Date of Notification-		
ELECTION COMMISSION OF INDIA		
Form-8 FORM No		
(To be filled by office) Voter Application Form for shifting of Residence/Correction of Entries in Existing Electoral		
Roll/Replacement of EPIC/Marking of PwD		
(See Rules 13(3) and (26) of the Registration of Electors Rules, 1960)		
To, The Electoral Registration Officer		
The Electoral Registration Officer, No. & Name of Assembly Constituency No. Name		
Or No. & Name of Parliamentary Constituency@ No. Name		
(@ only for Union Territories not having Legislative Assembly)		
(I) Name of the applicant		
EPIC No.		
Aadhaar Details:- (Please tick the appropriate box)		
(a) Aadhaar Number Or		
(b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.		
Mobile No. of Self (or)		
Mobile No. of Father/Mother/Any other relative (if available)		
Email Id of Self (or)		
Email Id of Father/Mother/Any other relative (if available)		
(II) I submit application for (Tick any one of the following)		
1. Shifting of Residence (or)		
2. Correction of Entries in Existing Electoral Roll (or)		
3. Issue of Replacement EPIC without correction (or)		
4. Request for marking as Person with Disability		
 Application for Shifting of Residence I have shifted my residence and I request that my name may be deleted from the previous address and shifted to the current 		
address mentioned below. I request that a replacement EPIC may be issued to me due to change in my address. I hereby return		
my old EPIC. Present House/Building/Apartment No. Street/Area/Locality/ Mohalla/Road		
Ordinary Town/Village Post Office		
Residence PIN Code Tehsil/Taluqa/Mandal		
(Full Address) District State/UT		
Self-attested copy of address proof either in the name of applicant or anyone of the parents/spouse/adult child, if already		
enrolled with as elector at the same address (Attach any one of the documents mentioned below ^):-		
1. Water/Electricity/Gas connection Bill for that address (atleast 1 year) 2. Aadhaar Card		
3. Current passbook of Nationalized/Scheduled Bank/Post Office 4. Indian Passport		
5 Revenue Department's Land Owning records including Kisan Bahi		
6. Registered Rent Lease Deed (In case of tenant) 7. Registered Sale Deed (In case of own house)		
Any Other:- (Pl. Specify)		

2. Application for Correction of Entries in Existing Electoral Roll		
Please correct my following details in Electoral Roll/EPIC:		
(Maximum of 4 entries/particulars can be corrected)		
(Put a tick 🗹 in appropriate box below.)		
Copy of self-attested Documentary Proof in support of claim to be attached.		
1. Name 2. Gender 3. DoB/Age		
	SPACE FOR PASTING ONE	
4. Relation Type 5. Relation Name 6. Address	RECENT PASSPORT SIZE UNSIGNED COLOR PHOTOGRAPH (4.5 CM X	
7. Mobile Number 8. Photo	3.5 CM) SHOWING FRONTAL VIEW OF FULL	
The correct particulars in the entry to be corrected are as under:-	FACE WITH WHITE	
	BACKGROUND (ONLY IF PHOTO TO BE CHANGED)	
	THOTO TO BE CHANGED	
Name of Document in support of above claim attached		
I request that a replacement EPIC may be issued to me due to change in my personal details.		
I hereby return my old EPIC.		
3. Application for Issue of Replacement EPIC without correction		
I request that a replacement EPIC may be issued to me as my original EPIC is-		
(Put a tick in appropriate box)		
Lost Destroyed due to reason beyond control like floods, fire, other	natural disaster etc.	
Mutilatad		
I hereby return my mutilated/ old EPIC (OR) I have attached copy of FIR/Police report for lost EPIC & I undertake to return		
the earlier EPIC issued to me if the same is recovered at a later stage.		
4. Application for Marking Person with Disability		
Category of disability (Tick the appropriate box for category of disability)		
Locomotive Visual Deaf & Dumb If any other (Give desc	cription)	
Percentage of disability: %, Certificate attached (<i>Tick the appropriate box</i>) Yes No		
DECLARATION		
I HEREBY DECLARE that to the best of my knowledge and belief that I am a citizen of India and I am aware that making a		
statement or declaration which is false and which I know or believe to be false or do not believe to be true, is punishable		
under Section 31 of Representation of the People Act,1950 (43 of 1950) with imprisonment for a t	term which may extend to	
one year or with fine or with both.		
Date: Place: Signature of Applicant/Thumb Impress	on	
Accessibility Instructions:- In the light of provisions of Rights of Persons with Disabilities Act 2016 and		
Disabilities 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 of signature or left hand thumb impression of his/her		
legal guardian will be required.		
Submission of self-attested copy of mentioned documents will ensure speedy delivery of services		
Acknowledgement/Receipt for application	<u>×</u>	
Acknowledgment Number Date		
Received the application in Form 8 of Shri/Smt./Ms.		
Name/Signature of ERO/AERO/BLO		