

OFFICE OF THE DEPUTY COMMISSIONER NAMSAI JAN SUVIDHA



TEMPORARY RESIDENCE CERTIFICATE BUSINESS (FORM-B)

														_
Applicant Code :														
(to	be fi	lled	d by	of.	fice	e on.	ly))		Hillyy	-	Pa	sspor	t
1													hoto	
1. Name of applicant	T												T	
2. Name of applicant whom certif	icate	is	rea	uir	ed i	Ful	l na	ame)				,		
3. Father's/Husband's Name														
4. Name &Address of shop Owner/person under Care of Whom applicant is working														
Village														
Post Office														
Police Station														
District														
5. Permanent Address														
Village		-												
Post Office														
Police Station														
District														
State														
Circle														
6. Relationship with the Applicant (other than own children, submit Documentary evidence of guardianship Dependendent certificate etc) 7. Year since the applicant whom Certificate is required has been Residing at						Eg,	198	36					_	
8. Place of Birth				- Park Horse		Contract of the Contract of th								
9. Reason for which certificate Is required	18 18													
10. Trading / Hawkers Licence	8									-			_	
11. Email Id														
12. Mobile No.						-								

DEPENDENCE / EVIDENCE OF GUARDIANSHIP CERTIFICATE

	Certifie	ed	that	the	applica	ant	has	been	Working	under	me	and	running
business	under n	my	tradi	ng .	licence	No	:						

(NAME IN BLOCK LETTERS)
Signature of shop owner / Local guardian

VERIFICATION

Certified that all the above information have been verified and recommended to issue TRC to the applicant.

(NAME IN BLOCK LETTERS)
Signature of president of Bazar Secy/
Bazar committee / GB

Enclosures

- Copy of 2 recent passsport size photograph
 * one attested on front.
 - \star one without attestation.
- 2. Attested copy of Birth Certificate
- 3. Attested copy of Education Certificate
- 4. Attested copy of PRC or Election ID card
- 5. Attested copy of Inner Line Permit
- 6. Trading License

^{***} In complete application form in any respect will be REJECTED ****





GOVERNMENT OF ARUNACHAL PRADESH

EVIDENCE OF GUARDIANSHIP / DEPENDENCE CERTIFICATE

	TRC FORM-B (Business)
	Certified that Shri/Smt./Miss S/o W/o D/o Shri /
Late	
race	who is permanent resident of
State	has been working under me and running business under my trading license No.:
	1. (Name in Block Letters)
	Signature of Shop Owner/Trading License Holder
	2. Signature of Bazar Secy./ Committee
	RECOMMENDATION BY LOCAL ADMINISTRATIVE OFFICER
	TRC FORM-B (Business)
Certified the	at the above information has been verified and recommended for issue of Temporary Resident Certificate applicant.
	(Signature & Office seal)
	Name:
	Designation: