

FORMAT

FORM OF APPLICATION FOR OBTAINING SCHEDULE TRIBE CERTIFICATE FROM THE DEPUTY COMMISSIONERS

| | |
|--|-------|
| 1. Name in full (in block letter) | _____ |
| 2. Date of Birth | _____ |
| 3. Name of Tribe | _____ |
| 4. Father's details : | |
| Name | _____ |
| Village | _____ |
| Circle | _____ |
| Sub - Division | _____ |
| District | _____ |
| 5. Mother's details : | |
| Name | _____ |
| Whether Mother is APST or Non APST | _____ |
| If APST, Name of tribe | _____ |
| 6. Permanent address of the applicant : | |
| Village | _____ |
| Circle | _____ |
| Sub - Division | _____ |
| District | _____ |
| 7. Present Address : | |
| Post Office | _____ |
| Police Station | _____ |
| Sub - Division | _____ |
| District | _____ |
| 8. Religion | _____ |
| 9. Nationality | _____ |
| 10. Occupation if any | _____ |
| 11. Purpose for which certificate is asked for | _____ |

| | |
|--|-------|
| 12. Whether such certificate was obtained earlier, if yes give details | _____ |
| _____ | |

DECLARATION

SIGNATURE OF THE APPLICANT

I solemnly affirm that the particulars given in the above application are correct to the best of my knowledge, belief and information. I bind myself to legal action if the particulars found incorrect.

Place & Date _____

SIGNATURE OF THE APPLICANT

In case the applicant is minor, application is to be signed by Parents or Guardian (if parents are not alive).

**RECOMMENDATION OF VILLAGE COUNCIL PANCHAYAT FOR
SCHEDULED TRIBE CERTIFICATE**

Shri / Smti / Miss _____
son / daughter / wife of _____ is known to me since last _____ years
and he / she is permanent resident of _____ Village under
_____ Circle _____ District, Arunachal Pradesh.

(SIGNATURE OF HGB / GPM / ASM / ZPM / VP)

Village _____

VERIFICATION

Certified that both the parents of Shri / Smti / Miss _____
is a bonafide APST Tribe _____ and thereby said
applicant a bonafied _____ Schedule Tribe of Village _____
Circle _____ District _____

I have verified the above particulars and found correct.

SIGNATURE

RECOMMENDATION OF THE ADMINISTRATIVE OFFICER

Certified that the above particulars furnished by the applicant is correct to the best of my knowledge and belief

Recommendation of the concerned
Administrative officer of the Area