

| Election Commission of India (ANNEXURE-I) | | FORM ID | |
|---|---|---|--|
| Application for Issue of Replacement Elector's Photo Identity Card (EPIC) | | ECI-EPIC-001 | |
| A | State/ UT : | | |
| | AC ^s (No & Name) : | | |
| | District : | | |
| B | Elector's Particulars (To be filled by Elector) | | |
| To, | | Sri/Madam, | |
| The Electoral Registration Officer, Assembly/ Parliamentary ^s Constituency | | I request that a Duplicate Electoral Photo identity Card be issued to me as my original card is lost/ destroyed/ mutilated or due to change of address I want to get afresh card with my new address. I am returning my EPIC to your along with fee for issue of duplicate EPIC My name is included in the electoral roll for the above constituency. Particulars in support of my claim for issue of duplicate EPIC are given below: | |
| 1. | Name of Elector : নির্বাচকের নাম : | 2. EPIC No of Original card (if known): | |
| 3. | Father's / Mother's / Husband's Name পিতা/মাতা/স্বামীর নাম : | 4. Sex (M / F) (/) | 5. Date of Birth (DOB if not known then Age in Years) as on 1st Jan..... |
| 6.(a) | Address | | |
| | (i) House / Door Number | | |
| | (ii) Street / Mohalla/ Road / Lane : | | |
| | (iii) Area / Locality: | | |
| | (iv) Town / Village : | | |
| | (v) Post Office : | (vi) Pin Code : | |
| | (vii) Police Station: | (viii) District : | |
| 6.(b) | ঠিকানা | | |
| | ক) বাড়ির নং : | | |
| | খ) রাস্তা / মহল্লা/ গলিঃ | | |
| | গ) এলাকা/ পাড়া : | | |
| | ঘ) শহর / গ্রাম : | | |
| | ঙ) ডাকঘর : | চ) পিন কোড: | |
| | ছ) থানা : | জ) জেলা : | |
| 7. | Reasons for applying for a Duplicate card : | | |
| <input type="checkbox"/> | 1. I will collect EPIC from VRC/CSE | | |
| <input type="checkbox"/> | 2. I wish to receive my EPIC by Post (Self addressed and stamped envelope enclosed) | | |
| <input type="checkbox"/> | 3. I will collect EPIC from BLO | | |
| C. Tick (✓) the appropriate box: | | Date : | Signature of the applicant |
| <input type="checkbox"/> I hereby return my mutilated / old card | | Place : | |
| <input type="checkbox"/> I undertake to return the earlier card issued to me if the same recovered at a later date. | | | |
| D | Acknowledgment of R- EPIC by the Elector | | |
| Received Duplicate EPIC on (Date) | | Elector's Signature or Thumb Impression | |
| | | | |
| 20 | | | |
| * বাংলা এবং ইংরাজী দুটি ভাষাতেই ফর্ম পূরণ করা বাধ্যতামূলক | | | |
| For official Use | | | |
| Authentication for issue of EPIC (To be filled by ERO's Representative) | | | |
| Part No.: | Serial No. of Elector in Part: | ID number of Designated Photography Location (DPL) or Common Service centers (CSE): | # Token No. or Receipt No : |
| Register No. | Serial No. in Register | | |
| Verified by: | | | |
| Date : ___/___/20___ | Signature | | |