ELECTION COMMISSION OF INDIA

Form-7

FORM No. _____
(To be filled by office)

Voter Application Form for Objection for Proposed Inclusion/ Deletion of Name in Existing Electoral Roll

(See Rules 13(2) and (26) of the Registration of Electors Rules-1960)

To,

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 submit application for objection for proposed inclusion/deletion of name in existing electoral roll.

(1) Name of the applicant ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

EPIC No. _____

Mobile No. of Self ☐☐☐☐☐☐☐☐☐☐ 'or'

Mobile No. of Relative ☐☐☐☐☐☐☐☐☐☐

(2) Option of application/objection:- *(Tick the appropriate option) (Any one)*

☐ (i) I request to delete name of the person mentioned below already included in the current roll due to any one of the following reasons:- *(tick any one)*

☐ Death ☐ Under Age ☐ Absent / Permanently shifted

☐ Already enrolled ☐ Not Indian Citizen

☐ (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

Death Certificate attached *(Tick the appropriate option)* ☐ Yes ☐ No

(3) The details of the person in respect of whom objection has been raised, are as below:-

Name _____ Surname _____ EPIC No.(if available) _____

Address	House/Building/ Apartment No.		Street/Area/Locality/ Mohalla/Road	
	Town/Village		Post Office	
	PIN Code		Tehsil/Taluqa/Mandal	
	District		State/UT	

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that 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 term which may extend to one year or with fine or with both.

Date:

Place: Signature of Applicant/Thumb Impression

Accessibility Instructions:- In the light of provisions of Rights of Persons with Disabilities Act 2016 and Rights of Persons with 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 signature or left hand thumb impression of his/her legal guardian will be required.

✂ **Acknowledgement/Receipt for application** ✂

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.]

Name/Signature of ERO/AERO/BLO