

Application Form for “**Dependent Certificate**” Service

Note: Fields marked with * are mandatory.

To
The Sub-Divisional Magistrate,

Sub: Prayer for **Dependent Certificate**.

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 Full Name *

b Guardian's Full Name *

c 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

d Applicant's Date of Birth * (dd/mm/yyyy)

2. Applicant’s Contact Details

a Mobile Number * (10 digits only) **b** E-Mail

3. Details of Dependent(s)

Sl No.	Name of the Dependent *	Relationship with the person on whom he/she dependent *	Date of Birth * (dd/mm/yyyy)	Gender *
1				
2				
3				
4				

4. Details of Dependent on Whom

a Name *

b Father's Name *

c Date of Birth * (dd/mm/yyyy) **d** Gender * (tick the appropriate) Male Female Transgender

e Aadhaar Number

5. Address of Dependent on Whom

a District * Dhalai Khowai Sepahijala Unakoti
 Gomati North Tripura South Tripura West Tripura

b Sub-division *

c Location Type * Block Municipal Corporation Municipal Council Nagar Panchayat ADC

d Name of Block/ Municipal Corporation/ Municipal Council/ Nagar Panchayat *

e Name of GP/ Ward/ VC *

f Name of Habitation/ Area/ House No. *

g Police Station * **h** Post Office * Pin Code *

6. Eligibility

a Do you have Photo identity Card of “Whom Dependent” (Voter ID/ Aadhaar Card)? * Yes No

b Do you have Photo identity Card of Dependent(s) (Voter ID/ Aadhaar Card)? * Yes No

c Do you have PRTC of Applicant? * Yes No

d Do you have Ration Card of dependent on whom? * 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” –

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

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? * Yes No

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