



ಬೆಂಗಳೂರು ನವನಿರ್ಮಾಣ ಪಕ್ಷ BENGALURU NAVANIRMANA PARTY



Voters' Service Portal - Shifting of Residence

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 4 : Select Shifting of Residence for general Electors



Shifting of residence/correction of entries in existing electoral roll/replacement of EPIC/marking of PwD

Fill Form 8 to get EPIC with updated or replacement or marking of PwD.

[Fill Form 8](#) [Download](#) [Guidelines](#)

Application for Self Other elector

Epic Number *

[Submit](#)

Select Your Details.

Search Total No.:1

Select	State	AC	Part Number	Serial No	Name	Surname	Relative Name	Relative Surname
<input checked="" type="radio"/>	Karnataka	Bommanahalli	75	67	B V	Lakshmi	Shanmughi Rao	Rao

Show 20 records << < 1 > >>

[Ok](#)

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मतदाता सेवा पोर्टल
VOTERS' SERVICE PORTAL

AB / A_B / A_B
Home

Part Number 213 Serial Number 67

Application for,

Shifting of Residence

Within Assembly Constituency Outside Assembly Constituency

Correction of Entries in Existing Electoral Roll

Issue of Replacement EPIC without correction

Request for marking as Person with Disability

Back Ok

AC No. Select AC
Or
No. & Name of Parliamentary Constituency@*

मतदाता सेवा पोर्टल
VOTERS' SERVICE PORTAL

Form Particulars
Click section to jump to the respective section

A. Select State, District, AC/PC

B. Details

C. Submit application for

D. Declaration

E. Submission

Preview and Submit Save

Cancel

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Form 8
(See rules 13(3) and (26))
ELECTION COMMISSION OF INDIA
Voter Application Form for Shifting of Residence/ Correction of Entries in Existing Electoral Roll/ Replacement of EPIC/ Marking of PWD

[Guidelines](#) English

A. Select State, District & Assembly/Parliamentary Constituency

To,
The Electoral Registration Officer

State/UT * District

No. & Name of Assembly Constituency*

Or

No. & Name of Parliamentary Constituency@*

(@Only for Union Territories not having Legislative Assembly)

[Next](#)

B. Details

Name of the applicant * EPIC NO *

Aadhaar Details :-(Please tick the Appropriate box)

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

Aadhaar Number

Mobile Number

Self Father/ Mother/ Any other relative (If available)

Mobile number of the above selected

Email Id

Self Father/ Mother/ Any other relative (If available)

[Previous](#) [Next](#)

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C. I Submit application for (Tick any one of the following)

- Shifting of Residence
 Correction of Entries in Existing Electoral Roll
 Issue of Replacement EPIC without correction
 Request for marking as Person with Disability

Application for Shifting of Residence

I have shifted my residence and I request that my name may be deleted from the previous address and shifted to the current address mentioned below. I request that a replacement EPIC may be issued to me due to change in my address. I hereby return my old EPIC.

Present Ordinary Residence (Full Address)

House/Building/Apartment No. *	Street/Area/Locality/Mohalla/Road *	Town/Village *
<input type="text" value="No 000, Near Water Tank"/>	<input type="text" value="Trio Shetlana"/>	<input type="text" value="Thur Chennam"/>
<input type="text" value="ನಂ ೦೦೦ ನಿಕರ ವಾಟರ್ ಟ್ಯಾಂಕ್"/>	<input type="text" value="ತ್ರಿಶಿಲ ಶೆಟ್ಟಲಾ"/>	<input type="text" value="ತುರ್ ಚೆನ್ನಮ"/>
Post Office *	PIN Code *	Tehsil/Taluqa/Mandal *
<input type="text" value="MADDUR"/>	<input type="text" value="571 429"/>	<input type="text" value="MADDUR"/>
<input type="text" value="ಮದ್ದೂರು"/>		<input type="text" value="ಮದ್ದೂರು"/>
State/UT *	District *	
<input type="text" value="Karnataka"/>	<input type="text" value="MANDYA"/>	

Self attested copy of address proof either in the name of applicant or anyone of the parents/spouse/adult child, if already enrolled with as elector at the same address (Attach any one of the documents mentioned below)

Document Name *	Upload Address Proof *
<input type="text" value="Aadhaar Card"/>	<input type="text" value="ಸಿಬಿಐಎಂ ಅಧಿಕಾರಿಗಳಿಗೆ.jpg"/>
	(Max 2 MB and .jpg, .jpeg, .png, .pdf format only)
	Aadhaar Application

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[↓ Next](#)

List of documents accepted for address proof:

District *	State/UT *
<input type="text" value="Select Document"/>	<input type="text" value="Select Document"/>
<input type="text" value="Water/Electricity/Gas connection Bill for that address(atleast 1 year)"/>	
<input type="text" value="Aadhaar Card"/>	
<input type="text" value="Current passbook of Nationalized/Scheduled Bank/Post Office"/>	
<input type="text" value="Indian Passport"/>	
<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>	
<input type="text" value="Revenue Department's Land Owning records including Kisan Bahi"/>	
<input type="text" value="Registered Rent Lease Deed(In case of tenant)"/>	
<input type="text" value="Registered Sale Deed(In case of own house)"/>	
<input type="text" value="Select Document"/>	

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

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D. 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 the imprisonment for a term which may extend to one year or with fine or with both.

Date *

25 | 07 | 2023

Place *

Mysuru Channarayana

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- ⓘ 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.
*Submission of self-attested copy of mentioned documents will ensure speedy delivery of services.

E. Submission

Name to be printed on EPIC.

First Name *

SHRUTHI

ಶಿಶುಭ

Surname

Relative's Name *

SHRUTHI

ಶಿವಲಿಂಗಯ್ಯ

Relative's Surname

fZ6p0V

Captcha *

fZ6p0V

Preview and Submit

Save

Cancel

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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: 25-07-2023
Place: Thore Shettihalli

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.
* Submission of self-attested copy of mentioned documents will ensure speedy delivery of services.

₹< ₹< ₹< Acknowledgement/Receipt for application ₹< ₹< ₹<

Acknowledgement Number :- Date : 25-07-2023
Received the application in Form 8 of Shri/Smt./Ms. _____
Name/Signature of ERO/AERO/BLO

Keep Editing Submit

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 an 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

₹< ₹< ₹< Acknowledgement ₹< ₹< ₹<

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

Download Acknowledgement Ok

Happy Voting!!

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