

To  
The Sub – Divisional Magistrate .....

Sub: Prayer for **Schedule Tribe 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)  Wife  Daughter  Brother-in-Law  Granddaughter  Spouse  Brother  Sister-in-Law  Grandfather  Father  Sister  Nephew  Grandmother  Mother  Father-in-Law  Niece  Daughter-in-Law  Son  Mother-in-Law  Grandson

**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)  Widow / Widower  Married  Single  Divorced **i** Applicant's Caste \* (tick the appropriate)  ST  SC  OBC  Other **j** Applicant's Religion \*(tick the appropriate)  Hinduism  Sikhism  Buddhism  Jainism  Christianity  Islam  Other

**k** Applicant's Qualification \* (tick the appropriate)  Illiterate  Literate (without educational level).  Primary Schooling (I - V)  Secondary Schooling (VI - VIII)  Senior Secondary Schooling (IX - X)  Higher Secondary Schooling (XI - XII)  Diploma or Equivalent  Graduation or Equivalent  Post-Graduation or Equivalent  Doctoral or Equivalent  Post-Doctoral or Equivalent  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"/>	<input type="text"/>

### 3. Applicant's Contact Details

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

<b>a</b> ST Community *	<input type="text"/>	<b>b</b> Service Output Type *	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy
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### 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 your Father's / Brother's / Sister's / Uncle's (who is in blood relation) Caste Certificate? *	Yes	No
e	Do you have Register of Ordinary Residents (ROR) 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