GOVERNMENT OF MEGHALAYA APPLICATION FORM FOR SCHEDULED CASTE/TRIBE CERTIFICATE UNDER eDISTRICT MMP FOR FC/PFC/CSC etc. (Please use CAPITAL letters to fill in the application form)

Photograph

Δ.	Application Details		
•	1. Application for ST-SC Certificate SC ST		
	2. Name of the Office to whom application is made:		
В.	Applicant Details:		
	1. Applicant's Name in Full: *(Shri/ Smti/Kumari)		
	(First Name) (Middle Name) (Last Name)		
	2. Alias (if any) :		
	3. Gender *: Male Female Others		
	4. Previous Name (if changed) :		
	5. Maiden Name / Birth Name (if any):		
	6. Date of Birth *: (dd/mm/yyyy)		
	7. Age *: 8. Place of Birth :		
	9. Caste/ Tribe *: 10. Nationality *:		
	11. Religion *:		
	12. Mobile No. *: 13. E-mail :		
	14. EPIC No.:15. Aadhaar Number:		
	16. Date of Entry to Meghalaya: (dd/mm/yyyy) (Fill 16 & 17 if applying for SC Certificate)		
	17. Place resided before entry into Meghalaya:		
	18. Whether staying in Rented House?* Yes No 18.b If Yes, Name of the House Owner*		
	19. Present Occupation: Student Govt. Servant Non. Govt. Servant Business Unemployed		
_	(If Govt. Servant or non-Govt. Servant) Name of Organization Designation Place of Posting Permanent Address:		
C.	20. State *: 21. District *:		
	22. Village/ Town*: 23. Locality *:		
	24. Sub-Locality: 25. Nearest Landmark:		
D.	26. Post Office *: 27. Police Station/ Outpost *: Present Address: Same as address above Yes		
	28. State *: 29. District *:		
	30. Village/ Town*: 31. Locality *:		
	32. Sub-Locality :		
Ε.	Parents/Guardian Details:		
	36. Father's Name in Full (Shri/Dr./Lt.)*:		
	38. Father's Nationality*:		
	39. The community of Father *(Tick): SC ST General 39.b. Caste/Tribe		
	40. Father's Religion *:		
	41. Mother's Name in Full (Smti/Dr./Lt.*:		
	42. Mother's Nationality *:		
	43. The community of Mother* (<i>Tick</i>): SC ST General 43.b. Caste/Tribe		
	44. Mother's Religion *:		
	46. Guardian's Name in Full (Shri/Smti/Mr/Mrs/Dr):		
	47. Self/Father's /Mother's /Guardian's EPIC No.*:		

F.	Migration Details: (If applicable) 47. Have you migrated from another state *: Yes No (Fill up below details 48-56 only if you have selected "Yes" in SI no.47 above)			
	, , ,	based on whom : Father Mother		
	49. State/UT *:	50. District *:		
	51. Village/Town *:	52. Locality *:		
	53. Caste/Tribe *:	54. Certificate No. *:		
	55. Scheduled Tribe/Caste Issuing Autho	rity *:		
	56. Date of Issuance of Certificate *:	(dd/mm/yyyy)		
G.	Details of Adoptive Parents : Same Parent's Details as above : (If applicable)			
	57. Whether Adopted *: Yes No			
	(Fill up below details58-65 only if you have selected "Yes" in sl no 57 above)			
	58. Father's Name *:			
	59. Mother's Name *:			
	60. State *:	61. District *:		
		63. Locality *:		
н	Declaration:	65. Religion *:		
п.	This is to certify that the information furnished as above are true to the best of my knowledge and belief and the applicant would be liable for prosecution if found otherwise.			
	Date:			
	Place:	Signature of the Applicant		
	In case, the applicant is minor, EPIC ofThe Recommending Officer should give	nts to be enclosed along with application form		
	For Office Use: Checks before accepting the app 1) All mandatory fields are filled in properly 2) Signature of applicant & date of submissi			
	Verified & Accepted by:	Date:		
		CSC/PFC Token No:		
	Signature of Receiving Assistant with Date			
	Mandatan Fueles was fau Schadulad Cas	to/Cabadulad Triba Cartificate		
	Mandatory Enclosures for-Scheduled Cas 1. Passport Size Colour photograph.	te/Scheduled Tribe Certificate :		
	Birth Certificate/SSLC Admit Card			
Any One of Residential Proof (Ration Card/ Land documents/EPIC/Electricit		Card/ Land documents/EPIC/Electricity Bill/Telephone Bill)/Any		
	Government Certificate			
	4. ST/SC Certificates of Parents, in case a			
	5. If adopted, Adoption documents (Cou	rt order/Registered Adoption deed)		
	6. In case of Migration, ST/SC Certificate7. Father's /Mother's /Guardian's or App			

GOVERNMENT OF MEGHALAYA Acknowledgement Receipt from PFC/CSC Operator in eDISTRICT MMP

Service Applied for: Certificate for Scheduled Caste/Scheduled Tribe			
Name of Applicant:			
CSC/PFC Token No:			
CSC/PFC Location:			
Signature of Receiving Person	Date of form submission		