

Application Form for "Grievance Redressal"

Note: All fields with * mark are mandatory.

To
The District Magistrate & Collector,

Subject: - Prayer for Grievance Redressal

Sir / Madam,
I would like to avail the aforesaid service from your office. Required details are furnished hereunder.

1. Applicant's Personal Details

a Applicant's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name * Middle Name Last Name *

c Guardian's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name * Guardian's Middle Name Guardian's Last Name *

e Relation with Guardian * (tick the appropriate)

<input type="checkbox"/> Wife	<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Son
<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Father-in-Law	<input type="checkbox"/> Mother-in-Law
<input type="checkbox"/> Brother-in-Law	<input type="checkbox"/> Sister-in-Law	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Grandson
<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Daughter-in-Law	<input type="checkbox"/> Son-in-Law

f Applicant's Date of Birth (dd/mm/yyyy) **g** Applicant's Gender (tick the appropriate) Male Female Transgender

h Marital Status (tick the appropriate)

<input type="checkbox"/> Widow / Widower	i Applicant's Caste (tick the appropriate)	<input type="checkbox"/> ST	j Applicant's Religion (tick the appropriate)	<input type="checkbox"/> Hindu	<input type="checkbox"/> Christian
<input type="checkbox"/> Married		<input type="checkbox"/> SC		<input type="checkbox"/> Sikhism	<input type="checkbox"/> Islam
<input type="checkbox"/> Single		<input type="checkbox"/> OBC		<input type="checkbox"/> Buddhism	<input type="checkbox"/> Other
<input type="checkbox"/> Divorced		<input type="checkbox"/> Other		<input type="checkbox"/> Jainism	

k Applicant's Qualification (tick the appropriate)

<input type="checkbox"/> Illiterate	<input type="checkbox"/> Diploma or Equivalent
<input type="checkbox"/> Literate (without educational level)	<input type="checkbox"/> Graduation or Equivalent
<input type="checkbox"/> Primary Schooling (I - V)	<input type="checkbox"/> Post-Graduation or Equivalent
<input type="checkbox"/> Secondary Schooling (VI - VIII)	<input type="checkbox"/> Doctoral or Equivalent
<input type="checkbox"/> Senior Secondary Schooling (IX - X)	<input type="checkbox"/> Post-Doctoral or Equivalent
<input type="checkbox"/> Higher Secondary Schooling (XI - XII)	<input type="checkbox"/> Others

l Applicant's Economic Status (tick the appropriate) APL BPL **m** Applicant's Aadhaar Number

2. Applicant's Address Details

a Address Line 1 * **b** Address Line 2

c Address Line 3 **d** Country *

e State * **f** District

g Postal/ Zip Code *

3. Applicant's Contact Details

a Mobile Number * (10 digits only)

b E-Mail (mandatory in case of eCopy)

4. Service Specific Information

a Complainant Category * General Ex-Serviceman NRI Govt. Employee
 Differently Abled Defense Personal Senior Citizen

b To which District Magistrate (DM) do you want to lodge your grievance with? * Dhalai Khowai Sepahijala Unakoti
 Gomati North Tripura South Tripura West Tripura

c Have you lodged your grievance to this office on the same subject earlier? * Yes No

If Yes, Earlier lodged grievance details:

d Enter Specific Details about your Grievance *

e Relief/ Claim Sought

f Service Output Type * eCopy Hard Copy

5. Eligibility

a Do you have any valid identity with photo? * Yes No

b Do you want to upload any other supporting document? * Yes No

Note: Please upload filled and signed (scan) copy of this application form in Attach Annexure page!

Please provide details for the items you have selected "Yes" in above –

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				

6. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression