Form-19 (See Rule31) ELECTION COMMISSION OF INDIA	
Claim for inclusion of name in the electoral roll for a Teachers' Constitu	iency
To, The Electoral Registration Officer, (Teachers') Constituency.	SPACE FOR PASTING ONE RECENT UNSIGNED PASSPORT SIZE COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND
Sir, I request that my name be registered in the electoral roll for the(Teachers') Consti 1. The particulars are:-	ituency.
Full Name Sex	
Father's/Mother's/Husband's Name (in full)	
House Address (Place of ordinary residence)	
House/Building/Apartment No. Street/ Mohalla	
Town/Village Post Office	
Police Station/Tehsil/Taluqa/Mouza District State	
Age Years Months Date of Birth d d / m m Disability (if any):- (Tick appropriate box) (optional Field)	
(d) EPIC Number (if any)	
Aadhaar Details:- (Please tick the appropriate box) (a) Aadhaar Number (b) I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number Contact Number :- Mobile No. (optional) Landline	r
Email Id (if any)	
2. During the last six years, I have been engaged in teaching for a total period of more than three years of Educational Institution	
Name of Educational InstitutionFrom (Date)To (Date)1.	Period
1. 2. 3. 4.	
In support of the above, I submit herewith	

3.	*My name has not been included in the electoral roll for this or any other t OR	teachers' constituency.
	*My name has been included in the electoral roll for theaddress given below and I request that it be deleted from that roll :-	teachers' constituency under the
4.	I declare that I am a citizen of India and that all the particulars given above belief.	e are true to the best of my knowledge and
	Place	
	Date	
		Signature of claimant
	TE : Any person who makes a statement or declaration which is false and w es not believe to be true is punishable under section 31 of the Representatic	
*St	rike off the paragraph not applicable.	
	(Perforation)	
	Intimation of action taken	
-	The application in Form 19 of Shri/Smt./Kumari	
(a) accepted and the name of Shri/Smt./Kumarihas	
(b) rejected for the reason	
Da	ate	Electoral Registration Officer,
		(Address)
	(Perforation) Receipt of application	
	Received the application in Form 19 from Shri/Shrimati/Kumari*	
i	address*	
Da	ate	Electoral Registration Officer, (Address)
	*To be filled in by the applicant	

<u>Certificate of Head of Institution of an educational institution</u> <u>specified by the State Government under clause (b) of sub-section</u> (3) of section 27 of Representation of the People Act, 1950

This is to certify that Shri/Smt./Kum._____has been teaching in ______(name of the institution) for a total period of three years within the last preceding six years as shown below against a post on regular / adhoc** basis.

2. (a) **As per the records of the Institution, He/She has been engaged in this institution continuously from _____(date) to _____(date).

OR

(b) **As per the records of the Institution, He/She has been engaged

in this institution for the following periods of service:-

 From______
 to ______

 From______
 to ______

 From______
 to ______

(Signature, Name & Seal of the Head of Institution)

(**Strike out whichever is not applicable)