

GOVERNMENT OF ARUNCHAL PRADESH
OFFICE OF DEPUTY COMMISSIONER

APPLICATION FORM FOR DOMICILE CERTIFICATE

(To be filled up by the Applicant)

1. Full Name of the person for whom required the certificate is required

2. ☐ Father's/ ☐ Husband' s Name

3. Name of the Applicant

4. Permanent address

Village

Post Office

Police Station

District

State

5. Present Address C/o

Village

Post Office

Police Station

District

6. Name of Guardian

7. Relation with Guardian

8. ☐ Occupation/☐ Designation of Guardian

9. Specific purpose for which the certificate is required

10. Affidavit in case non- Govt. employees ☐ Yes ☐ No
applicant endorsed or not

11. Residing at present address since
how long

years

12. Contact No.

Signature of Applicant

Verification certified by concerned H. O. D / Bazaar Secretary/ Admin. Officer

Certified that the above particulars furnished by the applicant is correct to the best of my knowledge and belief as per service record/ /

** For govt. employees - H.O.D

For businessmen - Bazaar Secretary

For others - Admin. Officer of concerned area

Signature

Head of Office/

Bazaar Secretary/ Admin. Officer

Certified Permanent address given as serial no.4 is duly affidavited by the applicant

Signature

Administrative Officer of the Area
(With seal)

Enclosures:

1. Affidavit in standard format (in case of Non-Govt. employees)
2. Passport size photo - 02 nos.