



**GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DEPUTY COMMISSIONER
ANJAW DISTRICT :: HAWAI
JAN SUVIDHA :: HAWAI**

Attach
Two
Passport
Size
Photos

Sl. No.

APPLICATION FORM FOR SCHEDULE TRIBE CERTIFICATE

(Application form to be filled by applicant)

[() New () Duplicate]

- 1) Name of the applicant whom STC is required (Full Name)
Shri/Smt./Mr./Miss
- 2) Father's /Husband's Name
Lt./Shri
- 3) Father's Tribe _____
- 4) Mother's Name _____
- 5) Mother's Tribe _____
- 6) Applicant's Name (In case Sl No. 1 is a Minor then guardian should apply)

Shri./Miss/Mrs

- 7) Relationship with Applicant : Father Mother Self Other

8) Permanent Address

Village/Colony	<table border="1" style="width: 100%; height: 15px;"></table>
Post Office	<table border="1" style="width: 100%; height: 15px;"></table>
Circle Office	<table border="1" style="width: 100%; height: 15px;"></table>
Police Station	<table border="1" style="width: 100%; height: 15px;"></table>
District	<table border="1" style="width: 100%; height: 15px;"></table>
State	<table border="1" style="width: 100%; height: 15px;"></table>

9) Present Address

Village/Colony	<table border="1" style="width: 100%; height: 15px;"></table>
Post Office	<table border="1" style="width: 100%; height: 15px;"></table>
Circle Office	<table border="1" style="width: 100%; height: 15px;"></table>
Police Station	<table border="1" style="width: 100%; height: 15px;"></table>
District	<table border="1" style="width: 100%; height: 15px;"></table>
State	<table border="1" style="width: 100%; height: 15px;"></table>

- 10) Tribe (of person for which certificate is required) _____
- 11) Date of Birth _____
- 12) Contact No. _____
- 13) Land allotment Passbook No. _____
(Wherever applicable)

For Replacement and Duplicate Cases:

- 14) Original Certificate No. _____ Dated _____

Note:- I do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.
In case the applicant is minor to be signed by Parent/Guardian

Signature of Applicant
Name :

Note:- Recommendation of verifying authority (For rural area GB/HGB/ASM should recommend).

Signature:-
Name:
GB/HGB/ASM Concern with Seal
Village:

Verification

Certified that the parents of Shri./Smti./Miss _____ are bonafied
APST Tribe _____ of Village _____
Circle _____ District _____.

Signature of Administrative Officer _____

Enclosure:

1. Father's ST Certificate or Birth Certificate of Person required the Certificate.
2. Attested Xerox Copy of Land Allotment Pass Book (In case of Urban area)
3. Aadhaar Card.
4. Passport size Photo - 02 Nos.