

## **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: <u>https://voters.eci.gov.in/</u>



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

भारत निर्वाचन आयोग Election Commission of India	Sign-Up Aready have an account? Login Mobile number * Enter mobile number Enter email address (optional) Enter email address (optional) Cdothat Copticha * Enter Capticha	भारत निर्वाचन आयोग Election Commission of India	← Back First Name * First name Last Name * Last Name Password * Confirm Password * Confirm Password *
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#### Step 3: Login to the portal



















#### Step 4 : Select Shifting of Residence for general Electors



ľ	Application for	) Self	Other elector	Х	(26) IOI xist
in	Epic Number *	Enter Epic			
S			Submit		

elect Yo	ur Details.							
Search								Total No.:1
Select	State	AC	Part Number	Serial No	Name	Surname	Relative Name	Relative Surname
۲	Karnataka	Bommanahalli	2.5	67	Landha		Pharacali Rao	
					Show 20 records	<b>~</b> <<	< 1	> >>
							Ok	













मतदाता सेवा प VOTERS' SER	ोर्टल VICE PORTAL		AB/ A_B/ A_B Home
		Part 213 Serial 67 X	<sup>(26))</sup> I OF INDIA xisting Electoral Roll/ Replacement of EPIC/ M
	© Guidelin	Application for, <ul> <li>Shifting of Residence</li> </ul>	
	A. Select S	Within Assembly Constituency Constituency	
	The Electoral	Correction of Entries in Existing Electoral Roll	
Cancel	State/UT *	Issue of Replacement EPIC without correction     Request for marking as Person with Disability	~
	No. & Nat	Back Ok	
	AC No.	Select AC V	
	No. & Name	of Parliamentary Constituency@*	



















Voter Applicat	ion Form for Shifting of F	F. (See rules) ELECTION CON Residence/ Correction of Er	orm 8 13(3) and (26)) IMISSION OF INDIA ntries in Existing Electora	I Roll/ Replacement of EPIC/ Mark	king of PWD	
Guidelines					English	~
A. Select State, District & As	sembly/Parliamentary	Constituency				
To, The Electoral Registration Officer						
State/UT *		District				
Karnataka	~	MANDYA		~		
No. & Name of Assembly Cor	nstituency*					
187 ~	Maddur <sup>Or</sup>	~				
No. & Name of Parliamentary	<pre>/ Constituency@*</pre>					
(@Only for Union Territories not hav	ing Legislative Assembly)					
	Select PC	~				
						↓ Next

B. Details	
Name of the applicant *	EPIC NO *
Aadhaar Details :-(Please tick the Appropriate box)          Image: Aadhaar Number       Image: Aadhaar Number         Aadhaar Number       Image: Aadhaar Number	n not able to furnish my Aadhaar Number because I don't have Aadhaar Number.
Mobile Number Self Father/ Moth Mobile number of the above selected  +91 SCONUSIONS	er/ Any other relative (If available)
Email Id	er/ Any other relative (If available)    Previous  Vertor















	Correction of En Roll	tries in Existing Electoral Issue of Re correction	placement EPIC without
Request for marking as Perso	on with Disability		
Application for Shifting of	f Residence		
have shifted my residence and I nay be issued to me due to chan	request that my name may be ige in my address. I hereby ret	e deleted from the previous address and shifted to the curren urn my old EPIC.	nt address mentioned below. I request that a replacement E
Present Ordinary Residenc	e (Full Address)		
House/Building/Apartment	No. *	Street/Area/Locality/Mohalla/Road *	Town/Village *
No 860, mean mater Turi	k	Tir to Sheume "i	Thurs Chernan
ನಂ ಆಗ್ರವಿಯನ್ ವಾಂರ್ ದಾಗ		ತೆಂದ ಶಾಂತ್ರ್	- വന തടാകം പ
Post Office *		PIN Code *	Tehsil/Taluqa/Mandal *
MARCHR		571.429	MADDUR
ಮದ್ದೂರು	<b></b>		ಮದ್ದೂರು
State/UT *		District *	
Karnataka		MANDYA	
elf attested copy of address pro ocuments mentioned below)	of either in the name of applic	cant or anyone of the parents/spouse/adult child, if already e	enrolled with as elector at the same address (Attach any or
Aadhaar Card	~	Sakha Aadhar 25Tut, jpg	
Additidal Gald		(Max 2 MB and .jpg, .jpeg, .png, .pdf format only)	
		Convorting and	↑ Previous

















D. Declaration		
I HEREBY DECLARE that to the best of r believe to be false or do not believe to b extend to one year or with fine or with b	ny knowledge and belief that I am a citizen of India and I am av ie true, is punishable under Section 31 of Representation of the oth.	ware that making a statement or declaration which is false and which I know or People Act, 1950 (43 of 1950) with the imprisonment for a term which may
Date *	Place *	
25 07 2023	India Chottinalli	
		↑ Previous ↓ Next
Accessibility Instructions:-In t Rules, 2017, in case of persor impression of person with dis ^Submission of self-attested of	he light of provisions of Rights of Persons with Dis is with intellectual disability, autism, cerebral palsy ability, or of signature or left hand thumb impressio copy of mentioned documents will ensure speedy d	sabilities Act 2016 and Rights of Persons with Disabilities and multiple disabilities etc., signature or left hand thumb on of his/her legal guardian will be required. lelivery of services.

E. Submission		
Name to be printed on EPIC.		
First Name *	Surname	Relative's Name *
SHIDHA		CHIVALINGAIAH
ಶೊಭ 📟	8	ಶಿವಲಿಂಗಯ್ಯ್ 📟
Relative's Surname		
<b>E</b>		
fZ6p0V <sup>O</sup>		
Captcha *		
fZ6p0V		
Preview and Submit Save Cancel		

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		F	DRM 8			
		(See Rules 13(3) and (26)	of the Registrat	ion of Electors		FORM NO
			es, 1960) MISSION			(To be filled by office)
	A					
Voter	Application Form for Shifting of	f Residence/Correction / Marki	on of Entries	s in Existing E	lectoral Roll / F	Replacement of EPIC
To, The Electoral Registrat	ion Officer,,	No		Namo Maddur		
Or No. and Name of Par	liamentary Constituency	No. 187		Name		
(@ only for Union Territon	es not having legislative Assembly)					
(I) Name of the applicant -	SHUBRA					
EPIC No. Univer	04463					
Aadhaar Details:- (Please	ick the appropriate box)					
(a) 🗸	Aadhaar Number 7 3	U 5 i	9 2	5 U C	0 0	Or
(b)	I am not able to furnish my Aadhaar Number bec	ause I don't have Aadhaar Numbe	er			
Mobile No. of Se	elf (or)		я	ي ن	: 0 0	1 5 % 9
Mobile No. of Fa	ther/Mother/Any other relative (if available)					
Email Id of Sel	f (or)					
Email Id of Fat	her/Mother/Any other relative (if available)					
(II) I submit application for	(Tick any one of the following)					
1. 🗸	Shifting of Residence (or)					
2.	Correction of Entries in Existing Electoral Roll (or)					
3.	Issue of Replacement EPIC without correction (or) Request for marking as Person with Disability					
	Request for marking as reison with Disability					
1. Application for Shiftin	g of Residence					
I have shifted my residen hereby return my old EPI	ce and I request that my name may be deleted from th 2.	e previous address and shifted to	the current address	mentioned below. I req	uest that a replacement E	PIC may be issued to me due to change in my addre
Present Ordinary	House/Building/Apartment No	Water To dk		treet/Area/Locality/ Mo	halla/Road	Time Statistical 12 at 1801-0
Residence(Full	ನಂ ್	20,ರೆಮರ್ ಪಾಲ್ ಸ್.ಂಕ್	P	ost Office	HETANANAHALLI   ಹೆನ	ູນໝ່າງ
Address)	PIN Code 571429	లబ్రథళ్ళి	T	ehsil/Taluqa/Mandal tate/UT	Karnataka	μg.u
	District MANDYA					
Self-attested copy of add	ress proof either in the name of applicant or anyone of	f the parents/spouse/adult child. i	f already enrolled wi	ith as elector at the sam	e address (Attach a	any one of the documents mentioned below ^);-
1.	Water/Electricity/Gas Bill for that address (atleast 1 y	ear)	2.	Aadhaar Card		
3.	Current passbook of Nationalized/Scheduled Bank/Po	ost Office	4.	Indian Passpor	rt	
5.	Revenue Department's Land Owning records including	Kisan Bahi	6.	Registered Ren	nt Lease Deed (In case of	tenant)
7.	Registered Sale Deed(In case of own house)					
Any Other:- (Pl.	Specify)					
2. Application for Correc	tion of Entries in Existing Electoral Roll					
Please correct my follo	wing details in Electoral Roll/EPIC:					
(Maximum of 4)	entries/particulars can be corrected)					
(Put a tick ✓ 8	nbspin appropriate box below.)					SDACE FOR PASTING ONE
Copy of self-atte	sted Documentary Proof in support of claim to be attac	hed. Gender	3.	DoB/Age		RECENT PASSPORT SIZE
4.	Relation Type 5.	Relation Name	6.	Address		UNSIGNED COLOR PHOTOGRAPH (4.5 CM X 3.5
7.	Mobile Number 8.	Photo				CM) SHOWING FRONTAL VIEW
The correct partic	Iars in the entry to be corrected are as under:-					BACKGROUND (ONLY IF PHOTO
	,					TO BE CHANGED)
a. b.						
a.	Name of Docur	ment in support of above claim at	tached			
b.						
c. d.						
I request that a replace	ment EPIC may be issued to me due to change in my r	areonal dataile				
I hereby return my old	EPIC.	ersonal details.				

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a Party	
. BNP	

3. Application for Issue of Replacement EPIC without correction						
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 disast	ter etc.				
3. Mutilated						
hereby return my mutilated/ old EPIC (OR) I have attached copy of FIR/Police rep	port for lost EPIC & I undertake to return the earlier EPIC issued to me if the sa	ame is recovered at a la	ater stag	e.		
I. Application for Marking Person with Disability						
Category of disability (Tick the appropriate box for category of disability)						
Locomotive Visual	Deaf & Dumb If any oth	er (Give description)				
Percentage of disability: %	Certificate attached (Tick the appropriate box)	Yes			No	
	DECLARATION					
both.				extend to	one year or	
both. Date: 25-07-2023 Flace: Thore Shettihalii				extend to	one year or	
both. Date: 25-07-2023 Place: Thore Shettihalli  Accessibility Instructions:- In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabil	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca	se of persons with inte II be required.	llectual	disability, au	tism, cerebral	palsy and
both. Date: 25-07-2023 Place: Thore Shettihalli Accessibility Instructions: In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabil * Submission of self-attested copy of mentioned documents will ensure speedy	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca ility, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services.	se of persons with inte II be required.	llectual	disability, au	tism, cerebral	palsy and
both. Date: 25-07-2023 Place: Thore Shetthalli Accessibility instructions:- In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabil * Submission of self-attested copy of mentioned documents will ensure speedy \$< \$< \$<	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca lifty, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services. Acknowledgement/Receipt for application	se of persons with inte II be required.	llectual o	disability, au	tism, cerebral	palsy and
both.         Date: 25-07-2023         Place: Thore Shettihalli <u>Accessibility Instructions:</u> In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disability etc., and the person of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca lilty, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services. Acknowledgement/Receipt for application Date : <u>25-07</u> -	se of persons with inte Il be required. & 2023	llectual o	disability, au	tism, cerebral	palsy and
both. Date: 25-07-2023 Place: Thore Shettihalli Accessibility Instructions:: In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabil * Submission of self-attested copy of mentioned documents will ensure speedy K & K K Acknowledgement Number :-	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca lifty, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services. Acknowledgement/Receipt for application Date : 25-07-	se of persons with inte Il be required. \$< 2023	llectual (	disability, au	tism, cerebral	palsy and
both. Date: 25-07-2023 Place: Thore Shettihalli  Accessibility Instructions: In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabil  * Submission of self-attested copy of mentioned documents will ensure speedy	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca ility, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services. Acknowledgement/Receipt for application Date : <b>25-07-</b>	se of persons with inte II be required. X 2023	llectual o	disability, au	tism, cerebral	palsy and
both.         Date: 25-07-2023         Place: Thore Shettihalli         Accessibility Instructions:- In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impressite etc., sis a stable of person with disabilities etc	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca lility, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services. Acknowledgement/Receipt for application Date : 25-07- Name/Signature of ERO/AERO/BLO	se of persons with inte II be required. X 2023	llectual o	disability, au	tism, cerebral	palsy an
both.         Date: 25-07-2023         Place: Thore Shettihalli         Accessibility Instructions:- In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disability and the second documents will ensure speedy         * Submission of self-attested copy of mentioned documents will ensure speedy         * %         Acknowledgement Number :-         Received the application in Form 8 of Shri/Smt/Ms. <u>\$</u>	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca lifty, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services. Acknowledgement/Receipt for application Date : 25-07- Name/Signature of ERO/AERO/BLO	se of persons with inte II be required. \$< 2023	llectual o	disability, au	tism, cerebral	palsy and
both.         Date: 25-07-2023         Place: Thore Shettihalli         Accessibility Instructions:- In the light of provisions of Rights of Persons with D disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signature or left hand thumb impression of person with disabilities etc., signathand thand thumb impression of person with disabilitie	Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in ca lifty, or of signature or left hand thumb impression of his/her legal guardian wi ly delivery of services. Acknowledgement/Receipt for application Date : 25-07- Name/Signature of ERO/AERO/BLO	se of persons with inte Il be required. 2023	llectual o	disability, au	tism, cerebral	palsy and

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 <u>Google Form</u>. We will be happy to assist further.

#### Download the acknowledgement for reference.

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		मतदाता सेवा पोर्टल VOTERS' SERVICE PORTAL	A / A A- Home	A A+
Acknow	ledgment			
Your application has been submitted successfully and generated reference number is <b>S1017506N2507231000021</b> . You can use this reference number for any future reference.				
Down	load Acknowledgement	Ok		

### Happy Voting!!

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