

## Form-19

(See Rule31)

## 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 COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND       |    |  |  |  |  |  |
|---|----|--|--|--|--|--|
| I request that my name be registered in the electoral roll for the(Teachers') Constituency.   |    |  |  |  |  |  |
| The particulars are:-   |    |  |  |  |  |  |
| Full Name Sex   |    |  |  |  |  |  |
| Father's/Mother's/Husband's Name (in full)  |    |  |  |  |  |  |
| House Address (Place of ordinary residence)   |    |  |  |  |  |  |
| House/Building/Apartment No. Street/ Mohalla  |    |  |  |  |  |  |
| Town/Village Post Office  |    |  |  |  |  |  |
| Police Station/Tehsil/Taluqa/Mouza  |    |  |  |  |  |  |
| District State  |    |  |  |  |  |  |
| Age Years Months Date of Birth d d m m y y y y  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  |    |  |  |  |  |  |
| (b) Part/Polling Station No.(if known)  (c) Date of Birth   |    |  |  |  |  |  |
| 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  |    |  |  |  |  |  |
| Contact Number :-   | ×  |  |  |  |  |  |
| Mobile No. (optional)   |    |  |  |  |  |  |
| Landline  |    |  |  |  |  |  |
| Email Id (if any)   |    |  |  |  |  |  |
|   |    |  |  |  |  |  |
| <ol> <li>During the last six years, I have been engaged in teaching for a total period of more than three years as follows-</li> <li>Name of Educational Institution</li> <li>From (Date)</li> <li>To (Date)</li> </ol> |    |  |  |  |  |  |
| 1.  |    |  |  |  |  |  |
| 1.<br>2.  |    |  |  |  |  |  |
|   |    |  |  |  |  |  |
| 3.  | 22 |  |  |  |  |  |
| 4.  |    |  |  |  |  |  |
| In compart of the above I cubmit herowith   |    |  |  |  |  |  |
| In support of the above, I submit herewith  |    |  |  |  |  |  |
|   |    |  |  |  |  |  |
|   |    |  |  |  |  |  |

| 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 given below and I request that it  |                               |                    | achers' constituency under the address   |  |
|     |  |                               |                    |  |  |
| 4.  | I declare that I am a citizen of Inc   | dia and that all the particul | ars given above    | are true to the best of my knowledge and                                       |  |
|     |  |                               | w 8.               |  |  |
|     | Place  |                               |                    | 3*   |  |
|     | Date   |                               |                    | Signature of claimant  |  |
|     | OTE: Any person who makes a stat<br>es not believe to be true is punish                                |                               |                    | hich he either knows or believes to be false or<br>on of the People Act, 1950. |  |
| *S1 | trike off the paragraph not applica  | ble.                          |                    |  |  |
|     |  |                               | ion)f action taken |  |  |
|     |  |                               |                    | address  |  |
| (   |  | hri/Smt./Kumari               |                    | ered at Serial Nohas been-   |  |
| (   | b) rejected for the reason   |                               |                    |  |  |
|     |  | ¥                             |                    |  |  |
| D   | Date   | ¥                             |                    | Electoral Registration Officer, (Address)                                      |  |
|     |  |                               |                    |  |  |
|     |  |                               |                    |  |  |
|     | ·  | (Perforat                     | ion)               |  |  |
|     |  | Receipt of                    | application        |  |  |
|     | Received the application in Form Shrimati/Kumari*  |                               | dress*             | · 9  |  |
|     |  |                               |                    |  |  |
| [   | Date   |                               | i i                | Electoral Registration Officer, (Address)                                      |  |
|     |  |                               | 9                  |  |  |
|     |  | #<br>                         | s                  | *  |  |
|     | *To be filled in by the applicant  |                               |                    |  |  |