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ದಿನಾಂಕ: 7ನೇ ನವೆಂಬರ್ 2019

ಮುಖ್ಯ ಚುನಾವಣಾಧಕಾರಿಯವರ ಕಚೇರಿ, ಕರ್ನಾಟಕ

ನಿರ್ವಾಚನ ನಿಲಯ, ಶೇಷಾದ್ರಿರಸ್ತೆ, ಬೆಂಗಳೂರು-560 001.

ಸಂಖ್ಯೆ: ಸಿಆಸುಇ/89/ಸ್ವೀಪ್/2019

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1. ಆಯುಕ್ತರು, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ, ಬೆಂಗಳೂರು,

- 2. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಚುನಾವಣಾಧಿಕಾರಿಗಳು, ಹಾಗೂ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು,
- 3. ಎಲ್ಲಾ ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಹಣಾಧಿಕಾರಿಗಳು, ಜಿಲ್ಲಾ ಪಂಚಾಯತ್ ಕಾರ್ಯಾಲಯ,

ಕುವೆಂತು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ ಜ್ಞಾನ ಸಹ್ಯಾವಿ 1 3 NOV 2019 ಶಂಕರಕರ್ಷ-577 451.

ಮಾನ್ಯರೆ,

ವಿಷಯ: ಕಾಲೇಜುಗಳಲ್ಲಿ ಪ್ರವೇಶ ಪಡೆಯುವ ವಿದ್ಯಾರ್ಥಿ/ನಿಯರಿಗೆ ಹೊಸ ಮತದಾರರ ನೋಂದಣಿಗಾಗಿ ನಮೂನೆ 6 ವಿತರಿಸುವ ಕುರಿತು.

ಮಾನ್ಯ ಮುಖ್ಯ ಚುನಾವಣಾಧಿಕಾರಿಗಳ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ದಿನಾಂಕ: 28ನೇ ಅಕ್ಟೋಬರ್ 2019 ರಂದು ನಡೆದ ಸಭೆಯಲ್ಲಿ ಎಲ್ಲಾ ಕಾಲೇಜುಗಳಲ್ಲಿ 18 ವರ್ಷ ತುಂಬಿದ ವಿದ್ಯಾರ್ಥಿಗಳು ಪ್ರವೇಶ ಪಡೆಯುವ ಸಂದರ್ಭದಲ್ಲಿ ಹೊಸ ಮತದಾರರ ನೋಂದಣಿಗಾಗಿ ನಮೂನೆ 6ನ್ನು ಕಡ್ಡಾಯವಾಗಿ ವಿತರಿಸುವಂತೆ ಹಾಗೂ ಪ್ರವೇಶ ಪಡೆದ ಎಲ್ಲಾ ವಿದ್ಯಾರ್ಥಿಗಳು ಮತದಾರರಾಗಿ ನೋಂದಾಯಿಸಿಕೊಂಡಿದ್ದಾರೆ ಎಂಬುದನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಲು ತೀರ್ಮಾನಿಸಿದ್ದಾರೆ.

ಮುಂದಿನ ಶೈಕ್ಷಣಿಕ ವರ್ಷದಿಂದ 18 ವರ್ಷ ತುಂಬಿದ ಎಲ್ಲಾ ವಿದ್ಯಾರ್ಥಿ/ನಿಯರು ಕಾಲೇಜುಗಳಿಗೆ ಪ್ರವೇಶ ಪಡೆಯುವ ಸಂದರ್ಭದಲ್ಲಿ ನಮೂನೆ 6ನ್ನು ಕಡ್ಡಾಯವಾಗಿ ವಿತರಿಸಿ ಅವರುಗಳೆಲ್ಲರೂ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನೋಂದಾಯಿಸಿಕೊಂಡಿರುವುದನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಲು ಹಾಗೂ ಆಯ ಶೈಕ್ಷಣಿಕ ವರ್ಷದಲ್ಲಿ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನೋಂದಣಿಯಾದ ವಿದ್ಯಾರ್ಥಿ/ನಿಯರ ಕಾಲೇಜುವಾರು ಅಂಕಿ ಅಂಶಗಳನ್ನು ಕ್ರೋಡೀಕರಿಸಲು ಸೂಚಿಸಿದೆ.

ಕ್ಷಾತಿಯನ್ನು ಅಗತ್ಯ ಕ್ರಮಕ್ಕಾಗಿ:-

ಡಾ. ಎಂ.ಎನ್. ಅಜಯ್ ನಾಗಭೂಷಣ್, ಭಾ.ಆ.ಸೇ ಅಪರ ಮುಖ್ಯ ಚುನಾವಣಾಧೀಕಾರಿಗಳು, ಸಿ.ಆ.ಸು.ಇ. ಚುನಾವಣೆಗಳು

l. ನಿರ್ದೇಶಕರು ತಾಂತ್ರಿಕ ಶಿಕ್ಷಣ ಇಲಾಖೆ, ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆ,

2. ರಾಜ್ಯದ ಎಲ್ಲಾ ವಿಶ್ವ ವಿದ್ಯಾಲಯಗಳ ನಿರ್ದೇಶಕರು,

3. ನಿರ್ದೇಶಕರು [ಪದವಿ ಮೂರ್ವ ಶಿಕ್ಷಣ ಇಲಾಖೆ]

4. ಕಛೇರಿ ಪ್ರತಿ / ರಕ್ಷಾ ಕಡತಕ್ಕೆ

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ELECTION COMMISSION OF INDIA

(e) Age [as on 1st January of current calendar year			FC	DRM-6	Acknowled	gement No
To, The Electoral Begistration Officer, To, The Electoral Begistration Officer, The Special Begistration Off						(To be filled by office)
To, The Electroal Begistration Officer, To, The Electroal Begistration Officer, The Company of the Constituency of the Constit	Application fo	r Inclusion of N	Vame in Elec	toral Roll for	First time Voter	OR on Shifting
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Trequest that my name be included in the electoral roll for the above Constituency Particulars in support of my claim for inclusion in the electoral roll are given below:-	To, The Electoral Registr	ation Officer.		Assambly / Barlis	monton, Consists	AF.
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(e) Age [as on 1st] January of current calendar year		of Relative of		1		
(f) Date of Birth (in DD/MM/YYYY format) (if known) (g) Gender of Applicant (Tick appropriate box) Male Female Third Gender (h)Current address where applicant is ordinarily resident House No. Street/Area/Locality Town/Village Post Office Pin Code District State/UT (i) Permanent address of applicant House No. Street/Area/Locality Town/Village Post Office Pin Code District State/UT (ii) Permanent address of applicant House No. Street/Area/Locality Town/Village Post Office Pin Code District State/UT (ii) Pin Code District State/UT (iii) Epic No. (if issued) Optional Particulars (k) Disability (if any) Visual impairment Speech & hearing disability Locomotor disability Other (its appropriate box) (iii) Email id (optional) (im) Mobile No. (optional) DECLARATION - I hereby declare that to the best of knowledge and belief — (iii) I am or dinarily resident at the address given at (h) above since			,04	ner Husban	d Wife	Other
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