Government of Karnataka

Directorate of Medical Education.

Ananda Rao Circle, Bangalore-9
email: dme.karnataka@yahoo.com
Date: 30-01-2019

To,

Dean/ Director/ Principal,
All Medical & Dental, Nursing / Paramedical,
Govt & Pvt Colleges.

Please,

1. All the applicants applying for appointment / recruitment / promotion / selection or other transactions as per Karnataka State Civil/ Government Service benches are required to pay the fees of Rs. 18/- respectively as per the Karnataka e-Fee Guidelines 2018 for the academic year 2018-19 through www.cec.karnataka.gov.in or e-fee info on Booth level officer Contact & District Name etc.

2. All the applicants of the above category are requested to ensure that the e-fee payment is made before the last date as per the adverse action taken under the California 6-15 rules. All the applicants are requested to submit a copy of the e-fee receipt to the concerned department of the respective department. The application is entertained only when the fees is paid as per the instructions.

3. All the applicants are requested to submit the receipt to the respective department as per the instructions. The applications are entertained only when the fees is paid as per the instructions.

Yours sincerely,


Sri. Sanjiv Kumar, Chief Electoral Officer, Karnataka & Ex-Officio, Addl. Chief Secretary to Govt., DPAR (Elections), Nirvachan Nilaya, Sheshari Road, Bangalore-560001
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ELECTION COMMISSION OF INDIA

FORM-6

(See Rules 11(1) and 26 of Registration of Electors Rule-1960)

Acknowledgement No. ____________________

(To be filled by Office)

Application for Inclusion of Name in Electoral Roll for First time Voter OR on Shifting from One Constituency to Another Constituency.

To, The Electoral Registration Officer, ____________________________ Assembly / Parliamentary Constituency

I request that my name be included in the electoral roll for the above Constituency. (Tick appropriate box)

As a first time voter [ ] or due to shifting from another constituency [ ]

Particulars in support of my claim for inclusion in the electoral roll are given below:-

Mandatory Particulars

(a) Name

(b) Surname (if any)

(c) Name and surname of Relative of Applicant [see item (d)]

(d) Type of Relation

(Tick appropriate box)

Father [ ] Mother [ ] Husband [ ] Wife [ ] Other [ ]

(e) Age [as on 1st January of current calendar year] ____________

Years [ ] Months [ ]

(f) Date of Birth (in DD/MM/YYYY format) (if known)

(g) Gender of Applicant (Tick appropriate box)

Male [ ] Female [ ] Third Gender [ ]

(h) Current address where applicant is ordinarily resident

House No.

Street/Area/Locality

Town/Village

Post Office

Pin Code

District

State/UT

(i) Permanent address of applicant

House No.

Street/Area/Locality

Town/Village

Post Office

Pin Code

District

State/UT

(j) EPIC No. (if issued)

Optimal Particulars

(k) Disability (if any)

(Tick appropriate box)

Visual impairment [ ] Speech & hearing disability [ ] Locomotor disability [ ] Other

(l) Email id (optional)

(m) Mobile No. (optional)

DECLARATION - I hereby declare that to the best of knowledge and belief -

(i) I am a citizen of India and place of my birth is Village/Town______________________________District______________________________State______________________________

(ii) I am ordinarily resident at the address given at (h) above since _________________________________(date, month, year).

(iii) I have not applied for the inclusion of my name in the electoral roll for any other constituency.

(iv) My name has not already been included in the electoral roll for this or any other assembly/parliamentary constituency OR

*My name may have been included in the electoral roll for _____________________________ Constituency in _____________________________ State 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.

* strike off the option not appropriate
Address of earlier place of ordinary residence (if applying due to shifting from another constituency)

House No.           Street/Area/Locaity

Town/Village

Post Office       Pin Code

District       State/UT

I am aware that making a statement or declaration 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 the Representation of the People Act, 1950 (43 of 1950).

Place...........................

Date............................ Signature of Applicant.................................

Remarks of Field Level Verifying Officer:

Details of action taken
(To be filled by Electoral Registration Officer of the constituency)

The application of Shri / Shrimati / Kumari ................................................................. for inclusion of name in the electoral roll in Form 6 has been accepted / rejected. Detailed reasons for acceptance [under or in pursuance of rule 18/20/26(4)] or rejection [under or in pursuance of rule 17/20/26(4)] are given below:

Place:

Date:                         Signature of ERO       Seal of the ERO

Intimation of decision taken (to be filled by Electoral Registration Officer of the constituency and to be posted to the applicant on the address as given by the applicant)

The application in Form 6 of Shri/Shrimati/Kumari.........................................................

Current address where applicant is ordinarily resident       House No.

Street/Area/Locaity

Town/Village

Post Office       Pin Code

District       State/UT

Has been (a) accepted and the name of Shri/Shrimati/Kumari...........................................

Has been registered at Serial No. ............... in Part No. .................. of AC No. .................

(b) rejected for the reason..........................

Date:                         Electoral Registration Officer

Address............................................

Acknowledgement/Receipt

Acknowledgement Number ........................ Date ............................

Received the application in form 6 of Shri / Smt. / Ms. ...........................................

[Applicant can refer the Acknowledgement No. to check the status of application].

Name/Signature of ERO/AERO/BLO