

**GOVERNMENT OF MEGHALAYA**  
**OFFICE OF THE DEPUTY COMMISSIONER : WEST GARO HILLS DISTRICT : TURA**  
**APPLICATION FORM FOR THE SC/ST/OBC CERTIFICATE**

(Please use **CAPITAL** letters to fill in the application form)

Applicants Name in full\*:

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(First Name)

(Middle Name)

(Last Name)

Alias (if any): \_\_\_\_\_

Gender\*: Male  Female 

Previous Name (if changed): \_\_\_\_\_

Maiden Name/Birth Name (if any): \_\_\_\_\_

Date of Birth:         (dd-mm-yyyy)Caste/Tribe\*: ST  SC  OBC  Please specify\*: \_\_\_\_\_

Nationality\*: \_\_\_\_\_ EPIC No.\*: \_\_\_\_\_

Permanent Address\*:

Locality\*: \_\_\_\_\_ Village/Town\*: \_\_\_\_\_

District\*: \_\_\_\_\_ State\*: \_\_\_\_\_

Present Address\*:

Locality\*: \_\_\_\_\_ Village/Town\*: \_\_\_\_\_

District\*: \_\_\_\_\_ State\*: \_\_\_\_\_

Father's Name in full Shri/Lt.\*: \_\_\_\_\_

Mother's Name in full Smt./Lt.\*: \_\_\_\_\_

Father's Nationality\*: \_\_\_\_\_ Mother's Nationality\*: \_\_\_\_\_

Father's EPIC No.: \_\_\_\_\_ Mother's EPIC No.: \_\_\_\_\_

Is Father SC/ST/OBC\*? Yes  No  If Yes, Indicate Caste/Tribe: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Is Mother SC/ST/OBC\*? Yes  No  If Yes, Indicate Caste/Tribe: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Have you migrated to this state from other state? If so, name the State and District from where migrated:

State: \_\_\_\_\_ District: \_\_\_\_\_

If adopted please give details of Adoptive Parents:

Father's Name in full Shri/Lt: \_\_\_\_\_

Mother's Name in Full Smt/Lt: \_\_\_\_\_

Village/Town: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Caste: \_\_\_\_\_ Religion: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**DECLARATION:**

I do hereby declare that the statements made above are true to the best of my knowledge and belief. I have not applied for such certificate before. If these statements are found to be misrepresented or suppressed or the statement found falsely stated, I shall be liable to be prosecuted and legal action against me.

Date:

Signature of Applicant

Documents to be submitted along with the application:

- 1.Two Passport Size Photographs 2.Election Photo Identity Card (EPIC) 3.Birth Certificate/SSLC Admit Card
- 4.Certificate From Headman 5.Parent's SC/ST Certificate Affidavit, 6.Land Patta/ Nokma/ Gaonbura Documents
- 7.Ration Card 8.Magistrate Order 9.Affidavit 10.Adoption Document

Note: All columns marked with \* are mandatory fields and must be filled in.

In case applicant is Minor Father's/Mother's EPIC should be submitted.

SC/ST/OBC certificate is very important document. The Certifying Officer should give due importance and take care with certificate in the application form and they shall be liable to any action deem fit by the Government in case of false recommendation.

**RECOMMENDATION BY MP/MLA/GAZETTED OFFICER**

Certified that Shri/Smt. \_\_\_\_\_ residing in \_\_\_\_\_ is known to me and the particulars as filled in the application form are true and found correct to the best of my knowledge.

Signature & Seal

Name of the Recommending Officer: \_\_\_\_\_

Date:

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**For Official Use:**

Please do the following verification checks before accepting the application:

1. All mandatory fields are filled in properly
2. Signature of applicant & date of submission is mentioned
3. Following necessary documents submitted

- |  |                          |
|--|--------------------------|
| (i) Two Passport Size Photographs          | <input type="checkbox"/> |
| (ii) Election Photo Identity Card (EPIC)   | <input type="checkbox"/> |
| (iii) Birth Certificate/SSLC Admit Card    | <input type="checkbox"/> |
| (iv) Certificate From Headman              | <input type="checkbox"/> |
| (v) Parent's SC/ST Certificate             | <input type="checkbox"/> |
| (vi) Land Patta/ Nokma/ Gaonbura Documents | <input type="checkbox"/> |
| (vii) Ration Card                          | <input type="checkbox"/> |
| (viii) Magistrate's Order                  | <input type="checkbox"/> |
| (ix) Affidavit                             | <input type="checkbox"/> |
| (x) Adoption Document                      | <input type="checkbox"/> |

**Verified & Accepted by:**

\_\_\_\_\_  
Signature of Receiving Assistant & Date

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