

To  
The Sub – Divisional Magistrate .....

Sub: Prayer for **Other Backward Caste Certificate – State Govt.**

Sir,  
I would like to avail the aforesaid service from your office. Required details are furnished hereunder

**1. Applicant's Personal Details**

**a** Applicant's Salutation \* (tick the appropriate)  Mr.  Mrs.  Ms.  Er.  CA  Dr.  Prof.

**b** Applicant's First Name \* Middle Name Last Name \*

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**c** Guardian's Salutation \* (tick the appropriate)  Mr.  Mrs.  Ms.  Er.  CA  Dr.  Prof.  Late

**d** Guardian's First Name \* Guardian's Middle Name Guardian's Last Name \*

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**e** Relation with Guardian \* (tick the appropriate)

<input type="checkbox"/> Wife	<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Son
<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Father-in-Law	<input type="checkbox"/> Mother-in-Law
<input type="checkbox"/> Brother-in-Law	<input type="checkbox"/> Sister-in-Law	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Grandson
<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Daughter-in-Law	

**f** Applicant's Date of Birth \* (dd/mm/yyyy)  **g** Applicant's Gender \* (tick the appropriate)  Male  Female  Transgender

**h** Marital Status \* (tick the appropriate)

Widow / Widower
Married
Single
Divorced

**i** Applicant's Caste \* (tick the appropriate)

<input type="checkbox"/> ST
<input type="checkbox"/> SC
<input type="checkbox"/> OBC
<input type="checkbox"/> Other

**j** Applicant's Religion \*(tick the appropriate)

<input type="checkbox"/> Hinduism	<input type="checkbox"/> Christianity
<input type="checkbox"/> Sikhism	<input type="checkbox"/> Islam
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Other
<input type="checkbox"/> Jainism	

**k** Applicant's Qualification \* (tick the appropriate)

<input type="checkbox"/> Illiterate	<input type="checkbox"/> Diploma or Equivalent
<input type="checkbox"/> Literate (without educational level).	<input type="checkbox"/> Graduation or Equivalent
<input type="checkbox"/> Primary Schooling (I - V)	<input type="checkbox"/> Post-Graduation or Equivalent
<input type="checkbox"/> Secondary Schooling (VI - VIII)	<input type="checkbox"/> Doctoral or Equivalent
<input type="checkbox"/> Senior Secondary Schooling (IX - X)	<input type="checkbox"/> Post-Doctoral or Equivalent
<input type="checkbox"/> Higher Secondary Schooling (XI - XII)	<input type="checkbox"/> Others

**l** Applicant's Economic Status \* (tick the appropriate)  APL  BPL **m** Applicant's Aadhaar Number

**2. Applicant's Address Details**

District \*  Sub Division \*

Location Type \*  Block  Municipal Corporation  Municipality  Nagar Panchayat  ADC

Name of Block / Municipal Corporation / Municipality / Nagar Panchayat / ADC

Name of Gram Panchayat / Ward / Village Council

Name of Habitation / Area Name / House No

Note: All fields with \* mark are mandatory.

Name of Tehsil	Police Station	Post Office and Pin code *
<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Applicant's Contact Details**

<b>a</b> Mobile Number * (10 digits only)	<input type="text"/>	<b>b</b> E-Mail	<input type="text"/>
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**4. Service Specific Information**

<b>a</b> OBC Community *	<input type="text"/>
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<b>b</b> Service Output Type	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy
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**5. Eligibility**

<b>a</b>	Do you have Family Ration Card? *	Yes	No
<b>b</b>	Do you have Permanent Resident of Tripura (PRTC) / CRC Certificate? *	Yes	No
<b>c</b>	Do you have any Age Proof? *	Yes	No
<b>d</b>	Do you have your Father's / Brother's / Sister's / Uncle's (who is in blood relation) Caste Certificate? *	Yes	No
<b>e</b>	Do you have OBC Sub-committee Member Certificate? *	Yes	No
<b>f</b>	Do you have Register of Ordinary Residents (ROR) Certificate? *	Yes	No
<b>g</b>	Do you want to upload any other Supporting Document?	Yes	No

Please provide details for the items you have selected "Yes" –

	Document Name	Reference No.	Date of Issue	Issued by
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				

**6. Declaration**

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression