	Gender: Male
Age as on 1st January 2016:	Year: 31
University:andhra university	యూనివర్సిటీ:
Occupation:test	వృత్తి: టేస్ట్
Part No:	SerialNumber in that Part:
Relation Details :	
Relation Type: Father	
Name: TEST	పేరు: టేస్ట్
Surname(if any): test	ఇంటి పేరు: టేస్ట్
II. Particulars of place of present ordinary Residence(Full address):	
House/Door number: 1-2	
Street /Area /Locality /Mohalla /Road: test	వీధి /విరియా/లోకాలిటీ: టేస్ట్
Town/ Village: TEST	పట్టణం/గ్రామం: టేస్ట్
Tehsil/ Taluka/Mandal/ Thana: 1. Amadalavalasa	తాలూకా /మండలం:
District No: 1	Post Office: test
	Pin code: 533344
III. Details of Existing Electors Roll(if issued, in this or some other constituency):	
District No and Name:	AC No& Name:
Elector's Photo IdentityCard Number:	Polling Station:0
	SIno:0

Form-19

In the same manner we can also apply Form-19.

The screenshot shows the website of the Chief Electoral Officer, Andhra Pradesh, Election Commission of India. The page features a navigation menu with options like Home, PDF Electoral Rolls, E-Registration, Search Your Name, List of Claims & Objections, Know Your PS/BLO, Feedback, About Us, and Contact Us. A dropdown menu under E-Registration is open, showing options for Assembly Constituency, Council Constituency, Form-18 (GRADUATES), Form-19 (TEACHERS), and Know Your Status. The Form-19 (TEACHERS) option is highlighted. The main content area includes a section for 'Current Issues' with links for National Media Awards-2016, Hiring of Resource Persons for conduct of Certification Course for Returning Officers, and Mee-Seva Centres. There is also a 'Verify Name in the Electoral Roll through SMS' link and a 'Register Your Complaint' button.

Citizens can apply through www.ceoandhra.nic.in/www.ceotelangana.nic.in website inclusion of name in the electoral roll for Teachers Constituency his/her names in the electoral roll through E-Registration:

ceoaperms.ap.gov.in/mlc_ereg_ap/ero/form19.aspx

Apps For quick access, place your bookmarks here on the bookmarks bar. Import bookmarks now...

* Note: Use Mozilla Firefox or IE 7.0 or above

FORM-19 (TEACHERS)

Claim for inclusion of name in the electoral roll for a Teachers' Constituency Application ID:

To, The Electoral Registration Officer
 *Teacher's Constituency: Prakasam-Nellore-Chittoor

*District: Prakasam

Sir, I request that my name be included in the electoral roll for the above Teacher's Constituency. Particulars in support of my claim for inclusion in the electoral roll are given below:



Choose File No file chosen
Upload

1. Applicant's Details:

*Name: TEST	Surname (if any): TEST
*పేరు: TEST	ఇంటి పేరు: TEST
Date of birth: Day: 01, Month: 04, Year: 1984, Age: 32	Gender: Male, Relation Type: Father
*Relation Name: TEST	Relation Surname (if any): TEST
పేరు: TEST	ఇంటి పేరు: TEST

House Address (Place of ordinary residence):

*House/Door number: 11111	*Town/Village: Town	*Tehsil/Taluka/Mandal/Thana: 1. Addanki
*Street/Area /Locality /Mohalla /Road: TEST	*Town/ Village: TEST	
*Post Office: TEST	*Pin Code: 500034	

Details of AC & EPIC, If the applicant's name is included:

District: 1-Srikakulam	Ac No & Name: 2-Palasa
EPIC No (ID CARD NO): ABC123456, Polling Station No: 2	Sl.No in PS: 2

2. During the last six years I have been engaged in teaching for the total period of more than three

1. Name of Educational Institution: IDEAL COLLEGE	from: 01/01/2003	to: 10/05/2005	(DD-MM-YYYY)
2. Name of Educational Institution:	from:	to:	(DD-MM-YYYY)
3. Name of Educational Institution:	from:	to:	(DD-MM-YYYY)

3. Date of Entry into service: 05/05/2008 (DD-MM-YYYY) as a Teacher
 Date of Retirement: 10/11/2015 (DD-MM-YYYY)

4. In support of my claim as being a Teacher in profession, I submit herewith as being a Teacher in profession, I submit herewith
 Choose File No file chosen

5. My name has not been included in the electoral roll for this or any other Teacher's constituency;
 Or
 My name has been included in the electoral roll for Constituency: Srikakulam-Vizianagaram-Visa and District: Srikakulam under the given address below and I request that it to be deleted from that roll.

House No: 22	Mohalla: TEST	Town/Village: TEST
Mobile No: 9989222666	Email ID: abc@gmail.com	

I declare that I am citizen of India and that all the particulars given above are true to the best of my knowledge.

After filing all the details and click "**Translate button**" it converts from English to Telugu in Telugu Fields and check the Telugu fields once again for if any corrections in Telugu field names.

Upload Graduate or Diploma Certificate before form submission which is marked in above image and after click the “**Submit button**”, form will be submitted successfully.

After successful submission of application, a unique “**Application ID**” will be generated and acknowledgement will be displayed, citizen can obtain the printout.

Online Form-19

Application for inclusion of name in electoral roll for Teachers Constituency		ApplicationID:F19-0001253
To, The Electoral Registration Officer Teachers Constituency: Prakasam-Nellore-Chittoor Sir, I request that my name be registered in the electoral roll for the above constituency. The particulars in support of my request are given below:		
I. Applicant's Details:		
Name: TEST	పేరు: తేస్ట్	
Surname(if any): test	ఇంటి పేరు: తేస్ట్	
Age:32Years	Gender:Female	
Part No:	SerialNumber in that Part:	
Work Experience Details:		
Name of the Institution	FromDate	To Date
ideal college	01/01/2003 00:00:00	10/05/2005 00:00:00
Relation Details :		
Relation Type: Father	Relation Serial No:	
Name: TEST	పేరు: తేస్ట్	
Surname(if any): test	ఇంటి పేరు: తేస్ట్	
II. Particulars of place of present ordinary Residence(Full address):		
House/Door number: 1-47		
Street /Area /Locality /Mohalla /Road: test	వీధి /నిరియూ/లోకాలిటి: తేస్ట్	
Town/ Village: TEST	పట్టణం/గ్రామం: తేస్ట్	
Tehsil/ Taluka/Mandal/ Thana: 1. Addanki	తాలూక /మండలం:	
District: 8	Post Office: test	
	Pin code: 500038	
III. Details of Existing Electors Roll(if issued, in this or some other constituency):		
District No and Name:5-West Godavari	AC No& Name:57-Palacole	
Elector's Photo Identity Card Number:XYZ1234456	Polling Station:	SIno:
I declare that I am citizen of India and that all the particulars given above are true to the best of my Knowledge and belief.		
Place:		
Date:		

Know Your Status

Enter Your Graduate and Teachers Application ID, and then click Search button.

CHIEF ELECTORAL OFFICER
Andhra Pradesh
Election Commission of India
Greater Participation For Stronger Democracy

60 years
DIAMOND JUBILEE

జాతీయ
ఓటర్ల విస్తృతం
25 జనవరి

Know Your Application Status

Home

ApplicationID

Form-18 Form-19

Search

Application details will appear in below table, and then click on View status button.

CHIEF ELECTORAL OFFICER
Andhra Pradesh
Election Commission of India
Greater Participation For Stronger Democracy

60 years
DIAMOND JUBILEE

జాతీయ
ఓటర్ల విస్తృతం
25 జనవరి

Know Your Application Status

Home

ApplicationID

Form-18 Form-19

F18-144556125

Search

APP ID	NAME	RELATION NAME	HOUSE NO	DISTRICT NUMBER	PART NO	VIEW STATUS
F18-144556125	SVEERABADRA SIRASANI	S REDDEPPA SIRASANI	24/51	10		View Status

After click on View status button below the status will appear.

Search - Google Chrome

ceoaperms.ap.gov.in/status_mlc/Searchdetails.aspx?AppID=F18-144556125

MLC- REGISTRATION USER STATUS

APPLICATION ID	F18-144556125
NAME	SVEERABADRA SIRASANI
RELATION NAME	S REDDEPPA SIRASANI
HOUSE NO	24/51
MLC DISTRICT NUMBER	10
PART NUMBER	
STATUS	Application is Sent to BLO Verification
REMARKS	

Print Exit