

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

1. Name in full (in block letter)	<input type="text"/>
2. Date of Birth	<input type="text"/>
3. Name of Tribe	<input type="text"/>
4. Father's details :	
Name	<input type="text"/>
Village	<input type="text"/>
Circle	<input type="text"/>
Sub-Division	<input type="text"/>
District	<input type="text"/>
5. Mother's details :	
Name	<input type="text"/>
Whether Mother is <input type="radio"/> APST or <input type="radio"/> Non APST	
If APST, Name of tribe	<input type="text"/>
6. Permanent address of the applicant	
Village	<input type="text"/>
Circle	<input type="text"/>
Sub-Division	<input type="text"/>
District	<input type="text"/>
7. Present Address :	
Post office	<input type="text"/>
Police station	<input type="text"/>
Sub-Division	<input type="text"/>
District	<input type="text"/>
8. Religion	<input type="text"/>
9. Nationality	<input type="text"/>
10. Occupation if any	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
11. Purpose for which certificate is asked for	<input type="text"/>

12. Whether such certificate was obtained earlier, Yes No
if yes give details

SIGNATURE OF THE APPLICANT

DECLARATION

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 in the particulars found incorrect.

Place & Date

SIGNATURE OF THE APPLICANT

IN CASE, IF MINOR-GUARDIAN

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

VERIFICATION

Certified that both the parents of Shri / Smti / Miss

is a bonafide APST Tribe and thereby said applicants a

bonafide Schedule Tribe of village

Circle District

I have verified the above particulars and found correct.

SIGNATURE

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

Shri/ Smt/ Miss son/ daughter/ wife

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

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