

<b>Election Commission of India</b>						<b>FORM ID</b>
<b>Application for issue of Duplicate Elector's Photo Identity Card (EPIC)</b>						<b>ECI-EPIC-002</b>
<b>A</b>	<b>State/Ut : S-25 WEST BENGAL</b>					
	<b>AC<sup>s</sup> (NO. &amp; Name) :</b>					
	<b>District:</b>			<b>Campaign ID: WB -2000-01</b>		
<b>B</b>	<b>Elector's Particulars (To be filled by Elector)</b>					
	To, The Electoral Registration Officer,..... Assembly /Parliamentary <sup>s</sup> 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 <sup>st</sup> 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:		Date:	Thumb Impression			
<input type="checkbox"/> I hereby return my mutilated card.		Place:	Or Signature of Elector:			
<input type="checkbox"/> I undertake to return the earlier card issued to me if the same is recovered at a later date.						
<b>C</b>	<b>Authentication for Issue of EPIC (To be filled by ERO's Representative)</b>					
	Part No:	Serial No. of Elector in Part:	Designated Photography Location (DPL) No:		<b>Token No. or Receipt No.</b>	
	Register NO.	Serial No. in Register	Field Unit No.:			
	Verified by :	Signature	Personal ID No.(PIN)			
Date: __/__/2000						
<b>D</b>	<b>EPIC Details (To be filled by the Photography Team)</b>					
	EPIC Mode: (Tick ✓ appropriate box)		Date of Photography ___/___/200__			
	<input type="checkbox"/> On-line		EPIC No.:			
	<input type="checkbox"/> Off-line					
Preparing EPIC (Tick ✓ appropriate box when complete)		Authorised issue of EPIC		Date of Issue		
<input type="checkbox"/> Editing of Data		Signature		Personal ID No.(PIN) of ERO's Rep. ___/___/200__		
<input type="checkbox"/> Printout						
<input type="checkbox"/> Lamination						
<b>E</b>	<b>Acknowledgement of Duplicate EPIC by the Elector</b>					
	Received Duplicate EPIC on (Date):			Elector's Signature		
			Or Thumb Impression			
		-		-	200__	

\* Strike out the inappropriate alternative.

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