



**OFFICE OF THE DEPUTY COMMISSIONER  
CHANGLANG  
JAN SUVIDHA**

Passport  
Photo

**SCHEDULE TRIBE CERTIFICATE**

(  New  Duplicate)

1. Name of Applicant (Full Name) Sri / Smti / Ms / Dr.  

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2. Full Name of Father  

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3. Permanent Address  

Village	<table border="1" style="width: 100%; height: 20px;"></table>
Post Office	<table border="1" style="width: 100%; height: 20px;"></table>
Police Station	<table border="1" style="width: 100%; height: 20px;"></table>
<i>Chirale</i> District	<table border="1" style="width: 100%; height: 20px;"></table>
4. Relationship with the applicant. \_\_\_\_\_
5. Tribe \_\_\_\_\_
6. Date of Birth DD 



 MM 



 YY
7. Original Memo No (For Surrender / Duplicate case only) \_\_\_\_\_  
 Dated : DD 



 MM 



 YY
8. List of Attested documents (Compulsory) (i) Father's ST Certificate (ii) Election Card  
(iii) Birth Certificate / School Certificate.

**DECLARATION**

I hereby declare that -

- I Whatever I have stated in this application is true to the best of my knowledge and belief
- II Parents of Shri / Smti / Miss \_\_\_\_\_ in whom favor the Schedule tribe Certificate is needed, belong to \_\_\_\_\_ Tribe  
 NOTE : Particular of to which father and mother belong should be given separately if both belong to different tribe
- III I shall be liable for punishment as per law in force in the event of finding any of my statement as false in course of time.

(Applicant's signature / Guardian's Signature)  
(if Minor) thumb impression  
Recommended by ASM/ZPM

Recommendation by concerned GB & HGB

Name :	Signature (with Seal)
Designation :	

Recommendation by Local Administrative Officer.

Name :	Signature (with Seal)
Designation :	