

Central Identity Database Repository (CIDR) Registration Form

Applicant Name(In English) *	
(In Hindi)	
Gender *	Male <input type="checkbox"/> , Female <input type="checkbox"/> , Transgender <input type="checkbox"/>
Date of Birth *	D D / M M / Y Y Y Y
Marital Status *	Single <input type="checkbox"/> , Currently Married <input type="checkbox"/> , Never Married <input type="checkbox"/>
Caste Category *	General <input type="checkbox"/> , SC <input type="checkbox"/> , BC <input type="checkbox"/> , OBC <input type="checkbox"/>
Father's Name (In English) *	
(In Hindi)	
Mother's Name (In English) *	
(In Hindi)	
Family Economic Status *	APL <input type="checkbox"/> , BPL <input type="checkbox"/>
Ration Card No. #	
Address Permanent	
House Name/No. *	
Landmark/Locality/Colony *	
Ward No. *	
Town/Village Name *	
Tehsil Name *	
District Name *	
PIN	
E-Mail Address	
Phone No. (Landline)	
Mobile No.	

Proof Attached:

Proof of Identity Write name of the document e.g. Voter card, Govt Id Card etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Birth Write name of the document e.g. Birth Certificate, Matric Certificate etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Address Write name of the document e.g. Ration Card, Voter Card etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Caste (if SC/BC/OBC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: * Should not be blank, # Should not be blank if BPL

Self Declaration

I _____, son/daughter of Sh. _____ r/o _____
do here by solemnly affirm and declare that all the above information given is true and correct to the best of my knowledge and belief. In the event that any of the details are proved to be false, I am liable for punishment under the Indian Penal Code.

[APPLICANT'S SIGNATURE]

Verification Details:

Verifier Name	
Verifier CIDR No.	
Date of Verification	D D / M M / Y Y Y Y
Verifier's Signature & Stamp	

For Office Use (To be filled by Data Entry Operator)

User Id of Data Entry Operator	
Date of Registration	D D / M M / Y Y Y Y
CIDR No. of Applicant	
Data Entry Operator's Signature & Stamp	