



OFFICE OF THE DEPUTY COMMISSIONER

NAMSAI
JAN SUVIDHA



SCHEDULE TRIBE CERTIFICATE

(O new O Duplicate)

Applicant Code:

\_\_\_\_\_

(To be filled by office only)



1. Name of applicant (Full name in Block Letter)
[Grid for name entry]

2. Name of person for whom certificate is required (Full name)
[Grid for name entry]

3. Father's Name (Full name In Block Letter)
[Grid for name entry]

4. Mother's Name (Full name in Block Letter)
[Grid for name entry]

5. Permanent Address
Village [Grid]
Post Office [Grid]
Circle [Grid]
Police Station [Grid]

6. Relationship with the person
Who is applying in favour of Sl. No. 2 entries

7. Particular of parents
i) Tribe of Father

ii)Tribe of Mother

8. Mobile No.
[Grid for mobile number]

9. Email ID
\_\_\_\_\_

10. Date of Birth
[Grid for date]

Sl no 11 for Surrender/Duplicate Cases only

11. Original Memo No

Dated: [Grid] DD [Grid] MM [Grid] YYYY

DECLARATION

I do hereby declare that:

- i. Whatever I have stated in the application is true to my best of knowledge and belief.
ii. Parents of Shri/Smti/Miss ..... in whose favour the Scheduled tribe Certificate is needed, belongs to ..... tribe
NOTE: Particular of to which father and mother belongs 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 if Finding any of my statement as false in course of time

Place: .....

Date: .....

(APPLICANT'S NAME)
Signature with Date

CERTIFICATE FROM GB, ASM & ZPM

Certified that I personally know Shri/Smti/Miss .....

And that he/she belongs to ..... tribe.

Name & Sign of GB  
With seal

Name & Sign of ASM  
with seal

Name & Sign of ZPM  
with seal

CERTIFICATE FROM VLW

Certified that I verified locally the correctness of the statement made by the  
Shri/Smti/Miss ..... and found that they true.

Signature of VLW  
With seal

CERTIFICATE FROM ADMIN OFFICER

Certified that verification conducted by me revealed that Shri / Smti / Miss  
\_\_\_\_\_ Son/daughter of Shri/Smti/Late \_\_\_\_\_ is  
a permanent resident of \_\_\_\_\_ village under \_\_\_\_\_  
circle of Namsai District of Arunachal Pradesh and belongs to  
\_\_\_\_\_ tribe.

Signature of admin Officer  
With seal

Document Required for Schedule Tribe Certificate

1. Copy of 2 recent passport size Colored photograph
2. Attested copy of Birth certificate or HSC certificate
3. Attested copy of Election I/Card  
In case of minor father Election I/Card
4. Attested copy of father ST certificate  
In case of father death, may produce TO WHOM IT MAY CONCERN, From GB
5. Verification document from GB/HGB and Admin Officer
6. Attested copy of Land Possession Certificate (Urban) of Father/ Guardian  
Corresponding to present Address
7. Attested copy of Land possession Certificate (Rural) of Father/Guardian  
Corresponding to present Address

**\*\* Incomplete application form in any respect will be REJECTED\*\***



GOVERNMENT OF ARUNACHAL PRADESH

**VERIFICATION BY HGB/GB**

Certified that Shri/Smti/Miss \_\_\_\_\_ S/o  
D/o W/o Shri/Late \_\_\_\_\_ is a permanent  
resident of village \_\_\_\_\_ under \_\_\_\_\_ circle  
since \_\_\_\_\_ years and belongs to \_\_\_\_\_ tribe.

Paste recent  
passport size  
Photograph  
for attestation

(Name in Block Letters)

Signature of HGB/GB or Municipal  
Councilor with date and seal

**RECOMMENDATION BY LOCAL ADMINISTRATIVE OFFICER**

Certified that above information have been verified and recommended for issue of **Permanent Residence Certificate** to the applicant.

Paste recent  
passport size  
Photograph  
for attestation

(Signature & Office seal  
Name: \_\_\_\_\_  
Designation \_\_\_\_\_