



GOVT. of Manipur
APPLICATION FORM – Schedule Tribe CERTIFICATE

APPLICATION DETAILS

1. Application Number:

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2. Application Date:

DD	MM	Y	Y	Y	Y
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(for office use only)

APPLICANT DETAILS

Salutation*: Name*:
(First Name) *(Middle Name)* *(Last Name)*

Relationship with Applicant: Father Husband

Father/Husband Name*:
(First Name) *(Middle Name)* *(Last Name)*

Gender*: Aadhar Number*: District*:

Sub Division*: Circle*: Pin code*:

Mobile No.*: Email:

Circle in which Application need to be processed:

Specify Issuing Authority (*If any*):

Application Submitted By*:



PERMANENT ADDRESS

House/Door No. : District*: Sub Division*:

Circle*: Post Office*: Police Station*:

Assembly Constituency: Locality*:

Pin Code*:

PRESENT ADDRESS

Is Permanent and Present Address is same?* Yes No

House/Door No. : District: Sub Division:

Circle: Post Office: Police Station:

Assembly Constituency: Locality:

Pin Code:

PERSONAL DETAILS

Epic No.*: Serial Number in Electoral Roll:

Purpose of SC Certificate*:

Father's Name * :

Mother's Name * :

Religion * : Tribe * :

Sub-Tribe :

Have you / Any of your family member been issued ST Certificate from Manipur Yes No

If Yes Please Mention Certificate details :

Name of Certificate Holder :

Relation with Applicant :

Certificate Number*: Date of Issue :

Issuing Authority :

BIRTH DETAIL

Date of Birth*:/...../..... Place of Birth*: District*:

SUPPORTING DOCUMENTS DETAILS

- 1) Any identity Proof of the applicant
- 2) Voter ID of Applicants or parents
- 3) Other Required Documents 1.(If Any)
- 4) Other Required Documents 2.(If Any)
- 5) Other Required Documents 3.(If Any)
- 6) Other Required Documents 4.(If Any)

DECLARATION* (Please tick in the check box)

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I agree to abide by the rules and regulations of Government of Manipur. I am well aware of the fact that if the Information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Date: Place:	Applicant's Signature:
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