## **FORMAT**

## $\frac{FORM\ OF\ APPLICATION\ FOR\ OBTAINING\ SCHEDULE\ TRIBE\ CERTIFICATE}{FROM\ THE\ DEPUTY\ COMMISSIONERS}$

| 1. Name in full (In block lette                    | er)   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 2. Date of Birth                                   |   |  |  |  |  |  |  |
| 3. Name of Tribe                                   |   |  |  |  |  |  |  |
| 4. Father's detail: Name                           |   |  |  |  |  |  |  |
| Village  |   |  |  |  |  |  |  |
| Circle   |   |  |  |  |  |  |  |
| Sub-Division                                       |   |  |  |  |  |  |  |
| District   |   |  |  |  |  |  |  |
| 5. Mother's details:<br>Name                       |   |  |  |  |  |  |  |
| Whether Mother is Al                               | PST or Non APST   |  |  |  |  |  |  |
| If APST, Name of trib                              | e   |  |  |  |  |  |  |
| 6. Permanent address of the a<br>Village<br>Circle | pplicant:   |  |  |  |  |  |  |
| 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 certific                     | eate is asked for   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| 12. Whether such certificate                       | was obtained earlier, if yes give details   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  | SIGNATURE OF THE APPLICANT  |  |  |  |  |  |  |
|  | <u>DECLARATION</u>  |  |  |  |  |  |  |
|  | t the particulars given in the above application are correct to<br>belief and information. I bind myself to legal action in the |  |  |  |  |  |  |
| Place & Date                                       |   |  |  |  |  |  |  |

## IN CASE, IF MINOR-GUARDIAN

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

## **VERIFICATION**

| Certifi       | ied that both th        | e parents of         | Shri /                                  | Smti / N                                | Miss         |              |             |          |
|---------------|-------------------------|----------------------|---|---|--------------|--------------|-------------|----------|
| is a bonafide | e APST Tribe            |                      |   |   |              | and          | there       | eby said |
| applicants    | a bonafide.             | (Mention             | the                                     | tribe)                                  | Schedule     | Tribe        | of          | Village  |
|               | Circle                  | e                    |   | Dis                                     | strict       |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
| I have        | verified the ab         | ove particul         | ars and                                 | found co                                | orrect.      |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
|               |                         |                      |   |   |              |              | SIGN        | IATURE   |
|               |                         |                      |   |   |              |              |             |          |
| RECO          | <u>)MMENDATI</u><br>SCI | ON OF VII<br>HEDULED |   |   |              | CHAYAT       | <u>Γ FO</u> | <u>R</u> |
|               | SCI                     | IEDULED              | IKID                                    | <u>e cent</u>                           | IFICATE      |              |             |          |
| Chri /        | Smti / Miss             |                      |   |   |              |              | 0.4         | on /     |
|               |                         |                      |   |   |              |              |             |          |
| •             | fe                      |                      |   |   |              |              |             | •        |
| and he/she is | permanent resid         | dent of              | • |   |              | Vil          | lage u      | ınder    |
|               |                         | Circle,              | ,                                       | • | Dis          | strict, aru  | nacha       | ıl       |
| Pradesh.      |                         |                      |   |   |              |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
|               |                         | (S                   | IGNA                                    | ΓURE O                                  | F HGB / GP   | M / ASM      | 1 / ZP      | M/VP)    |
|               |                         |                      |   | Villa                                   | ge           |              | •           |          |
|               |                         |                      |   |   |              |              |             |          |
| <u>RE</u>     | COMMENDA                | ATION OF             | THE A                                   | <u>ADMINI</u>                           | STRATIVE     | <u>OFFIC</u> | <u>ER</u>   |          |
|               |                         |                      |   |   |              |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
|               |                         |                      |   |   |              |              |             |          |
|               | ied that the abo        | ve particulai        | rs furni                                | shed by                                 | the applican | t is correc  | ct to t     | he best  |
| of my knowle  | edge and belief.        |                      |   |   |              |              |             |          |

Recommendation of the concerned Administrative officer of the Area.