Application for Minority Certificate

1	Name of the Applicant	Amerikan Arab In Small	
2.	Address		
3.	Age		
4.	Father's Name	amali a solitari	
5.	Place of Permanent residence	: Selection to name to make	
6.	(a) Whether the Certificate is applied for any other person?(b) If so, in what capacity?(c) If so, Name, address and age of the person	**************************************	
7.	Purpose for which the certificate is required		
8.	Religion of the Applicant		
9.	Caste, Sub-Caste of the Applicant		
Place:			
Date:		Signature of the Applicant	
DECLARATION			
I			
I son of residing at in In Taluk			
District do hereby declare that the particulars given above are true to the best of my knowledge and belief.			

Place : Date :

FORM OF MINORITY CERTIFICATE FOR MUSLIM, CHRISTIAN, SIKHS, BUDHA AND PARSIS

This is to certify that Shri./Smt./Kumari
Son/daughter of house Number/House Name
residing in
Taluk
District of Kerala State belongs to
is included in the list of Minority Communities as per Clause (C) of 4
Section 2, National Commission for Minorities Act 1992 (19 of 1992)
read with Notification on "Minority Communities": 1993-SO No.816(E),
F.No.1/11/93-MC(D), dated 23.10.1993 by Government of India.
This certificate is issued to be produced before the
Signature:
Name and Designation:
Place:
Date:
Office Seal