

Polling Data Entry Form

1.Department *	ALL DEPARTMENT ▼	
Office *	▼	
2.Name *		3.Father's/Husband's Name *
4.Designation *	▼	5.Sex * <input type="radio"/> Male <input type="radio"/> Female
6.Category A/B/C/D *	--Select-- ▼	7.Spouse(Working in Govt. Service) <input checked="" type="radio"/> NO <input type="radio"/> YES
8.Pay Scale *	▼	9.Basic Pay *
10.Office Name & Address *	//	11.Place of posting under which assembly segment * ▼
12.Residential Address *	//	13.Residence Constituency * ▼
14. Election Role	▼	15.Home Constituency * ▼

Date of Birth **DD/MM/YYYY** *Date of Retirement **DD/MM/YYYY**

Office phone /Mobile No.

E-Mail ID

Whether Done Election Duty ?	NO	Reason sought For Exemption from This Election duty <input type="checkbox"/> Appointed BLO <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> On Long Leave <input type="checkbox"/> Other	
Remarks			
EPIC NO	Constituency	Voter Part No	Voter Serial No
<input type="button" value="Save"/> <input type="button" value="Exit"/>			