

Application Form for “Small Savings Agent’s License (MPKBY)”

Note: All fields with * mark are mandatory.

To
The District Magistrate & Collector,

Affix your recent
 passport size
 colour photograph
 here *

Subject: - Prayer for Small Savings Agent’s License (MPKBY)

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

1. Applicant’s Personal Details

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

b Applicant's First Name *	Middle Name	Last Name *

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

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

h Marital Status * Single Married Divorced Widow / Widower

I Caste * ST SC OBC Other

j Religion * Hinduism Christianity Islamic Buddhism
 Jainism Sikhism Other

k Applicant's Qualification * (tick the appropriate)

<input type="checkbox"/> Illiterate	<input type="checkbox"/> Diploma or Equivalent
<input type="checkbox"/> Literate (without educational level)	<input type="checkbox"/> Graduation or Equivalent
<input type="checkbox"/> Primary Schooling (I - V)	<input type="checkbox"/> Post-Graduation or Equivalent
<input type="checkbox"/> Secondary Schooling (VI - VIII)	<input type="checkbox"/> Doctoral or Equivalent
<input type="checkbox"/> Senior Secondary Schooling (IX - X)	<input type="checkbox"/> Post-Doctoral or Equivalent
<input type="checkbox"/> Higher Secondary Schooling (XI - XII)	<input type="checkbox"/> Others

l Applicant's Economic Status * (tick the appropriate) APL BPL **m** Aadhaar Number

2. Applicant’s Address Details

a District * **b** Sub-division *

c Location Type * Block Municipal Corporation Municipal Council Nagar Panchayat ADC

d Name of Block/ Municipal Corporation/ Municipal Council/ Nagar Panchayat *

e	Name of GP/ Ward/ VC *	
f	Name of Habitation/ Area/ House No. *	
g	Police Station *	
h	Post Office *	
	Pin Code *	

3. Applicant's Contact Details

a	Mobile Number * (10 digits only)		b	E-Mail (mandatory in case of eCopy)	
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4. Service Specific Information

a	Working District *	<input type="checkbox"/> Dhalai <input type="checkbox"/> Gomati	<input type="checkbox"/> Khowai <input type="checkbox"/> North Tripura	<input type="checkbox"/> Sepahijala <input type="checkbox"/> South Tripura	<input type="checkbox"/> Unakoti <input type="checkbox"/> West Tripura
b	Working Sub-Division *		c	Working Area Name *	

d	Name and Full Address of Agent-Leader / Agent-Organisation *	
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e	Attached Post-Office *		f	Applicant's Signature/Thumb Impression *	
	Pin Code *				

g Service Output Type * eCopy Hard Copy

5. Relatives and Responsible Persons Information

a Particulars of Near Relatives who are Employed under the Central or State/ Union Territory Government: -

	Name of Relative	Relationship with the Applicant	Name & Address of the Office where Employed
1			
2			
3			
4			
5			

(Add supplements if required) Whether Supplements Attached? Yes No

b Name and Address of Two Responsible Persons Known to You *
(A Gazetted Officer/Member of Parliament/ Metropolitan/ Municipal Council/ Headmaster of a recognised school/ Registered Medical Practitioner/ Practicing Advocate/ Chartered Accountant/ Bank Manager/ Village Pradhan/ Sarpanch/ Chairman, Block Panchayat Samities)

	Name	Address
1		
2		

6. Eligibility

a	Do you have Permanent Resident of Tripura Certificate(PRTC) or Citizenship Certificate(CRC)? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b	Do you have Income Certificate? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c	Do you have Character Certificate? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d	Do you have your Educational Qualification Proof(s)? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e	Do you have any Photo Identity Proof? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
f	Do you have a Certificate from Gazetted officer that there is no Govt. Employee in your Family? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
g	Do you have a Self-Declaration that you are not Related to any Financial Institution/ NBFC? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
h	Are you Unemployed/ Do you have your Employment Exchange Card? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
i	Do you have Family Ration Card? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
j	Do you have Conduct Certificates from two Gazetted officers? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
k	Do you have NOC from respective Government Departments where your near relatives work? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
l	Do you want to upload any other Supporting Document? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Note: Please upload filled and signed (scan) copy 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
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				

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