



## 2. Application for Correction of Entries in Existing Electoral Roll

Please correct my following details in Electoral Roll/EPIC:

(Maximum of 4 entries/particulars can be corrected)

(Put a tick  in appropriate box below.)

Copy of self-attested Documentary Proof in support of claim to be attached.

1. <input type="checkbox"/> Name	2. <input type="checkbox"/> Gender	3. <input type="checkbox"/> DoB/Age
4. <input type="checkbox"/> Relation Type	5. <input type="checkbox"/> Relation Name	6. <input type="checkbox"/> Address
7. <input checked="" type="checkbox"/> Mobile Number	8. <input type="checkbox"/> Photo	

SPACE FOR PASTING  
ONE RECENT  
PASSPORT SIZE  
UNSIGNED COLOR  
PHOTOGRAPH (4.5 CM  
X 3.5 CM) SHOWING  
FRONTAL VIEW OF  
FULL FACE WITH  
WHITE BACKGROUND  
(ONLY IF PHOTO TO BE  
CHANGED)

The correct particulars in the entry to be corrected are as under:-

a.   
b.

Name of Document in support of above claim attached

a.   
b.   
c.   
d.

I request that a replacement EPIC may be issued to me due to change in my personal details.

I hereby return my old EPIC.

## 3. Application for Issue of Replacement EPIC without correction

I request that a replacement EPIC may be issued to me as my original EPIC is-

(Put a tick in appropriate box )

1.  Lost      2.  Destroyed due to reason beyond control like floods, fire, other natural disaster etc.  
3.  Mutilated

I hereby return my mutilated/ old EPIC (OR) I have attached copy of FIR/Police report for lost EPIC & I undertake to return the earlier EPIC issued to me if the same is recovered at a later stage.

## 4. Application for Marking Person with Disability

Category of disability (Tick the appropriate box for category of disability)

Locomotive       Visual       Deaf & Dumb       If any other (Give description) \_\_\_\_\_  
Percentage of disability:  %      Certificate attached (Tick the appropriate box)  Yes       No

### DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that I am a citizen of India and 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: 20-11-2025

Place: CHINSURAH

**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 of signature or left hand thumb impression of his/her legal guardian will be required.

<sup>^</sup> Submission of self-attested copy of mentioned documents will ensure speedy delivery of services.

\* \* \*

Acknowledgement/Receipt for application

\* \* \*

Acknowledgement Number :-

Date : 20-11-2025

Received the application in Form 8 of Shri/Smt./Ms. Amit Das

Name/Signature of ERO/AERO/BLO