

| Election Commission of India | | | | | | FORM ID | |
|---|--|-----------------------------------|--|--|--|--|--|
| Application for issue of Duplicate Elector's Photo Identity Card (EPIC) | | | | | | ECI-EPIC-002 | |
| A | State/Ut : S-25 | | | | | | |
| | AC (NO. & Name) : | | | | | | |
| | District: | | | | | Campaign ID: WB-2000-01 | |
| B | Elector's Particulars (To be filled by Elector) | | | | | | |
| | To, The Electoral Registration Officer, Assembly /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 of 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 1 st 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: Place: | | Thumb Impression Or Signature of Elector: | |
| 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 : Date: __/__/2000 | | Signature | | Personal ID No.(PIN) | | | |
| 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 ____/____/200__ EPIC No.: | | | |
| 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) of ERO's Rep. ____/____/200__ | |
| E | Acknowledgement of Duplicate EPIC by the Elector | | | | | | |
| Received Duplicate EPIC on (Date): <div style="display: flex; justify-content: space-between;"> - - 200__ </div> | | | | Elector's Signature Or Thumb Impression | | | |

* Strike out the inappropriate alternative.

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