## "FORM-18

(See Rule 31)

## ELECTION COMMISSION OF INDIA

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

SPACE FOR PASTING

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(Graduates') Co	nstituency	<b>7.</b>														
1. The particular	s are:-															
Name (in full)													Sex	• • • • • •		••••
Father's/Mother's	s/Husbanc	d's nai	me (i	n full	)	[										
Qualification														• • • • • •		
Occupation																
House address (I	Place of or	rdinaı	y res	idenc	e)											
House/Building/			•				Stree	t/Mol	nalla							
Town/Village							Post (									
Police Station/To	ehsil/Talu	qa/M	ouza													
District							State									
Age	Years		M	onths	Γ	ate c	of Bir	th	d	d	m	m	у	у	у	у
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Whether register	ed as an e	electo	r for	any as	ssem	bly c	onstit	uenc	y							
If yes, then ment	tion the fo	llowi	ng													
(a) Num	ber and N	ame o	of the	Asse	mbly	y cons	stitue	ncy.								
	Polling St															
(c) Date	of Birth	d	d	/	m	m	/	у	у	у	у					
(d) EPIC	number (	(if an	y)													
Aadhaar Details	:- (Please	tick t	he ar	propi	riate	box)										
(a)	Aadhaar		-												or	
(b)	I am not	able t	o fur	nish r	ny A	adha	ar Nu	mber	beca	use I	don	't hav	ve Aa	ıdhaa	r Nur	nber

Contact Number:-

Mobile N	o. (o	ptio	nal)																		
Landlina										Т	_										
Landline																					
Email id (if any)																	.1	1	/ 1.		
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*I am in p																-			-		
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the year  3. In support of						o ore	dua	to /i	n n	2000	2001	on c	f th	a ah	OV	a di	inlo	male	portifi	cote	T
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4. ** My name							in	the	واور	tor	al m	·a11	for	thic	Ωŧ	r ar	137	othei	r orac	Juates	اء
constituency.	mas	110	ı be	C11 1	IICIU	ucu	111	unc	CICC	101	a1 1	OII	101	uns	OI	l ai	ıy (	ouici	grac	auaici	,
constituency.								OF	•												
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constituency unde																			Siac	addic.	,
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5. I declare that l my knowledge an	am a	a cit				and	tha	t all	the	part	icu	lars	give	en ab	ov	e ar	e tr	ue to	the b	oest o	f
Place																					
Date																					
																Sig	gnat	ure o	of clai	imant	
NOTE: Any per	son v	who	mak	es a	state	emer	nt or	dec	lara	tion	wh	ich	is fa	lse a	nd	wh	ich	he e	ither l	know	S
or believes to be							eve	to	be t	rue	is	pur	isha	ible	un	der	se	ction	. 31	of th	e
Representation of	the	Peop	ole A	ct, 1	950																
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The application in (a) accepted and																				al N	0
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(b) rejected for th							· • • • •			• • • •											
Date																					
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(Perforation)	
Receipt of application Received the application in Form 18 from Shri/Smt./Kumari*	address*
Date	
	Electoral Registration Officer, (Address)
*To be filled in by the applicant.	

## THIRD SCHEDULE

## FORMAT

Certificate issued to a Graduate employee by the Gaze	etted nead of office regarding his educational
qualification.	
Certified on the basis of entries in Government	records in my custody that Shri/Kumari/Smt.
	ıll) son/daughter/wife of
who is employed in this office as	has passed (Here
mention the particulars of the degree/diploma examinate	tion) from
(Here mention the name of the University/Board) in the	e year
Place	(Signature of Head of Office)
Date	(To be signed by a Gazetted Officer)