

# Application Form for “Character and Antecedents Verification for Individual”

Note: All fields with \* mark are mandatory.

To  
**The District Magistrate & Collector,** .....

Affix candidate’s  
 recent passport  
 size colour  
 photograph here \*

**Subject: - Prayer for Character and Antecedents Verification for Individual.**

Sir / Madam,  
 I would like to avail the aforesaid service from your office. Required details are furnished hereunder.

### 1. Candidate’s Personal Details

**a** Candidate's Salutation \* (tick the appropriate)  Mr.  Mrs.  Ms.  Er.  CA  Dr.  Prof.

|                                   |             |             |
|-----------------------------------|-------------|-------------|
| <b>b</b> Candidate's First Name * | Middle Name | Last Name * |
|                                   |             |             |

**c** Candidate's Guardian's Salutation \* (tick the appropriate)  Mr.  Mrs.  Ms.  Er.  CA  Dr.  Prof.  Late

|  |                        |                        |
|--|------------------------|------------------------|
| <b>d</b> Candidate's Guardian's First Name * | Guardian's Middle Name | Guardian's Last Name * |
|  |                        |                        |

**e** Relation with Guardian \* (tick the appropriate)

|   |  |                                      |  |  |
|---|--|--------------------------------------|--|--|
| <input type="checkbox"/> Wife           | <input type="checkbox"/> Spouse        | <input type="checkbox"/> Father      | <input type="checkbox"/> Mother          | <input type="checkbox"/> Son           |
| <input type="checkbox"/> Daughter       | <input type="checkbox"/> Brother       | <input type="checkbox"/> Sister      | <input type="checkbox"/> Father-in-law   | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Brother-in-law | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Nephew      | <input type="checkbox"/> Niece           | <input type="checkbox"/> Grandson      |
| <input type="checkbox"/> Granddaughter  | <input type="checkbox"/> Grandfather   | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Son-in-law    |

**f** Candidate's Date of Birth (dd/mm/yyyy) \*  **g** Candidate's Gender \* (tick the appropriate)  Male  Female  Transgender

**h** Candidate’s Nationality \*  **i** Aadhaar Number

### 2. Candidate’s Address Details

|  |  |
|--|--|
| <b>a</b> Address Line 1 * <input style="width: 150px;" type="text"/> | <b>b</b> Address Line 2 <input style="width: 150px;" type="text"/> |
|--|--|

|  |   |
|--|---|
| <b>c</b> Address Line 3 <input style="width: 150px;" type="text"/> | <b>d</b> Country * <input style="width: 150px;" type="text"/> |
|--|---|

|   |  |
|---|--|
| <b>e</b> State * <input style="width: 150px;" type="text"/> | <b>f</b> District * <input style="width: 150px;" type="text"/> |
|---|--|

|  |   |   |
|--|---|---|
| <b>g</b> Police Station * <input style="width: 100px;" type="text"/> | <b>h</b> Post Office * <input style="width: 100px;" type="text"/> | Pin Code * <input style="width: 100px;" type="text"/> |
|--|---|---|

|  |  |
|--|--|
| <b>i</b> Candidate’s E-Mail <input style="width: 150px;" type="text"/> | <b>j</b> Mobile No. <input style="width: 150px;" type="text"/> |
|--|--|

### 3. Indentor Details

|  |  |
|--|--|
| <b>a</b> Indenting Department * <input style="width: 150px;" type="text"/> | <b>b</b> Indenting Office * <input style="width: 150px;" type="text"/> |
|--|--|

**c** Indentor Salutation \* (tick the appropriate)  Mr.  Mrs.  Ms.  Er.  CA  Dr.  Prof.

**d** Indentor Name (Applicant) \*

|          |                            |                      |          |                       |                      |
|----------|----------------------------|----------------------|----------|-----------------------|----------------------|
| <b>e</b> | Designation of Indentor*   | <input type="text"/> | <b>f</b> | Indentor Mobile No. * | <input type="text"/> |
| <b>g</b> | Subject *                  | <input type="text"/> |          |                       |                      |
| <b>h</b> | Reference Date *           | <input type="text"/> | <b>i</b> | Reference No. *       | <input type="text"/> |
| <b>j</b> | Other Relevant Information | <input type="text"/> |          |                       |                      |

#### 4. Indentor Address

|          |                  |                      |            |                      |                      |
|----------|------------------|----------------------|------------|----------------------|----------------------|
| <b>a</b> | Address Line 1 * | <input type="text"/> | <b>b</b>   | Address Line 2       | <input type="text"/> |
| <b>c</b> | Address Line 3   | <input type="text"/> | <b>d</b>   | Country *            | <input type="text"/> |
| <b>e</b> | State *          | <input type="text"/> | <b>f</b>   | District *           | <input type="text"/> |
| <b>g</b> | Post Office *    | <input type="text"/> | Pin Code * | <input type="text"/> |                      |

#### 5. Processing Location

|          |                       |                                 |                                    |                         |                      |
|----------|-----------------------|---------------------------------|------------------------------------|-------------------------|----------------------|
| <b>a</b> | District *            | <input type="text"/>            | <b>b</b>                           | Indenting Office E-Mail | <input type="text"/> |
| <b>c</b> | Service Output Type * | <input type="checkbox"/> e-Copy | <input type="checkbox"/> Hard Copy |                         |                      |

#### 6. Eligibility

|          |   |                              |                             |
|----------|---|------------------------------|-----------------------------|
| <b>a</b> | Do you want to upload Candidate's Identity Proof? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> | Do you want to upload other supporting documents? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: Please upload filled and signed copy (scanned) of this application form in Attach Annexure page!

Please provide details for the items you have selected "Yes" in above –

|          | Document Name        | Reference No.        | Date of Issue        | Issued by            |
|----------|----------------------|----------------------|----------------------|----------------------|
| <b>a</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>b</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### 7. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb  
Impression of the Applicant