

ASSAM STATE ELECTION COMMISSION ADITYA TOWER 2ND FLOOR, DOWN TOWN, G S ROAD, DISPUR, GUWAHATI - 781006. Website - <u>https://sec.assam.gov.in/</u>Ph. No. 0361-2264920/ e-mail – <u>sec-secretary@assam.gov.in</u>

No.SEC.01/2023/ Pt-1/5

Dated Dispur, 13th December, 2024

Press Release

The Draft Electoral Rolls for the coming Panchayat Elections have been published today after taking into account effect of the fresh delimitation of Gaon Panchayat, Anchalik Panchayat & Zilla Parishad Constituencies by the Govt. of Assam in 2024 for the twenty-seven (27) districts, excluding Sixth Schedule Areas and Municipal Areas. The voter break-up, as per the Draft Electoral Rolls for the twenty-seven (27) districts is provided below:

Total Districts	Total	Total	Total		Total no. of	Voters *	(tentative)		
	no. of ZPCs	no. of APs	no. of GPs	no. of wards	Polling Stations	Male	Female	Others	Total
27	397	181	2193	21930	23781	8829927	8724274	388	17554589

The Draft Electoral Roll would be available for public/voters in the offices of the Gaon Panchayat, Block Development, Zilla Parishad and District Commissioner as well as the website of the District Administration and the State Election Commission (<u>https://ermssec.assam.gov.in</u>). The Electors can check their names on the Draft Electoral Roll either through their EPIC number already allotted by the Election Commission of India, or by downloading the Draft Roll of their Polling Station from the citizen corner on the said website.

Claims and Objections to the entries in the Draft Electoral Roll, if any, can be filed from **14.12.2024** to **21.12.2024**. The process to file Claims & Objections can be known by contacting the concerned EROs/AEROs/District Authorities. The Formats of filing Claims & Objections is available in the office of the EROs/AEROs and Gaon Panchayat as well as in the website of the District Administration and the Assam State Election Commission.

Secretary Assam State Election Commission Dispur:::Guwahati-06 Dated Dispur, 13th December, 2024

Memo No. 01/2023/Pt-1/5 -A Copy to:

- 1. The Director of Information & Public Relations, Assam for kind information and wide publicity.
- 2. The IT Manager, ASEC. He is requested to upload the above Notification on Commission's Website.

Secretary Assam State Election Commission <u>Pispur:::Guwahati-06</u>

GOVT. OF ASSAM OFFICE OF THE DISTRICT COMMISSIONER:::::BISWANATH BISWANATH CHARIALI

Dated B. Chariali the 11th, December 2024

NOTIFICATION

No:BND.164/PNCE/2024/7 : Draft publication of Electoral Rolls in connection with Panchayat Election with reference to the 01-01-2024 as the qualifying date has been published today i.e. on 11-12-2024 in respect of Biswanath District.

a. The Draft Electoral Rolls have been prepared with the following particulars:-

1.	Total Nos. of Aanchalik Panchayat	: 06 Nos.
2.	Total Nos. of Zill Parishad Constituencies	: 12 Nos.
3.	Total Nos. of Gaon Panchayat	: 73 Nos.
4.	Total Nos. of Polling Stations	: 731 Nos.

b. Details of Electors in Draft Electoral Rolls published on 11-12-2024 in respect of Biswanath District are as follows:-

1.	Total Electors	: 4,64,434
2.	Total Male Electors	: 2,32,537
3.	Total Female Electors	: 2,31,890
4.	Total Others Electors	: 07

c. Importance timelines in respect of Draft Electoral Rolls :-

1.	Period of Filling Claims and objections.	: 14.12.2024 to 21.12.2024
2.	Disposal of Claims and objections.	: 22.12.2024
3.	Publication of Final Electoral Rolls.	: 28.12.2024

All claims and objection in prescribed format will be accepted at the respective Block Development Offices. Formats for claims and objection will be available on district website and respective Block Development Offices.

District Commissioner, Biswanath Dated: 11 /12/2024

Memo No: BND.164/PNCE/2024/ 7 (A)

Copy to:

- 1. The Secretary, Assam State Election Commission, Dispur, Guwahati Assam for favour of kind information.
- 2. The Chief Executive Officer, Zilla Parishad, Biswanath for favour of kind information.
- 3. The Co-District Commission, Behali/Gohpur Co-District for information.
- 4. The DIPRO, Biswanath for information. He is requested to take necessary steps for wide publicity of this notice through various media.
- 5. All Block Development Officer, Biswanath for information and they are directed to instruct Gaon Panchayat Secretaries to display this notice & draft electoral rolls at Gaon Panchayat Offices under his/her jurisdiction.
- 6. The DIO (i/c), NIC, Biswanath is requested to link the website-<u>https://ermssce.assam.gov.in/</u> with the district website. He is also requested to upload the formats for claims and objections in the district website.
- 7. All EROs/AEROs, Biswanath for information. They are directed to accept and dispose the claims and objections on stipulated time.

District Commissioner, The Biswanath

FORMAT

Application for inclusion of name in electoral roll (to be filed by person desiring his name to be included in the roll)

Zil I submit application f	tion Officer/Authorized Officer, la Parishad Constituency. for inclusion of my name in the Parishad for the Parishad constituency.	anchayat Electoral	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 Roll of
(1) Name of the applic	ant	· · · · · · · · · · · · · · · · · · ·	
	Voter List: Polling Station No & Assembly Constituency.	Name	of
(2) Name and Surname	e of any one of the relatives:-		
Father	OR Mother	OR Hust	band
(3) Mobile No. of Sel (or)	f (if available)		
Of relative mentioned	at Item No. 2		
(4) Gender	□ Male □ Female □ Th	ird Gender	
(5) (a) Date of Birth	D D / M M /	Y Y Y Y	
	f document supporting age proof at roof of Date of Birth: -(Any one of the second sec		ne following)
 □Birth certification □Indian Passpecture Education Board 	ate 2. □Aadhaar Card 3. □P port 6. □Certificates of Class X/X	AN Card 4. Drive XII issued by CBSE	•
(ii) Any Other Do available) (Pl. Specify)	ocument for Proof of Date of Birth	: - (If none of the a	bove documents is
(6) (a) Present Ordinary Residence (Full Address)	House/Building/ Apartment No.	Street/Area/Local	ity/ Mohalla/Road
	Town/Village	Post Office	
	PIN Code	Tehsil/Taluqa/Ma	ndal
	District	State	

(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. UWater/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 Lezase 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 Panchayat Electoral Roll for the first time and my name is not included in any Zilla Parishad Constituency.

or

*my name was included in the electoral roll for _____ No Ward of _____

Gaon Panchayat of _____ ZP constituency in _____ District in which I was ordinarily resident earlier. I request that the same may be deleted from that electoral roll. (*iv*) I don't possess any of the documents as 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.

Acknowledgment Number

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

Signature of ERO/AERO/Authorized Officer

FORMAT

To,

The Electoral Registration Officer/Authorized Officer,Zilla Parishad Constituency.

(1)	Name	of the	appl	licant
`	-1		0 × 4××4	"PP	

EPIC Number											
Serial Number in Draft Electoral Roll											
Mobile No. of Self (if available) (or) Of relative mentioned						-					
(2) Option of application/objection: -(7	fick the	appro	priat	e op	tion)	(Any	one,)			
□ (i) I object to proposed inclusion of the following reasons:-(tick any one)	fname o	f the j	perso	n me	ention	ed b	elow	due	to an	y one	of

□Death □Absent / Permanently shifted □Not Indian Citizen □Already enrolled

 \Box (ii) I request to delete below mentioned name from the electoral roll due to any one of the following reasons:-*(tick any one)*

 \Box Permanently shifted \Box Not Indian Citizen \Box Already enrolled

Death Certificate attached (*Tick the appropriate option*): □Yes□ No

(3) The details of the person in respect of whom objection has been raised, are as below:-

Name_____Surname____EPIC Number____

_____ No Ward of _____ Gaon Panchayat.

Address House/Building/Apartment No.		Street/Area/Locality
	Town/Village	Post Office
	PIN Code	Tehsil/Taluqa/Mandal
	District	State

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that I am aware that making a 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.

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

★Acknowledgement/Receipt for application ★

Acknowledgment Number

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

Signature of ERO/AERO/Authorized Officer

To,

The Electoral Registration Officer/Authorized Officer,

.....Zilla Parishad Constituency.

171	3.7	C .1		
(1)	Name	of the	applican	ıt –

EPIC Number			
Mobile No. of Self (if available) (or)			
Of relative mentioned	 _		

(Maximum of 4 entries can be corrected)

(Tick the appropriate boxes)

Copy of self-attested Documentary Proof in support of claim to be attached.

1.
Name 2.
Gender 3.
DoB/Age 4.
Relation Type 5.
Address 6.
Relation Name

The correct particulars in the entry to be corrected are as under:-

Name of the Document(s) in support of above claim attached

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that I am aware that making a 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.

.....(Perforation)...

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Acknowledgment Number

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

Signature of ERO/AERO/Authorized Officer