

**Proforma for Collection of Facsimile Signature for EPIC Cards**

**Name of the Electoral Registration Officer (ERO):**

**Designation:**

**Name of the District / Municipal Corporation:**

**Assembly Constituencies under the Jurisdiction of the ERO (Indicate AC Nos.)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specimen Signature of the ERO:**

**1**

**2**

**3**

**Date: / /**