

Application Form for “Renewal of Small Saving Agent’s License (MPKBY)” Service

Note: Fields marked with * are mandatory.

To
The District Magistrate & Collector,

Sub: Prayer for **Renewal of Small Saving Agent’s License (MPKBY)**.

Sir / Madam,

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

Affix Your
Recent Passport
Size Photograph
here *

1. Previous License Details

a Original License No. *	b Previous Application ID *
c Original License Issue Date * (dd/mm/yyyy)	

Note: For the first-time renewal, Original License No. and Previous Application ID are same.

2. Applicant’s Personal Details

a Applicant's Salutation * (tick the appropriate)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Er. <input type="checkbox"/> CA <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.																				
b	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Applicant's First Name *</td> <td style="width: 33%; text-align: center;">Middle Name</td> <td style="width: 33%; text-align: center;">Last Name *</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Applicant's First Name *	Middle Name	Last Name *																	
Applicant's First Name *	Middle Name	Last Name *																			
c Guardian's Salutation * (tick the appropriate)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Er. <input type="checkbox"/> CA <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Late																				
d	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Guardian's First Name *</td> <td style="width: 33%; text-align: center;">Middle Name</td> <td style="width: 33%; text-align: center;">Last Name *</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Guardian's First Name *	Middle Name	Last Name *																	
Guardian's First Name *	Middle Name	Last Name *																			
e Relation with Guardian * (tick the appropriate)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"><input type="checkbox"/> Father</td> <td style="width: 16.6%;"><input type="checkbox"/> Spouse</td> <td style="width: 16.6%;"><input type="checkbox"/> Mother</td> <td style="width: 16.6%;"><input type="checkbox"/> Wife</td> <td style="width: 16.6%;"><input type="checkbox"/> Son</td> </tr> <tr> <td><input type="checkbox"/> Daughter</td> <td><input type="checkbox"/> Brother</td> <td><input type="checkbox"/> Sister</td> <td><input type="checkbox"/> Father-in-law</td> <td><input type="checkbox"/> Mother-in-law</td> </tr> <tr> <td><input type="checkbox"/> Son-in-law</td> <td><input type="checkbox"/> Daughter-in-law</td> <td><input type="checkbox"/> Nephew</td> <td><input type="checkbox"/> Niece</td> <td><input type="checkbox"/> Grandson</td> </tr> <tr> <td><input type="checkbox"/> Granddaughter</td> <td><input type="checkbox"/> Grandfather</td> <td><input type="checkbox"/> Grandmother</td> <td><input type="checkbox"/> Brother-in-law</td> <td><input type="checkbox"/> Sister-in-law</td> </tr> </table>	<input type="checkbox"/> Father	<input type="checkbox"/> Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Wife	<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"/> Son-in-law	<input type="checkbox"/> Daughter-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"/> Brother-in-law	<input type="checkbox"/> Sister-in-law
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<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother-in-law	<input type="checkbox"/> Sister-in-law																	
f Applicant's Date of Birth (dd/mm/yyyy)	g Applicant's Aadhaar Number																				

3. Applicant’s Address Details

a District *	<input type="checkbox"/> Dhalai	<input type="checkbox"/> Khowai	<input type="checkbox"/> Sepahijala	<input type="checkbox"/> Unakoti	
	<input type="checkbox"/> Gomati	<input type="checkbox"/> North Tripura	<input type="checkbox"/> South Tripura	<input type="checkbox"/> West Tripura	
b Sub-division *	c Name of Habitation/ Area/ House No. *				
d Location Type *	<input type="checkbox"/> Block	<input type="checkbox"/> Municipal Corporation	<input type="checkbox"/> Municipal Council	<input type="checkbox"/> Nagar Panchayat	<input type="checkbox"/> ADC
e Name of Block/ Municipal Corporation/ Municipal Council/ Nagar Panchayat *					
f Name of GP/ Ward/ VC *	g Police Station				
h Name of Post Office *	Pin Code *				

4. Applicant's Contact Details

a Mobile Number * (10 digits only)	<input type="text"/>	b E-Mail	<input type="text"/>
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5. Service Specific Information

a Working District *	<input type="checkbox"/> Dhalai <input type="checkbox"/> Gomati	<input type="checkbox"/> Khowai <input type="checkbox"/> North Tripura	<input type="checkbox"/> Sepahijala <input type="checkbox"/> South Tripura	<input type="checkbox"/> Unakoti <input type="checkbox"/> West Tripura
b Working Sub-division *	<input type="text"/>	c Working Area *	<input type="text"/>	
d Name and Full Address of Agent-Leader / Agent-Organisation*	<input type="text"/>			
h Attached Post Office *	<input type="text"/>	Pin Code *	<input type="text"/>	
e Applicant's specimen signature/ Thumb Impression *	<input type="text"/>			

6. Required Documents

a Do you have collection statement? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b Do you have police verification report? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c Do you want to upload any other supporting document? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Signed application form and previous license copy need to be uploaded.

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

	Document Name*	Reference No.	Date of Issue	Issued by
a				
b				
c				
d	Previous License Copy			

7. Consent for Sharing Contact Details

a Do you consent to share your email Id and mobile number with Rapid Assessment System developed by Government of India for taking your feedback on the service? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. 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