

Application For Transposition(Form-8A)

Assembly Constituency Details

Application Processing
Section/District

Assembly Constituency Name

II. Details of Person whose entry is to be transposed

Name : _____

Photograph



పేరు : _____

Surname : _____

అంటిపేరు : _____

Gender : _____

Guardian's Name : _____

Relation : _____

గార్డియన్ యొక్క పేరు : _____

Date of Birth(MM/DD/YYYY) : _____

Guardian's Surname : _____

Age as on 1st January (Current : _____
Revision Year)

గార్డియన్ యొక్క అంటిపేరు : _____

Part Number in the Electoral Roll : _____

Serial Number in the Part : _____

Email Address(If any) : _____

Mobile Number : _____

Remarks : _____

II. Particulars of place of Present Ordinary address (Full Address)

House/Door No. : _____

Street / Area / Locality / Mohalla / Road* : _____

Village/Town : _____

వీధి / ప్రాంతం / ప్రాంతం / మొహల్లా / రోడ్ : _____

గ్రామం / పట్టణం : _____

Tehsil / Taluka / Mandal / Thana : _____

Post Office : _____

పోస్టాఫీస్ / మండల్ : _____

Pin Code : _____

District : _____

III. Period of continuous residence at the above address at the date of application

Years : _____

Months : _____

Mobile Number : _____

Email ID : _____

IV. Part number to which the entry has to be transposed(If known)

New Part Number : _____

V. Details of applicant (Not required if applicant seeks transposition of entry relating to himself)

Name : _____

Surname : _____

Serial Number in the Part : _____

Part Number in the Electoral Roll : _____

Elector's Photo Identity Card (EPIC) No. : _____