





(See Rule 31)

ELECTION COMMISSION OF INDIA

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

To,
The Electoral Registration Officer,
\_\_\_\_\_ (Teachers') Constituency.

SPACE FOR PASTING ONE
RECENT UNSIGNED
PASSPORT SIZE COLOUR
PHOTOGRAPH (4.5 CM X
3.5 CM) SHOWING
FRONTAL VIEW OF FULL
FACE WITH WHITE
BACKGROUND

Sir,
I request that my name be registered in the electoral roll for the .....
(Teachers') Constituency.

The particulars are :-

Full Name [grid] Sex [ ]

Father's/Mother's/Husband's Name (in full) [grid]

House Address (Place of ordinary residence)

Table with 2 columns: House/Building/Apartment No., Street/ Mohalla; Town/Village, Post Office; Police Station/Tehsil/Taluqa/Mouza; District, State

Age [ ] Years [ ] Months Date of Birth [grid]

Disability (if any):- (Tick appropriate box) (optional Field)

- [ ] Visual impairment [ ] Speech & hearing disability [ ] Locomotor disability [ ] Other

Whether registered as an elector for any assembly constituency \_\_\_\_\_

If yes, then mention the following :-

(a) Number and Name of the Assembly constituency \_\_\_\_\_

(b) Part/Polling Station No. (if known)

(c) Date of Birth [grid]

(d) EPIC Number (if any) [grid]

Aadhaar Details:- (Please tick the appropriate box)

(a) [ ] Aadhaar Number [grid] or

(b) [ ] I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number

Contact Number :-

Mobile No. (Optional) [grid]

Landline [grid]

E-mail Id (if any) \_\_\_\_\_

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

Table with 4 columns: Name of Educational Institution, From (Date), To (Date), Period. Rows 1-4.

In support of the above, I submit herewith

\_\_\_\_\_

३ \* माझे नाव या किंवा अन्य कोणत्याही शिक्षक मतदार संघाच्या मतदार यादीत समाविष्ट नाही.

किंवा

\* माझे नाव ..... शिक्षक मतदार संघाच्या मतदार यादीमध्ये खालील नमुद पत्त्यावर समाविष्ट आहे आणि त्या मतदार यादीमधून ती नोंद वगळण्याची माझी विनंती आहे.

४ मी घोषित करतो की, मी भारताचा नागरिक आहे आणि वर दिलेले सर्व तपशील माझ्या समजुतीने आणि विश्वासानुसार बरोबर आहेत.

ठिकाण

तारीख

दावेदाराची स्वाक्षरी

नोंद : कोणतीही व्यक्ती जी खोटे निवेदन किंवा घोषणापत्र करेल आणि ते त्या व्यक्तीस माहिती असेल किंवा खोटे असल्याचा विश्वास असेल किंवा खरेपणा बद्दल अविश्वास असेल अशी व्यक्ती लोकप्रतिनिधी अधिनियम, १९५० च्या कलम ३१ अन्वये शिक्षेस पात्र ठरेल.

\* जो परिच्छेद लागू नसेल तो खोडा.

छिद्रण

केलेल्या कार्यवाहीची सूचना

नमुना १९ द्वारे श्री./श्रीमती/कुमारी .....पत्ता

यांनी सादर केलेला अर्ज

(अ) स्वीकारण्यात आलेला आहे आणि श्री./श्रीमती/कुमारी .....

यांची नाव नोंदणी अनुक्रमांक ..... भाग ..... येथे करण्यात आली आहे.

(ब) पुढील कारणासाठी नाकारण्यात आलेला आहे .....

तारीख .....

मतदार नोंदणी अधिकारी

पत्ता .....

.....  
.....

छिद्रण

अर्जाची पोचपावती

श्री./श्रीमती/कुमारी \* .....

पत्ता \* ..... यांचा नमुना १९ मधील अर्ज प्राप्त झाला आहे

तारीख .....

मतदार नोंदणी अधिकारी

पत्ता .....

.....  
.....

\* अर्जदाराने भरावयाचे



3. \*My name has not been included in the electoral roll for this or any other teachers' constituency.

OR

\*My name has been included in the electoral roll for the ..... teachers' constituency under the address given below and I request that it be deleted from that roll :-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

**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 Representation of the People Act, 1950.

'Strike off the paragraph not applicable.

----- (Perforation) -----

**Intimation of action taken**

The application in Form 19 of Shri/Smt./Kumari..... address  
..... has been-

(a) accepted and the name of Shri/Smt./Kumari ..... has been  
registered at Serial No. .... in Part No. ....

(b) rejected for the reason .....

Date \_\_\_\_\_

Electoral Registration Officer,  
(Address) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

----- (Perforation) -----

**Receipt of application**

Received the application in Form 19 from Shri/Shrimati/Kumari\* .....  
address\* .....

Date \_\_\_\_\_

Electoral Registration Officer,  
(Address) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*To be filled in by the applicant\*.