



Application For Correction Of Details (Form - 8)

Assembly Constituency

District : _____

Assembly Constituency Name : _____

Applicant Details

Name : _____

Photograph¹



పేరు : _____

Surname : _____

అంటిపేరు : _____

Gender : _____

Guardian's Name : _____

Relation : _____

గార్డియన్ యొక్క పేరు : _____

Date of Birth(MM/DD/YYYY) : _____

Guardian's Surname : _____

Age as on 1st January (Current : _____
Revision Year)

గార్డియన్ యొక్క అంటిపేరు : _____

Part Number in the Electoral Roll : _____

Serial Number in the Part : _____

Email Address(if any) : _____

Mobile Number : _____

Remarks : _____

Place of birth

Village/Town : _____

District : _____

State/UT : _____