GOVERNMENT OF MEGHALAYA

APPLICATION FORM FOR SCHEDULED TRIBE CERTIFICATE

A. Applicant Details

Title * :

Applicant's Full Name * [Enter Applicant's full name]:

Gender *:

- Male
- Female
- Others

Previous name (if changed):

Alias(if any):

Maiden Name / Birth Name (if any):

Date of Birth * [Select or write DOB in dd/mm/yyyy format]:

Age *:

Place of Birth:

Tribe * [Select your tribe]:

Nationality *:

Religion *:

Mobile Number * [Please enter mobile number for necessary communication]:

E-Mail:

Photograph(Upload photo size of 20kb to 100kb) * [Upload photograph of good quality]:

EPIC No. of Applicant:

Whether staying in Rented House? *

- Yes
- No

Present Occupation: *:

B. Permanent Address

State *:

District *:

Village/Town *:

Locality *:

Sub-Locality:

Nearest Landmark:

Post Office *:

Police Station/Outpost *:

C. Present Address

State *:

District *:

Village/Town *:

Locality *:

Sub-Locality:

Nearest Landmark:

Post Office *:

Police Station/Outpost *:

D. Parents/Guardian Details

Title * [Father's Salutation]:

Father's Name in Full * [Enter applicant's Father's Name in full]:

The Community of Father *:

- ST
- SC
- General

Father's Nationality *:

Father Religion *:

Title * [Mother's Salutation]:

Mother's Name in full * [Enter applicant's Mother's Name in full]:

The Community of mother *:

- ST
- SC
- General

Mother's Nationality *:

Mother Religion *:

Title [Guardian's Salutation]:

Guardian's Full Name [Enter applicant's Guardian's Name in full]:

Self/Father's/Mother's/Guardian's EPIC No. *:

Migration and Adoption Details:

Whether Adopted ? *

- Yes
- No

If yes

Annexure I (Migration Details)

Kindly fill the details of the migrated parent on whose behalf the applicant is claiming to be ST?

The applicant is applying for ST certificate based on whom? *:

Father:

Mother:

State/UT *:

District *

Village/Town *:

Locality *:

Tribe *:

Certificate No. *:

Scheduled Tribe Issuing authority *:

Certificate Issue Date *:

Have your parents migrated to Meghalaya from another State? *

- Yes
- No

IF YES

Details of Adoptive Parents

Title *:

Father's Name *:

Caste/Tribe(Father):

Religion(Father):

Title *:

Mother's Name *:

Caste/Tribe(Mother):

Religion(Mother):

State *:

District *:

Village/Town *:

Locality *: