

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: / /