किर. फौ. अर्ज 61/2026

निशाण नंबर

Exh. 5/D

वडगाव येथील मे. प्रथमवर्ग न्यायदंडाधिकारी यांचे न्यायालयात

नं. /२०

मुसाईद्दीन भा. जमादार ....वादी / अर्जदार

विरूध्द

महा. सरकार ....प्रतिवादी / वि.प.

यातील अर्जदार तर्फे दाखल कागदांची यादी पुढीलप्रमाणे —

Order
Seen and Filed
Sd/-
JMFC
02/07/2026

अ.नं	तपशिल	तारीख	शेरा
1)	अर्जदार यांचे आधारकार्ड	—	झेरॉक्स प्रत
2)	अर्जदार यांनी भरतीम निवडणूक आयोगाकडे केलेला अर्ज नं - 8	15/6/26	ऑनलाईन प्रत

येणेप्रमाणे अर्जदार तर्फे दोन (२) कागद हजर केले असे.

दिनांक 02/07/2026

(Adv for Applicant)

भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 0000/00890/52303

To
मुसाईस्लाम अब्दूलरज्जाक जमादार
Musaislam Abdulrazzaq Jamadar
Shivaji Nagar,
VTC: Karochi,
PO: Karochi,
District: Kolhapur,
State: Maharashtra,
PIN Code: 416109
Mobile: 8208509900

Signature Not Verified
Digitally signed by Unique Identification Authority of India
Date: 2020.06.25 07:29:24 IST

आपला आधार क्रमांक / Your Aadhaar No. :

3072 7370 2971

VID : 9190 8393 7040 4214

माझे आधार, माझी ओळख

भारत सरकार
Government of India

आधार

Aadhaar no. Issued: 02/07/2014

मुसाईस्लाम अब्दूलरज्जाक जमादार
Musaislam Abdulrazzaq Jamadar
जन्म तारीख/DOB: 01/05/1987
पुरुष/ MALE

आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा जन्मतारखेचा नाही. हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाइन प्रमाणीकरण किंवा Qr कोडचे स्कॅनिंग/ ऑफलाइन XML)
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

3072 7370 2971

माझे आधार, माझी ओळख

Acknowledgment Number : - S1327908C1506261200002 Submission Date : - 15-06-2026

FORM 8

(See Rules 13(3) and (26) of the Registration of Electors Rules, 1960)

FORM NO ____

(To be filled by office)

ELECTION COMMISSION OF INDIA

Voter Application Form for Shifting of Residence/Correction of Entries in Existing Electoral Roll / Replacement of EPIC / Marking of PwD

To,

The Electoral Registration Officer,,

No. and Name of Assembly Constituency — No. 279 — Name Ichalkaranji

Or No. and Name of Parliamentary Constituency (@ only for Union Territories not having legislative Assembly) — No. ____ — Name _____

(I) Name of the applicant - Musaislam Abdul Razzaq Jamadar

EPIC No. XAL3766417

Aadhaar Details:- (Please tick the appropriate box)

(a) [✓] Aadhaar Number 3 0 7 2 7 3 7 0 2 9 7 1 Or

(b) [ ] I am not able to furnish my Aadhaar Number because I don't have Aadhaar Number

Mobile No. of Self (or) 8 2 0 8 5 0 9 9 0 0

Mobile No. of Father/Mother/Any other relative (if available)

Email Id of Self (or) _____

Email Id of Father/Mother/Any other relative (if available) _____

(II) I submit application for (Tick any one of the following)

1. [ ] Shifting of Residence (or)
2. [✓] Correction of Entries in Existing Electoral Roll (or)
3. [ ] Issue of Replacement EPIC without correction (or)
4. [ ] Request for marking as Person with Disability

1. Application for Shifting of Residence

I have shifted my residence and I request that my name may be deleted from the previous address and shifted to the current address mentioned below. I request that a replacement EPIC may be issued to me due to change in my address. I hereby return my old EPIC.

Present Ordinary Residence(Full Address)	House/Building/Apartment No.		Street/Area/Locality/ Mohalla/Road	
	Town/Village		Post Office	
	PIN Code		Tehsil/Taluqa/Mandal	
	District		State/UT	

Self-attested copy of address proof either in the name of applicant or anyone of the parents/spouse/adult child, if already enrolled with as elector at the same address (Attach any one of the documents mentioned below ^):-

1. [ ] Water/Electricity/Gas Bill for that address (atleast 1 year)
2. [ ] Aadhaar Card
3. [ ] Current passbook of Nationalized/Scheduled Bank/Post Office
4. [ ] Indian Passport
5. [ ] Revenue Department's Land Owning records including Kisan Bahi
6. [ ] Registered Rent Lease Deed (In case of tenant)
7. [ ] Registered Sale Deed(In case of own house)

Any Other:- (Pl. Specify)_____

...ion for Correction of Entries in Existing Electoral Roll

...ase correct my following details in Electoral Roll/EPIC.

(Maximum of 4 entries/particulars can be corrected)

(Put a tick ✓ in appropriate box below)

Copy of self-attested Documentary Proof in support of claim to be attached.

SPACE FOR PASTING ONE RECENT PASSPORT SIZE UNSIGNED COLOR PHOTOGRAPH (4.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND (ONLY IF PHOTO TO BE CHANGED)

1.	✓	Name	2.		Gender	3.	✓	DoB/Age
4.		Relation Type	5.		Relation Name	6.	✓	Address
7.		Mobile Number	8.		Photo			

The correct particulars in the entry to be corrected are as under:-

a.	Musaislam Abdulrazzaq Jamadar (मुसाईसलाम अब्दुलरज़ाक़ जमादार)
b.	01/05/1987
c.	Shivaji Nagar , Korochi , Korochi , Hatkanangale , Korochi , 416109 , Kolhapur , Maharashtra (शिवाजी नगर, कोरोची, कोरोची, कोरोची, हातकणंगले)

	Name of Document in support of above claim attached
a.	Aadhaar Card
b.	Aadhaar Card
c.	Aadhaar Card
d.	

I request that a replacement EPIC may be issued to me due to change in my personal details.

I hereby return my old EPIC.

3. Application for Issue of Replacement EPIC without correction

I request that a replacement EPIC may be issued to me as my original EPIC is-

(Put a tick in appropriate box)

1. [ ] Lost
2. [ ] Destroyed due to reason beyond control like floods, fire, other natural disaster etc.
3. [ ] Mutilated

I hereby return my mutilated/ old EPIC (OR) I have attached copy of FIR/Police report for lost EPIC & I undertake to return the earlier EPIC issued to me if the same is recovered at a later stage.

4. Application for Marking Person with Disability

Category of disability (Tick the appropriate box for category of disability)

[ ] Locomotive [ ] Visual [ ] Deaf & Dumb [ ] If any other (Give description) _____

Percentage of disability: [ ] % Certificate attached (Tick the appropriate box) [ ] Yes [ ] No

DECLARATION

I HEREBY DECLARE that to the best of my knowledge and belief that I am a citizen of India and I am aware that making a statement or declaration which is false and which I know or believe to be false or do not believe to be true, is punishable under Section 31 of Representation of the People Act,1950 (43 of 1950) with imprisonment for a term which may extend to one year or with fine or with both.

Date: **15-06-2026**

Place: **Korochi**

Accessibility Instructions:- In the light of provisions of Rights of Persons with Disabilities Act 2016 and Rights of Persons with Disabilities Rules, 2017, in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities etc., signature or left hand thumb impression of person with disability, or of signature or left hand thumb impression of his/her legal guardian will be required.

* Submission of self-attested copy of mentioned documents will ensure speedy delivery of services.

✂ ✂ ✂ **Acknowledgement/Receipt for application** ✂ ✂ ✂

Acknowledgement Number :- **S1327908C1506261200002**

Date : **15-06-2026**

Received the application in Form 8 of Shri/Smt./Ms. **Musaislam Abdul Razzaq Jamadar**

Name/Signature of ERO/AERO/BLO

Digitally signed by Musaislam Abdulrazzaq Jamadar
Date: 2026-06-15 09:56