

GOVERNMENT OF MEGHALAYA
OFFICE OF THE DEPUTY COMMISSIONER : WEST JAINTIA HILLS DISTRICT
APPLICATION FORM FOR SCHEDULED CASTE/SCHEDULED TRIBE CERTIFICATE
(Please use **CAPITAL** letters to fill in the application form)

***Fresh** **Updation / Duplicate** (*Please mention earlier issue No.*) _____

Applicant's Name in full*: Shri/Smti/Kumari

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(First Name)

(Middle Name)

(Last Name)

Alias (if any): _____

Gender*: Male Female

Previous Name (if changed): _____

Maiden Name/Birth Name (if any): _____

Date of Birth: (dd-mm-yyyy)

Caste/Tribe*: ST SC Please specify*: _____

Nationality*: _____ EPIC No.: _____

Religion : _____

Permanent Address:

Locality*: _____ Village/Town*: _____

District*: _____ State*: _____

Present Address:

Locality*: _____ Village/Town*: _____

District*: _____ State*: _____

Father's Name in full Shri/Lt.*: _____

Mother's Name in full Smt./Lt.*: _____

Father's Nationality*: _____ Mother's Nationality*: _____

Father's/Mother's EPIC No.: _____

Is Father SC/ST *? Yes No If Yes, Indicate Caste/Tribe: _____

Father's Religion: _____

Is Mother SC/ST *? Yes No If Yes, Indicate Caste/Tribe: _____

Mother's Religion: _____

Have you migrated to this state from other state? If so, name the State and District from where migrated:

State: _____ District: _____

If adopted please give details of Adoptive

Parents: Father: _____

Mother: _____

Village/Town: _____ District: _____ State: _____

Caste: _____ Religion: _____

Mobile No: _____ Email Address: _____

DECLARATION:

I do hereby declare that the statements made above are true to the best of my knowledge and belief. I have not applied for such certificate before. If these statements are found to be misrepresented or suppressed or the statement found falsely stated, I shall be liable to be prosecuted and legal action can be taken against me.

Date:
Place:

Signature of Applicant

1. All columns marked with * are mandatory fields and must be filled in.
2. Please see the checklist for the documents to be enclosed
3. In case applicant is Minor, Father's/Mother's EPIC should be submitted.
4. **The Certifying Officer should give due importance while certifying in the application form and they shall be liable to any action deemed fit by the Government in case of false recommendation.**

RECOMMENDATION BY GAZETTED OFFICER

Certified that Shri/Smt. _____ residing in
_____ is personally known to me and the
particulars as filled in the application form are true and found correct to the best of my knowledge.

Signature & Seal

Name of the Certifying Officer: _____

Date:

Place:

Note: The Certifying Officer should give due importance while certifying in the application form and they shall be liable to any action deemed fit by the Government in case of false recommendation.

For Office Use:

Verification checks before accepting the application:

1. All mandatory fields are filled in properly
2. Signature of applicant & date of submission is mentioned
3. Following necessary documents are to be submitted along with the application

- | | |
|--|--------------------------|
| (a) Two Passport Size Photographs | <input type="checkbox"/> |
| (b) Birth Certificate/SSLC Admit Card | <input type="checkbox"/> |
| (c) Any one of Residential Proof (Ration Card/patta/EPIC/Electricity Bill/ Telephone Bills/Headman Certificate) | <input type="checkbox"/> |
| (d) Parent's SC/ST Certificate, in case of minor | <input type="checkbox"/> |
| (e) If adopted, Adoption Documents (Court Order/ Registered Adoption Deed) | <input type="checkbox"/> |

Verified & Accepted by:

Signature of Receiving Assistant & Date