



ASSAM STATE ELECTION COMMISSION
JURIPAR, PANJABARI, GUWAHATI - 781037

Website – <https://sec.assam.gov.in> || e-mail - sec-secretary@assam.gov.in

No.SEC.33/2025/32

Dated, 17th July, 2025

To,

The District Commissioner Kokrajhar, Chirang, Baksa, Udalguri, Tamulpur.

Sub: Regarding Claims and Objections in connection with the preparation of the Electoral Rolls for the Bodoland Territorial Council Election, 2025

Sir/Madam,

With reference to the subject cited above, I am directed to forward herewith the forms (Form A, Form B, and Form C) for filing claims and objections as stipulated under sub-rule (2) of Rule 11 of the Bodoland Territorial Council (Election) Rules, 2004 in connection with the preparation of the Electoral Rolls for the Bodoland Territorial Council Election, 2025.

You are requested to kindly ensure wide circulation of these forms through the Returning Officer/Assistant Returning Officer or any other officer designated by him/her, for the benefit of the citizens of the Bodoland Territorial Council, or at the places where the draft electoral rolls will be displayed, as mentioned in sub-rule (1) of Rule 11 of the Bodoland Territorial Council (Election) Rules, 2004.

Further, you are also requested to issue necessary instructions to the citizens to submit a self-attested scanned copy of the **EPIC card** for the applicant along with the forms. This will enable the concerned Returning Officer/ Assistant Returning Officer to easily dispose of the claims and objections.

Yours faithfully,

Secretary

Assam State Election Commission

Panjabari:::Guwahati – 37

Dated, 17th July, 2025

Memo No.SEC.33/2025/32-A

Copy to:

1. The State Informatics Officer, National Informatics Centre, Assam, Last Gate, Dispur, Guwahati-06. You are requested to kindly make the forms downloadable on the OERMS portal from 23.07.2025 onwards.

Secretary

Assam State Election Commission

Panjabari ::: Guwahati – 37

STATE ELECTION COMMISSION, ASSAM

b) Self-attested copy of address proof either in the name of applicant or any one of parents/spouse/adult child, if already enrolled as elector at the same address. (*Attach anyone of them*)

(i) Document for proof of residence: - (*Any one of these*)

1. Water/Electricity/Gas connection Bill for that address (at least 1 year)
2. Aadhaar Card
3. Current passbook of Nationalized/Scheduled Bank/Post Office
4. Indian Passport
5. Registered Rent Lease Deed (In case of tenant)
6. Registered Sale Deed (In case of own house)

(ii) Any Other document for Proof of residence: - (If none of the above documents is available) (Pl. Specify) # _____

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief-

(i) I am a citizen of India and place of my birth is: - Village/Town _____

District _____ State _____

(ii) I am ordinarily a resident at the address mentioned at Sr. No. 6(a) in the Form since _____ (mention month and year).

(iii) I am applying for inclusion in Bodoland Territorial Council Electoral Roll for the first time and my name is not included in any Bodoland Territorial Constituency.

OR

* my name may have been included in the electoral roll for No Polling Station of No..... Bodoland Territorial Council constituency ofDistrict in which I was ordinarily resident earlier at the address mentioned below and, if so, I request that the same may be deleted from that electoral roll.

(iv) I don't possess any of the documents mentioned for proof of Date of Birth/Age. Therefore, I have enclosed _____ (Name of the document) in support of age proof (*Strike off, if not applicable*)

(v) I am aware that making the above statement or declaration in relation to this application which is false and which I know or believe to be false or do not believe to be true, is punishable under Section 31 of Representation of the People Act,1950 (43 of 1950) with imprisonment for a term which may extend to one year or with fine or with both.

Date _____

Place _____

Signature of Applicant/Left Hand Thumb Impression

Accessibility Instructions: - In the light of provisions of Rights of Persons with Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities etc., signature or left-hand thumb impression of person with disability, or signature or left-hand thumb impression of his/her legal guardian will be required.

*Strike out the inappropriate alternative.

In case none of the mentioned documents is available, field verification is necessary.

..... (Perforation).....

⌘ Acknowledgement/Receipt for application ⌘

Acknowledgment Number _____

Received the application in the Format of Shri/Smt./Ms _____

Signature of RO/ARO

