

| Election Commission of India | | FORM ID | |
|---|---|---|--|
| Application for Issue of Duplicate Elector's Photo Identity Card (EPIC) | | ECI-EPIC-002 | |
| A | State/UT : Chandigarh | | |
| | PC ^s (No. & Name) : U02—Chandigarh | | |
| | District : Chandigarh | | Campaign ID : |
| B | Elector's particulars (To be filled by Elector) | | |
| To, The Electoral Registration Officer, Parliamentary ^s Constituency | Sir/Madam, I request that a Duplicate Electoral Photo Identity Card be issued to me as my original card is lost/destroyed/mutilated. My name is included in the electoral roll for the above constituency. Particulars in support of my claim for issue for duplicate EPIC are given below : | | |
| 1. Name of Elector : | | 2. EPIC No. of Original card : | |
| 3. Father's/Mother's/ Husband 's Name | | 4. Sex (M/F) : | 5. Age (Years) as on 1st Jan, 200__ |
| 6. Address | | | |
| (i) House/Door number : | | | |
| (ii) Street/Mohalla/Road/Gali : | | | |
| (iii) Area/Locality : | | | |
| (iv) Town/Village : | | (v) PIN CODE | |
| (vi) Police Station : | | (vii) District : | |
| (viii) Reasons for applying for a Duplicate card | | | |
| (ix) Tick (√) the appropriate box : <input type="checkbox"/> I hereby return my mutilated card. <input type="checkbox"/> I undertake to return the earlier card issued to me if the same is recovered at a later date. | | Date : | Thumb Impression or Signature of Elector |
| Place : | | | |
| C Authentication for Issue of EPIC (To be filled by ERO's Representative) | | | |
| Part No. : | Serial No. of Elector in Part : | Designated Photography Location (DPL) No. : | #Token No. or Receipt No. |
| Register No. | Serial No. in Register | Field Unit No. : | |
| Verified by : | Signature | Personal ID No. (PIN) | |
| Date:—/—/200— | | | |
| D EPIC Details (To be filled by the Photography Team) | | | |
| EPIC Mode (Tick √ appropriate box) <input type="checkbox"/> On-line <input type="checkbox"/> Off-line | | Date of Photography EPIC No. | ___/___/200__ |
| Preparing EPIC (Tick appropriate box when complete) <input type="checkbox"/> Editing of Data <input type="checkbox"/> Printout <input type="checkbox"/> Lamination | | Authorised issue of EPIC Signature | Date of Issue Personal ID No. (PIN) ERO's Rep. ___/___/200/___ |
| E Acknowledgement of Duplicate EPIC by the Elector | | | |
| Received Duplicate EPIC on (Date) : | | Elector's Signature | |
| ___/___/200__ | | or Thumb Impression | |

* Strike out the inappropriate alternative

\$ PC number in case of Union Territories not having Legislative Assemblies.

Token No. for On-Line mode and Receipt No. (FORM ID ECI-EPIC-003) for Off-Line mode.