	ELECTION COMMISSION OF INDIA													
For							n-7				FORM No.			
(To be filled by office) Voter Application Form for Objection for Proposed Inclusion/ Deletion of Name in Existing														
VC				jection	Electo	-			Deletion	UT Wall		listing		
		(	See Rules 13	3(2) and (			-	of Electors R	Rules-1960)					
To,														
	al Registratior		-			<b>—</b>								
No. & Name of Assembly Constituency No. Name   Or No. & Name of Parliamentary Constituency@ No. Name														
(@ only for Union Territories not having Legislative Assembly)														
	plication for o		-	-				name in e	xisting el	ectoral	roll.			
(1) Name of the	applicant													
EPIC No.														
Mobile No. of Self														
Mobile No. of Relative								]						
(2) Option of application/objection:- <i>(Tick the appropriate option) (Any one)</i>														
(i) I request to delete name of the person mentioned below already included in the current roll due to any one of the														
	ng reasons:- (t	tick any	one)											
Death Under Age Absent / Permanently shifted														
Alı	ready enrolled			Not Inc	dian Citi	zen								
(ii) I ob	ject to propos	ed inclu	ision of na	ime of t	he pers	on r	nentio	ned below	due to a	ny one o	of the fo	ollowing rea	asons -	
(ii) I object to proposed inclusion of name of the person mentioned below due to any one of the following reasons - (tick any one)														
Death Under Age Absent / Permanently shifted														
Already enrolled Not Indian Citizen														
(iii) I request to delete my name from electoral roll due to any one of the following reasons-(tick any one)														
Permanently shifted Already enrolled Not Indian Citizen														
(3) The details o	of the nerson i	in resne	oct of who	m ohier	tion ha	s he	en rais	ed are as l	helow:-					
			Surname	-					CNo.(if av	vailable)				
Address House/Building/							Street/Area/Locality/							
Apartment No.								illa/Road						
	Town/Village	5					Post (			T				
	PIN Code					_		l/Taluqa/N	/landal					
	District						State	/01						
					DECL	ARA	TION							
I HEREBY DECLA			-	-	l belief t	hat	l am av		-					
and which I kno Act,1950 (43 of 1							-				-	entation of	the People	
Date:	1950) with http:	ISUIIIIE			i illay ex	lent		year or wit	un nine or	with bot				
Place:						S	Signatu	re of Appli	cant/Thu	mb Imp	ression			
Accessibility Inst		-	-	-						-				
Rules, 2017, in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities etc., signature or left hand thumb impression of person with disability, or signature or left hand thumb impression of his/her legal guardian will be required.														
X Acknowledgement/Receipt for application X														
Acknowledgment Number Date														
Received the application in Form 7 of Shri/Smt./Ms.														
[Applicant can refer the Acknowledgement No. to check the status of application.]														
						N	Jamo /	Signature o		BU/DI	h			
						ſ	vaine/S	ngilature 0			,			