

To
The Sub – Divisional Magistrate,

Sub: Prayer for **Distance Certificate**

Sir,
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	

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"/> Hinduism	<input type="checkbox"/> Christianity	
<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 * APL BPL

m. Applicant's Aadhaar Number

2. Applicant's Address Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block / Municipal Corporation / Municipality / Nagar Panchayat / ADC

Name of Gram Panchayat / Ward / Village Council

Name of Habitation / Area Name / House No

Note: All fields with * mark are mandatory.

Name of Tehsil	Police Station	Post Office and Pin code *
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Applicant's Contact Details

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

a From District *	<input type="checkbox"/> Dhalai <input type="checkbox"/> Gomati	<input type="checkbox"/> Khowai <input type="checkbox"/> Sepahijala	<input type="checkbox"/> North Tripura <input type="checkbox"/> South Tripura	<input type="checkbox"/> West Tripura <input type="checkbox"/> Unakoti
b From Sub Division *	<input type="text"/>	c Distance From *	<input type="text"/>	
d To District *	<input type="checkbox"/> Dhalai <input type="checkbox"/> Gomati	<input type="checkbox"/> Khowai <input type="checkbox"/> Sepahijala	<input type="checkbox"/> North Tripura <input type="checkbox"/> South Tripura	<input type="checkbox"/> West Tripura <input type="checkbox"/> Unakoti
e To Sub Division *	<input type="text"/>	f Distance To *	<input type="text"/>	
g Distance In Between (KM) *	<input type="text"/>	h Service Output Type *	<input type="checkbox"/> Hard Copy <input type="checkbox"/> e Copy	

5. Eligibility

a	Do you have Permanent Resident of Tripura (PRTC)? *	Yes	No
b	Do you have CRC Certificate? *	Yes	No
c	Do you have Citizenship certificate? *	Yes	No
d	Do you have Family Ration card? *	Yes	No
e	Do you have a fee card of the Educational Institute? *	Yes	No
f	Do you want to upload any Other Supporting Document?	Yes	No

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

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				
f				

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