



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



Application for Transposition (Form-8A)

Assembly Constituency Details

District*: _____ Assembly Constituency Name*: _____

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

I. Details of person whose entry is to be Transposed

Electoral Name*: _____ Surname : _____

Gender*: _____ Relation*: _____

Father Name*: _____ _ Father Surname : _____

Date Of Birth*: _____ Part Number in the Electoral Roll*: _____

Serial Number in the Part*: _____

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

II.Particulars of Place of Present Ordinary Residence (Full Address)

Door No*: _____ Street/Area/Locality/Mohalla/Road*: _____

Village/Town*: _____ Tehsil / Taluka / Mandal / Thana*: _____

Post Office*: _____ 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 Informant (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. : _____

Documents List: (NOTE: 1.Total size of Upload Document should not exceed 3 MB.2. All Upload Documents should be in PDF Format Only)

1. Application Form*
2. Any kind of Identity proof

Applicant's Signature