## FORM 8A

Application for transposition of entry in electoral roll									
То									
The Electoral Registration		SPACE FOR PASTING ONE RECENT PASSPORT SIZE PHOTOGRAPH							
Assei	mbly / ÉParliamentary Constitu	iency.		(3.5 CM X 3.5 CM) SHOWING					
				FRONTAL VIEW OF FULL FACE WITHIN THIS BOX					
Sir,									
-	the electoral roll for the above	vementioned Cons	stituency r	elating to *Myself /					
			•						
*person named below should be transposed to the relevant part of the roll in this constituency. Particulars of the entry to transposed are given below:									
I. Details of person				urname (if any)					
whose entry is to be									
transposed:									
	Part number f electoral roll			Elector's Photo Identity Card					
	in which his/her name is	number in that	t num	ber (if issued):					
* 5-+	included:	part:		(:f)					
* Father's/ Mother's/ Name	Name		Surname	(if any)					
Husband's									
	nt place of ordinary Reside	nce (Full addres	s)						
House/ Door number:	I v	<b>`</b>	,						
Street/ Area/Locality/Mohal	lla/Road:								
Town/ Village:									
Post Office:		Pin Code:							
Tehsil/ Taluka/Mandal/ Thai	na:		II						
District:									
III. Period of continuous residence at the above address		Years:		Months:					
on the date of application									
IV. Part number to which the entry has to be transposed (if known)									
<sup>@</sup> V. Details of	Name		Suri	Surname (if any)					
applicant:									
	Part number of electoral			ctor's Photo Identity Card					
	roll in which his/her name	number in that	t num	number (if issued):					
	is included:	part:		14 h					
Note- Any person who makes a statement or declaration which is false and which he either knows or believes to be false or does not believe to be true, is punishable under section 31 of the									
pelleves to be false or does	not believe to be true, is puni	snable under section	on 31 of th	e					

Representation of People Act, 1950 (43 of 1950).

£

In case of Union territories having no Legislative Assembly and the State of Jammu & Kashmir.

\* Strike out the inappropriate alternative.

@ Part V not to be filled where applicant seeks transposition of entry relating to himself.

VI. Declaration I hereby declare that the facts and	particulars mentioned above are true to the best of my knowledge and belief.
Place: Date:	Signature or thumb impression of the applicant
	Please give your mobile number / E-mail I.D(Optional)/

## Details of action taken (To be filled by Electoral Registration Officer of the constituency)

The application of Shri/Smt./Km. ..... for transposition of entry relating to himself/ herself/ Shri/ Smt. / Km. ..... in the electoral roll in Form 8A has been acepted\*/rejected\*.

Detailed reasons for \*acceptance or \*rejection [under or in pursuance of rule 26(4)\*].

Place: Date: Signature of Electoral Registration Officer

(Seal of the Electoral Registration Officer)

\* Strike out the inappropriate alternative.

Remarks of the field level officers (e.g. BLO, Designated Office, Supervisory Officers)

## [[This page should be thick enough so that it does not get mutilated /damaged in postal transit]]

Intimation of action taken				
(Section-II of the page is to be filled by Electoral Registration Officer of the constituency and to be posted to				
the applicant on the address as given by the applicant in Section-I)				

First Fold				
		9	Section-I	
			Postage Stamp affixed by the Electoral Regist Authority at the of dispatch	tration
he application in Form 8A of		L		
**Shri/ Shrimati/ Kumari				
** (Full address)				
House/ Door number:				
Street/ Area/Locality/				
Mohalla/Road:				
Town/ Village:				
Post Office:	Pin Code:			
Tehsil/ Taluka/				
Mandal/ Thana:				
District:				
** To be filled in by the applicant.				

	Section-II
has been—	
a) accepted and the name of Shri/Shrimati/Kumari been deleted from Part No No	
(b) rejected for the reason	
Date	Electoral Registration Officer.
	(Address)
Perforation for detachm	nent
Receipt for app	plication
Received the application in Form 8A of <b>**</b> Shri/Shrimati	/Kumari
**Address	
Date	Signature of the officer receiving the application behalf of the Electoral Registration Officer
	(Address)
** To be filled in by the applicant.	

on