Form No. 1 $[See\ Rule\ 4\ (1)]$ APPLICATION FORM FOR ISSUANCE OF RESIDENT CERTIFICATE

Name of Applicant Gender	
Age Religion Applie Father's Name Husband's Name Mobile No. Aadhaar No. e-Mail ID 2. Permanent Address: Village/ Town: Police Station: Post Office: Pin: State: District: Pin:	
Age Religion Applie Father's Name Husband's Name Mobile No. Aadhaar No. e-Mail ID 2. Permanent Address: Village/ Town: Police Station: Post Office: Tahasil: District: Pin:	to.
Husband's Name Mobile No. Aadhaar No. e-Mail ID 2. Permanent Address: Village/ Town: Police Station: Post Office: Pin: State:	
Mobile No Aadhaar No	
e-Mail ID 2. Permanent Address: Village/ Town: Police Station: Post Office: Tahasil: District: Pin: State: District: Pin:	rt size)
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Village/ Town: Police Station: Post Office: Tahasil: District: Pin:	
Tahasil: District: Pin: State:	
Tahasil:	
State:	
Village/ Town: Police Station: Post Office:	
Tahasil: District: Pin:	
State:	
4. Submitter's Details:	
Submitter's Name (in case the submitter is not the applicant):	
i) Copy of RoR Mouza (Revenue Village) Khata No.	
Recorded Tenant (Land Owner)	
Relation of the applicant with Recorded Tenant	
ii) Voter ID / Aadhaar Card / PAN card / Passport / etc. iii) Electricity Bill / Telephone Bill / Land agreement with house owner / Bank Passbook / Driving Licence / Educational certificates, etc. 8. Declaration: I, Shri/Miss/Mrs Son of / Daughter of / wife / wife of / wife of / wife / w	j f
age of (detailed address PS District Odisha, do	
hereby declare that the information given by me in this application form and its self-attested enclosures is true to the best of my knowledge and that the information furnished is exhaustive and I have not suppressed any fact. That, I am solely responsible for the accuracy of the declaration and information furnished and liable for action under section 199 and 200 of the Indian Penal Code in case of wrong declaration and information. Also, I am we aware of the fact that the certificate shall be summarily cancelled and all the benefits availed by me shall be summarily withdrawn in case of wrong declaration and information.) 1
Place: Date: Signature of the Applicant / Authorised representative	

★ Strike out which is not applicable