

Application Form for “Standardized Agency System (SAS) Agent’s License” Service

Note: Fields marked with \* are mandatory.

To  
The Sub-Divisional Magistrate, .....

Affix Your Recent  
Passport Size  
Photograph here \*

Sub: Prayer for Standardized Agency System (SAS) Agent’s License.

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** Father's Full Name \*

**c** Date of Birth \*  **d** Gender \* (tick the appropriate)  Male  Female  Transgender

**e** Present Occupation \*  **f** Aadhaar Number

**g** Marital Status \* (tick the appropriate)  Single  Married  Divorcee

**2. Applicant’s Address Details**

**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 \*

**3. Applicant’s Contact Details**

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

#### 4. Service Specific Information

##### i) Business / Office Address

a	District * (tick the appropriate)	<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	Sub-division *	<input type="text"/>			c	Police Station *	<input type="text"/>
d	Habitation/ Area name*	<input type="text"/>					

##### ii) Attached Post Office Details

a	Name of Post Office 1 (for certificates issued through Post Offices) *	<input type="text"/>	Pin Code *	<input type="text"/>	
b	Name of Post Office 2 (for certificates issued through Post Offices)	<input type="text"/>	Pin Code	<input type="text"/>	
c	Name of Post Office 1 (for certificates issued through other agencies)	<input type="text"/>	Pin Code	<input type="text"/>	
d	Name of Post Office 2 (for certificates issued through other agencies)	<input type="text"/>	Pin Code	<input type="text"/>	
e	Sureties * (tick the appropriate)	<input type="checkbox"/> Two acceptable sureties each guaranteeing Cash or Govt. Securities	<input type="checkbox"/> One surety of a Bank Fidelity Guarantee Policy		
f	Amount of Sureties (Rs.) *	<input type="text"/>	g	If Previously Worked as Authorized Agent, mention where	<input type="text"/>
h	Applicant's specimen signature*	<input type="text"/>			

#### 5. Other Details

##### i) Relatives Information (if applicable)

Name of Relative	Relationship with the Applicant	Name & Address of Office where Employed

##### ii) Two\*\* Responsible Persons Information

Name *	Address*

**\*\*A Gazetted Officer/Member of Parliament/ Metropolitan/ Municipal Council/ Headmaster of a recognised school/ Registered Medical Practitioner/ Practising Advocate/ Chartered Accountant/ Bank Manager/ Village Pradhan/ Sarpanch/ Chairman, Block, Panchayat Samities.**

### 6. Eligibility

<b>a</b>	Do you have Photo Identity Proof? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>b</b>	Do you have Permanent Resident of Tripura Certificate or Citizenship Certificate? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>c</b>	Do you have Ration Card? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>d</b>	Do you have Employment Registration Card? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>e</b>	Do you have Family Income Certificate? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>f</b>	Do you have Character Certificate? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>g</b>	Do you have Educational Qualification Proof(s)? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>h</b>	Do you have Declaration in respect of non-engagement with any other NBFCs/ UIBs/ MFIs? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>i</b>	Do you have Police Verification Certificate? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>j</b>	Do you have Age Proof (Birth Certificate, PRTC or Citizenship Certificate, AADHAAR Card, 10th Admit Card)? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>k</b>	Do you want to upload any other supporting document? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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				
g				
h				
i				
j				
k				

### 7. Consent for Sharing Contact Details

<b>a</b>	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
----------	------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	-----	--------------------------	----

### 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