



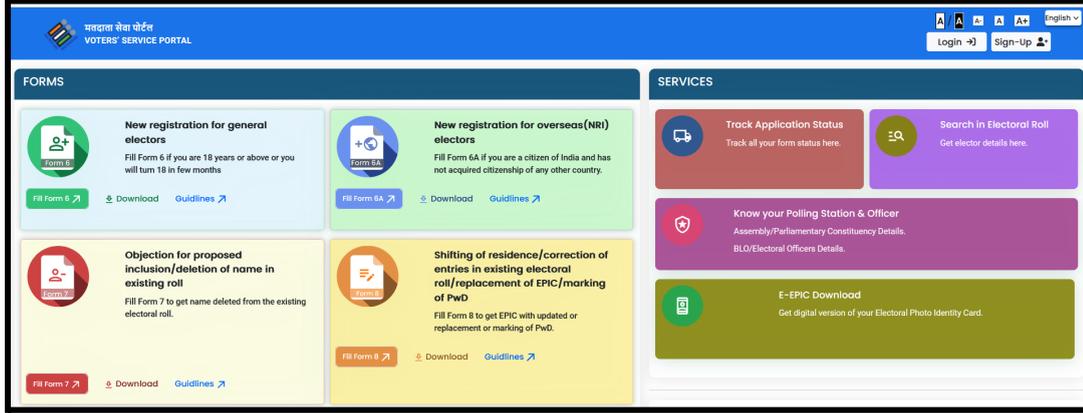
ಬೆಂಗಳೂರು ನವನಿರ್ಮಾಣ ಪಕ್ಷ BENGALURU NAVANIRMANA PARTY



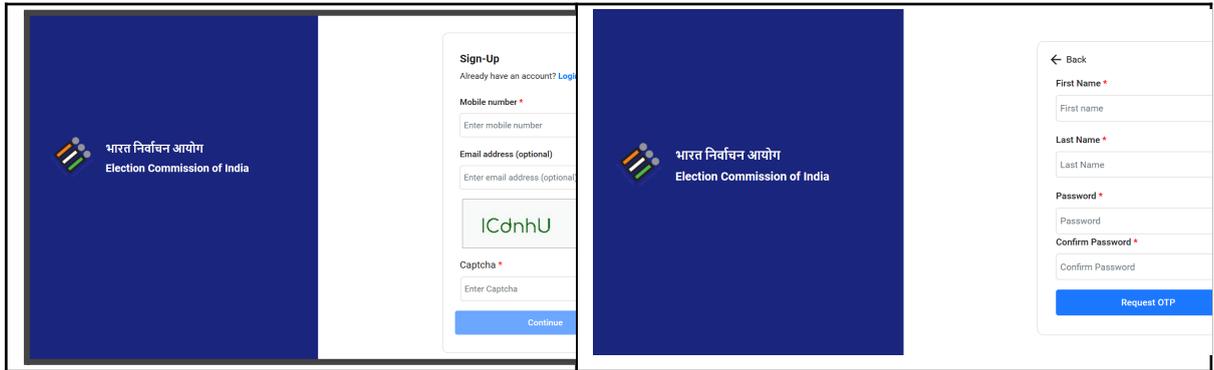
Voters' Service Portal - New Application

Step 1: Open the website - Voter Service Portal

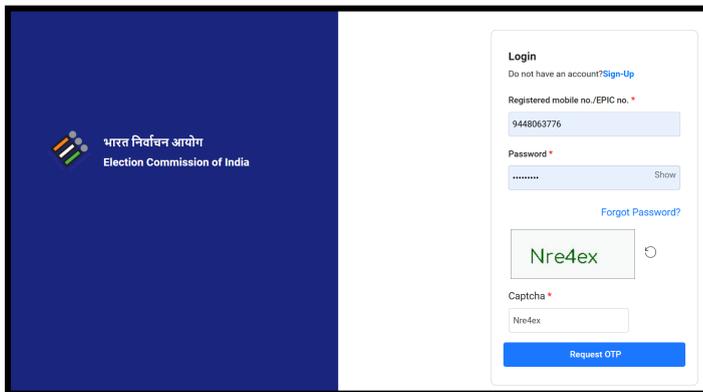
Please click on the link given and the website should open like below. Link:
<https://voters.eci.gov.in/>



Step 2: Sign-up and Register yourself on the website



Step 3: Login to the portal



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Step 4a : Home page of Voters Service Portal

Step 4b : Select New Registration for general Electors

We have the following sections which needs to be filled in the order. After each section click on NEXT and proceed.

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ಮತದಾರರ ಸೇವಾ ಪೋರ್ಟಲ್
VOTERS' SERVICE PORTAL

- A. Select State, District & AC
- B. Personal Details
- C. Relatives Details
- D. Contact Details
- E. Aadhaar Details
- F. Gender
- G. Date of Birth details
- H. Present Address Details
- I. Disability Details
- J. Family member Details
- K. Declaration
- L. Captcha

Preview and Submit

Save

Cancel

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A. Select State, District & Assembly/Parliamentary Constituency

To,
The Electoral Registration Officer,

State *

Karnataka

District

B.B.M.P(SOUTH)

No. & Name of Assembly Constituency*

175

Bommanahalli

Or

No. & Name of Parliamentary Constituency@*

(@Only for Union Territories not having Legislative Assembly)

No.

Select PC

I submit application for inclusion of my name in the electoral roll for the above constituency.

↓ Next

B. Personal Details

1. First Name followed by Middle Name *

Felix

ಫೆಲಿಕ್ಸ್

Surname (if any)

ವೆಂಕಟೇಶ್ ದೇವ

ವೆಂಕಟೇಶ್ ದೇವ

Upload Photograph (Unsigned and Passport size color photograph(4.5 cm X 3.5 cm) showing front view of full face with white background.)(Document size maximum 2MB,.jpg,.jpeg) *

Browse... FelixDevs.jpg

Photo.jpeg

↑ Previous

↓ Next

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C. Name and Surname of any one of the relatives

2(a.) Relatives

Father Mother Husband Wife Legal Guardian in case of orphan/Third Gender

b.Name *

Surname

[↑ Previous](#)[↓ Next](#)

D. Contact Details

3. Mobile Number

Self Relative mentioned above

Mobile Number of the above selected

[Resend OTP](#)

OTP sent successfully

Please enter OTP received on your Mobile Number :0

OTP verified

[Verified](#)

4. Email Id

Self Relative mentioned above

Email ID of the above selected

[↑ Previous](#)[↓ Next](#)

E. Aadhaar Details

5. Aadhaar Details

Aadhaar Number I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number.

Aadhaar Number

[↑ Previous](#)[↓ Next](#)

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F. Gender

6. Gender

Male

Female

Third Gender

↑ Previous

↓ Next

G. Date of Birth details

7(a.)

Date of Birth *

07/09/1971

7(b.)Self attested copy of document supporting age proof attached

Document for proof of Date of Birth

Any other Document for proof of Date of Birth (If no document is available) (Pl. Specify)

Driving License

Proof of Date of Birth (Document size maximum 2MB,.jpg,.png,.pdf) *

Browse... FcnyDmL.jpg

Remove

↑ Previous

↓ Next

7(b.)Self attested copy of document supporting age proof attached

Document for proof of Date of Birth

Any other Document for proof of Date of Birth (If no document is available) (Pl. Specify)

Select Document

Select Document

Pro Birth Certificate issued by Competent Local Body/Municipal Authority/Registrar of Births & Deaths

2M Aaadhaar Card

C Pan Card

Driving License

Certificates of Class X or Class XII issued by CBSE/ICSE/ State Education Boards , if it contains Date of Birth

Indian Passport

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I. Category of Disability, if any (Optional)

9. Category

- Locomotive Visual Deaf & Dumb
 Other

Percentage of disability

%

Certificate Attached

- Yes No

Disability Certificate (Document size maximum 2MB, .jpg, .png, .pdf)

No file selected.

[↑ Previous](#)

[↓ Next](#)

J. The details of my family member already included in the electoral roll at current address with whom I currently reside are as under

10. Family Member

Name of Family Member

Relationship with applicant

His/Her EPIC Number

[↑ Previous](#)

[↓ Next](#)

K. Declaration

I Herby declare that to the best of My knowledge and belief.

(i) I am a citizen of India and place of my birth is

Village/Town *

State/UT *

District

(ii) I am ordinarily a resident at the address mentioned at Section 8(a) in Form 6 since *

(iii) I am applying for inclusion in Electoral Roll for the first time and my name is not included in any Assembly Constituency/Parliamentary Constituency.

(iv) I don't possess any of the mentioned documents for proof of Date of Birth/Age. Therefore, I have enclosed, below mentioned document in support of age proof. (Leave blank, if not applicable).

(v) I am aware that making the above statement or declaration in relation to this application 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.

Place *

Date

[↑ Previous](#)

[↓ Next](#)

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Finally, enter the Captcha and Submit the form. You will be able to preview and edit the form.

L. Captcha

OaqjKT

Captcha *

Preview and Submit

Save

Cancel

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Verify the details and submit the form.

FORM-6 (See Rules 12(1) and (2) of the Registration of Electors Rules, 1962) ELECTION COMMISSION OF INDIA Application Form for New Voters		Acknowledgment No. (To be filled by office)
<p>To: The Electoral Registration Officer, No. & Name of Assembly Constituency Or No. & Name of Parliamentary Constituency (Only for Union Territories not having Legislative Assembly) I submit application for inclusion of my name in the electoral roll for the above constituency.</p>		<p>No. <input type="text" value="328"/> Name: <input type="text" value="Bommanahalli"/></p>
<p>(1)(a.) Name (In Official Language of State) First Name followed by Middle Name Surname (if any) <input type="text" value="Joseph Dias"/> (1)(b.) Name (In English in BLOCK LETTERS) First Name followed by Middle Name Surname (if any) <input type="text" value="JOSEPH DIAS"/> Disclaimer: If name not filed in English, it will be transliterated by software.</p>		
<p>(2)(a.) Name and Surname (In official language of State) of any one of the relatives: Father <input type="checkbox"/> Or Mother <input type="checkbox"/> Or Husband <input checked="" type="checkbox"/> Or Wife <input type="checkbox"/> Or Legal Guardian in case of orphan/Third Gender <input type="checkbox"/> (2)(b.) Name and Surname (In English in BLOCK LETTERS) of the relative mentioned above <input type="text" value="ROBERT DIAS"/> relationship <input type="text"/></p>		
<p>(3) Mobile No. of Self (if available): <input type="text" value="9845172111"/> Of relative mentioned at item No. 2: <input type="text"/></p>		
<p>(4) Email ID of Self (if available): <input type="text" value="judyfancy@gmail.com"/> Or Of relative mentioned at item No. 2: <input type="text"/></p>		
<p>(5) Aadhaar Details: <input type="text" value="8800799914588888"/></p>		
<p>(6) Gender: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> THIRD GENDER <input type="checkbox"/></p>		
<p>(7)(a.) Date of Birth (dd/mm/yyyy): <input type="text" value="11/07/1988"/> (b.) Self attached copy of document supporting age proof attached (anyone of the following) (i) Document for Proof of Date of Birth :- (Any one of these) 1. <input type="checkbox"/> Birth certificate issued by Competent Local Body/Municipal Authority/Registrar of Births & Deaths 2. <input type="checkbox"/> Aadhaar Card 3. <input type="checkbox"/> Certificate of Class X or Class XII issued by CBSE/ICSE/ State Education Boards, if it contain Date of Birth (ii) Any Other Document for Proof of Date of Birth: (if no document is available) (If Specify): _____ 4. <input checked="" type="checkbox"/> Driving License 5. <input type="checkbox"/> Indian Passport</p>		
<p>(8) (a.) Present Ordinary Residence (Full Address) House/Building/Apartment No. A302, Nagajana Greenridge Apartment, 2302, 1st Main Road, 1st Cross, HSR Layout Sector 2, Bengaluru South District Tehsil/Taluk/Mandal: Bengaluru South District Post Office: HSR Layout 2nd Cross District: B.B.M.P(SOUTH)</p>		<p>Street/Area/Locality: 19th Main, 27th Cross, HSR Layout Sector 2, Bengaluru South District Town/Village: Yellandurga State/UT: Karnataka Pin Code: 560102</p>
<p>(b.) Self attached copy of address proof either in the name of applicant or any one of parents/spouse/child, if already enrolled as elector at the same address (Attach anyone of them) (i) Document for proof of residence :- 1. <input type="checkbox"/> Water/Electricity/Gas connection Bill for that address (within 1 year) 2. <input type="checkbox"/> Aadhaar Card 3. <input type="checkbox"/> Current passbook of Nationalized/Scheduled Bank/Post Office 4. <input type="checkbox"/> Registered Rent Lease Deed (lease of land) 5. <input type="checkbox"/> Revenue Department's Land Ownership records including Khasra Dahi 6. <input type="checkbox"/> Registered Sale Deed (lease of own house) (ii) Any Other Document for Proof of residence: (if no document is available) (If Specify): _____</p>		

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(8) Self-attached copy of address proof either in the name of applicant or any one of parents/spouse/adult child (if already enrolled as elector at the same address (Attach anyone of them))

(9) Document for proof of residence :-

1. Water/Electricity/Gas connection Bill for that address (at least 1 year)

2. Address Card 3. Current passbook of Nationalized/Scheduled Bank/Post Office 4. Indian Passport

5. Revenue Department's Land Owning records including Khasra Bakh 6. Registered Rent Lease Deed (lease of tenant)

7. Registered Sale Deed (case of own house)

(10) Any Other Document for Proof of residence: (If no document is available) (Pl. Specify) _____

(11) Category of disability, if any (Optional): Locomotive Visual Deaf & Dumb
If any other (Give description):- _____

Percentage of disability: % Certificate attached (Tick the appropriate box) Yes No

(12) The details of my family member already included in the electoral roll at current address with whom I currently reside are as under

Name of family member	Relationship with applicant	His/her EPIC no.
ROBERT DIAS	Husband	

DECLARATION:-
I HEREBY DECLARE that to the best of my knowledge and belief:
(i) I am a citizen of India and place of my birth is:- Town/Village Delhi District: NEW DELHI State/UT: NCT OF DELHI
(ii) I am ordinarily a resident at the address mentioned at Sl. No. 6(a) in Form 6 since 2005-06
(iii) I am applying for inclusion in Electoral Roll for the first time and my name is not included in any Assembly Constituency/ Parliamentary Constituency.
(iv) I don't possess any of the documents of age proof. Therefore, I have enclosed: (Name of the document) in support of age proof (Strike off, if not applicable).
(v) I am aware that making the above statement or declaration in relation to this application which is false and which I know or believe to be false, is punishable under Section 31 of Representation of the People Act, 1950 (or of 1951) with imprisonment for a term which may extend to one year or with fine or with both.
DATE: 25-07-2023
PLACE: BANGALORE

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

Note:
- In case of a married female applicant, name of Husband may preferably be mentioned.
- Submission of self-attached copy of document will ensure speedy delivery of services.
* In case none of the documents is available, field verification is must. As for example, category like homeless Indian citizens who are otherwise eligible to become electors but do not possess any documentary proof of ordinary residence, Electoral Registration Officer shall designate an officer for field verification.

You will be now shown a screen with the Form that you have filled

- Please check the details once and click on Submit if everything is correct
- Post the confirmation, you will be given application 'Reference No' as SMS to the mobile. Please keep this number handy and give it to you BNP volunteer
- You may also receive regular SMS updates of the application being processed confirmation message stating that your application has been processed
- One last step. Help us to track your application status by filling in this [Google Form](#) . We will be happy to assist further.

Download the acknowledgement for reference.

← → 🔒 https://voters.eci.gov.in/form6

सदरता सेवा पोर्टल
VOTERS' SERVICE PORTAL

Home 🌐

Acknowledgment

Your application has been submitted successfully and generated reference number is S1017506N2507231000021. You can use this reference number for any future reference.

Happy Voting!!

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