GOVERNMENT OF MEGHALAYA

OFFICE OF THE DEPUTY COMMISSIONER: **DISTRICT** APPLICTION FORM FOR SCHEDULED CASTE/SCHEDULED TRIBE CERTIFICATE

(Please use CAPITAL letters to fill in the application form)

*Fresh				
Applicant's Name in full*: Shri/Smti/Kumari (First Name) (Mide	dle Name) (Last Name)			
Alias (if any):				
Maidan Nama / Rinth Nama (if any)				
Date of Birth: (de	d-mm-yyyy)			
Caste/Tribe*: ST SC 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 No Father's Religion:	If Yes, Indicate Caste/Tribe:			
Is Mother SC/ST *? Yes No No Mother's Religion:	If Yes, Indicate Caste/Tribe:			
	e? If so, name the State and District from where migrated:			
State:	District:			
If adopted please give details of Adoptive				
Parents: Father:				
	District: State:			
Caste:	Religion:			
Mobile No:	Email Address:			
not applied for such certificate before. If these	pove are true to the best of my knowledge and belief. I have e statements are found to be misrepresented or suppressed liable to be prosecuted and legal action can be taken against			
Date: Place:	Signature of Applicant			

- 1. All columns marked with * are mandatory fields and must be filled in.
- Please see the checklist for the documents to be enclosed
- In case applicant is Minor, Father's/Mother's EPIC should be submitted.

 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.			1	esidin	g in
is p	personally	known	to me	and	the
particulars as filled in the application form are true and found correct t	to the best	of my kn	owledge.		
	Sign	ature & S	eal		
Name of the Certifying Officer:					
Date:					
Place:					
Note: The Certifying Officer should give due importance while certi-				and	they
shall be liable to any action deemed fit by the Government in case of fa	dse recomn	nendatior	1.		
For Office Use:					
Verification checks before accepting the application:					
 All mandatory fields are filled in properly Signature of applicant & date of submission is mentioned Following necessary documents are to be submitted along win 	ith the appl	ication			
	- Transfer				
(a) Two Passport Size Photographs					
(b) Birth Certificate/SSLC Admit Card					
(c) Any one of Residential Proof (Ration Card/patta/EPIC/E	Electricity	Bill/ Tele	ephone		
Bills/Headman Certificate) (d) Parent's SC/ST Certificate, in case of minor					
(e) If adopted, Adoption Documents (Court Order/ Registered A	Adoption I	Deed)			
Verified & Accepted by:					
Signature of Receiving Assistant & Date					