Photo

APPLICATION FORM FOR SCHEDULE TRIBE CERTIFICATE

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1.	Name of appli	of applicant for whom certificate is required (Full Name): SHRI/SMTI/MISS																						
2.	Father's Name	e (Ful	l Nar	me) :	Shri	/Lat	e																	
3.	Permanent Ad	ldress																						
	Village/Town																							
	Post Office																							
	Police Station																					ı		
	Circle																							
	District																							
	State																							
4.	Present Addre	ss																						
	Village/Town																							
	Post Office																							
	Police Station																							
	Circle																							
	District																							
	State																							
5.	Relationship vin favour of S		•			•		_		-														
6.	Tribe																							
7.	Panchayat E/F	anchayat E/Roll No. Seg. No Sl. No							_															
8.	If correction specify clearly																							
9.	FOR CHANGE/	DUPI	LICAT	ге / с	ORE	ECT	TON	N C	ASES	s O	NLY													
	a) Original S.7	Γ.C N	o. &	Date																				
							DI	ECI	LAF	RAT	OI	<u>N</u>												
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ii)																								
,	(Tribe), Mo																							
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(Applicant's Name)
Signature with Date

CERTIFICATE FROM GB

and that He / She belongs to	(Villa	ge) (Tribe).
SIGNATURE OF GB -1 WITH SEAL	SIGNATURE OF GB-2 WITH SEAL	SIGNATURE OF GB-3 WITH SEAL
CERTIFICA Certified that verification conducted b	TE FROM ADMINISTRATIVE of the property of the	<u> </u>
Continued that verification conducted to		
is a per		
under	circle of West Kameng Di	strict of Arunachal Pradesh and
belongs	tribe.	
If correction or change specify clearly	:	
	Sign of	F ADMINISTRATIVE OFFICER WITH SEAL.
Enclosures: -		

- 1. Copy of 2 recent passport size photographs.
 - Copy to be pasted in right corner, duly attested by Recommending Officer.
 - One without attestation
- 2. Attested copy of Father's S.T. Certificate:
- 3. Lost report from Police Authority in case of duplicate STC and documentary evidence in case of correction of Name.