GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DEPUTY COMMISSIONER
WEST KAMENG DISTRICT; BOMDILA

APPLICATION FORM FOR SCHEDULE TRIBE CERTIFICATE

(☐ New ☐ Duplicate) Tick as Applicable

1. Name of applicant for whom certificate is required (**Full Name) :** SHRI/SMTI/MISS

2. Father's Name (**Full Name) : S**hri/Late

3. Permanent Address

Village/Town	
Post Office	
Police Station	
Circle	
District	
State	

4. Present Address

Village/Town	
Post Office	
Police Station	
Circle	
District	
State	

5. Relationship with the person who is applying in favour of Sl. No.1 entries (in case of minor). _____
6. Tribe _____
7. Panchayat E/Roll No. Seg. No. _____ Sl. No. _____
8. If correction specify clearly _____
9. **FOR CHANGE/ DUPLICATE / CORRECTION CASES ONLY**
   a) Original S.T.C No. & Date _____
10. Email ID _____
11. Phone No _____

DECLARATION

I do hereby declare that: -

i). Whatever I have stated in the application is true to the best of my knowledge and belief.
ii). My Father Shri /Late ……..belongs to …… (Tribe), Mother Smti / Late …….. belongs to ……..(Tribe).
iii). I shall be liable for punishment as per law in force in the event of finding any of my statement a false in course of time.

(**Applicant Name & Signature with Date**)

Enclosures: -

1. Attested copy of Father's S.T. Certificate/Attested copy of Applicant Birth Certificate for new STC.
2. Original STC/ Attested copy of Applicant Birth Certificate/Document Evidence of Applicant for any Correction or Change of Photo in STC.
3. Lost report from Police Authority in case of duplicate STC and documentary evidence in case of correction of Name.