

To
The Sub – Divisional Magistrate

Sub: Prayer for **Other Backward Caste Certificate – Central Govt.**

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 *
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 *
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 * (tick the appropriate) 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"/>
---	----------------------	-----------------	----------------------

4. Service Specific Information

a OBC Community *	<input type="text"/>			
b Average Monthly Family Income (in Rs.) *	<input type="text"/>	c Service Output Type	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy

5. Eligibility

a	Do you have Family Ration Card? *	Yes	No
b	Do you have Permanent Resident of Tripura (PRTC) / CRC Certificate? *	Yes	No
c	Do you have any Age Proof? *	Yes	No
d	Do you have Average Monthly Family Income Certificate from DCM/SDM? *	Yes	No
e	Do you have State OBC certificate? *	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