

To
The Sub – Divisional Magistrate

Sub: Prayer for **Schedule Caste Certificate**

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 *

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 *

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)

<input type="checkbox"/> Widow / Widower	i Applicant's Caste * (tick the appropriate)	<input type="checkbox"/> ST	j Applicant's Religion *(tick the appropriate)	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Christianity	
<input type="checkbox"/> Married		<input type="checkbox"/> SC		<input type="checkbox"/> Sikhism		<input type="checkbox"/> Islam
<input type="checkbox"/> Single		<input type="checkbox"/> OBC		<input type="checkbox"/> Buddhism		<input type="checkbox"/> Other
<input type="checkbox"/> Divorced		<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

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

4. Service Specific Information

a SC Community *	<input type="text"/>	b Service Output Type *	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy
-------------------------	----------------------	--------------------------------	------------------------------------	---------------------------------

5. Eligibility

a	Do you have Family Ration Card? *	Yes	No
b	Do you have Permanent Resident of Tripura (PRTC)? *	Yes	No
c	Do you have any Age Proof? *	Yes	No
d	Do you have your Father's Caste Certificate? *	Yes	No
e	Do you have SC Sub-committee Member Certificate? *	Yes	No
f	Do you have Citizenship Certificate? *	Yes	No
g	Do you have a Relationship Certificate with Your Father/Brother/Sister/Uncle (who is in blood relation)?	Yes	No
h	Do you have Register of Ordinary Residents (ROR) Certificate? *	Yes	No
i	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
a				
b				
c				
d				
e				
f				
g				
h				
i				

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