

To
The Sub-Divisional Magistrate.....

Sub : Prayer for **Marriage Certificate**

Sir,
I would like to avail the aforesaid service from your office Required details are furnished here under

1. Applicant's Personal Details

a Applicant's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name* Middle Name Last Name*

c Guardian's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name* Guardian's Middle Name Guardian's Last Name*

e Relation with Guardian* (tick the appropriate) Wife Spouse Father Mother Son Daughter Brother Sister Father-in-Law Mother-in-Law Brother-in-Law Sister-in-Law Nephew Niece Grandson Granddaughter Grandfather Grandmother Daughter-in-Law

f Applicant's Date of Birth *(dd/mm/yyyy) Applicant's Gender* (tick the appropriate) Male Female Transgender

g Marital Status *(tick the appropriate) Widow/Widower Married Single Divorced Applicant's Caste *(tick the appropriate) ST SC OBC Other Applicant's Religion *(tick the appropriate) Hindu Sikhism Buddhism Jainism Christianity Islam Others

h Applicant's Qualification *(tick the appropriate) Illiterate Literate (without educational level). Primary Schooling (I-V) Secondary Schooling (VI-VIII) Senior Secondary Schooling (IX-X) Higher Secondary Schooling (XI-XIII) Diploma or Equivalent Graduation or Equivalent Post-Graduation of Equivalent Doctoral or Equivalent Post-Doctoral-or Equivalent Others

i Applicant's Economic Status* (tick the appropriate) APL BPL Applicant's Aadhaar Number

2. Applicant's Personal Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Name of Tehsil Police Station Post Office and Pin code*

3. Applicant's Contact Details

a Mobile Number* (10 digits only) b E-Mail

4. Service Specific Information

a Status of Applicant at the time of marriage * Unmarried Married Widow Widower Divorced

b Status of your partner at the time of marriage * Unmarried Married Widow Widower Divorced

c Form of Marriage * Hinduism Christianity Sikhism Buddhism Jainism Islam Other

d Date Of Marriage * Applicant's Mother Guardian Name *

e Place Of Marriage (With sufficient particulars to locate the same)*

Applicant's Occupation * g Service Output Type * Hard Copy e Copy

5. Partner's Details

a Partner's Salutation * Mr. Mrs. Ms. Er. CA Dr. Prof.

b Partner's Name *

c Partner's Date of Birth * d Partner's Sex * Male Female Transgender

e Name of the Father / Guardian *

f Name of the Mother / Guardian *

g Partner's Religion Hindu Christian Sikh Buddhist Jain Islam Other

h Partner's Address *

i Partner's Mobile Number * Partner's Signature/Thumb Impression

6. Witness Details

<input type="checkbox"/> a	Witness 1 Full Name *	<input type="text"/>	Mobile *	<input type="text"/>
	Witness 1 Address *	<input type="text"/>		
<input type="checkbox"/> b	Witness 2 Full Name *	<input type="text"/>	Mobile *	<input type="text"/>
	Witness 2 Address *	<input type="text"/>		

Note: All fields with *mark are mandatory.

7. Eligibility

a	Do you have Citizenship Certificate OR Permanent Resident of Tripura (PRTC) Certificate ?*	Yes	No
b	Do you have any Photo Identity Proof ?*	Yes	No
c	Do you have any Marriage Proof ?*	Yes	No
d	Does Bride-Groom have age proof Certificate ?*	Yes	No
e	Does Bride have age proof Certificate ?*	Yes	No
f	Do you want to upload any Other Supporting Document ?	Yes	No

Please provide details for the items you have selected "Yes" -

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				
f				

8. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date :

Place :

Signature / Thumb Impression

To
The Sub-Divisional Magistrate.....

Sub : Prayer for **Schedule Caste Certificate**

Sir,
I would like to avail the aforesaid service from your office Required details are furnished here under

1. Applicant's Personal Details

a Applicant's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name* Middle Name Last Name*

c Guardian's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name* Guardian's Middle Name Guardian's Last Name*

e Relation with Guardian* (tick the appropriate) Wife Spouse Father Mother Son Daughter Btother Sister Father-in-Law Mother-in-Law Brother-in-Law Sister-in-Law Nephew Niece Grandson Granddaughter Grandfather Grandmother Daughter-in-Law

f Applicant's Date of Birth *(dd/mm/yyyy) g Applicant's Gender* (tick the appropriate) Male Female Transgender

h Marital Status *(tick the appropriate) Widow/Widower Married Single Divorced i Applicant's Caste *(tick the appropriate) ST SC OBC Other j Applicant's Religion *(tick the appropriate) Hindu Sikhism Buddhism Jainism Christian Islam Others

k Applicant's Qualification *(tick the appropriate) Illiterate Literate (without educational level) Primary Schooling (I-V) Secondary Schooling (VI-VIII) Senior Secondary Schooling (IX-X) Higher Secondary Schooling (XI-XIII) Diploma or Equivalent Graduation or Equivalent Post-Graduation of Equivalent Doctoral or Equivalent Post-Doctoral or Equivalent Others

l Applicant's Economic Status* (tick the appropriate) APL BPL m Applicant's Aadhaar Number

2. Applicant's Personal Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Note: All fields with *mark are mandatory

Name of Tehsil	Police Station	Post Office and Pin code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Applicant's Contact Details

<input checked="" type="checkbox"/> a Mobile Number* (10 digits only)	<input type="text"/>	<input checked="" type="checkbox"/> b E-Mail	<input type="text"/>
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4. Service Specific Information

<input checked="" type="checkbox"/> a SC Community*	<input type="text"/>	<input checked="" type="checkbox"/> b Service Output Type*	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy
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5. Eligibility

a	Do you have Ration Card ? *	Yes	No
b	Do you have Permanent Resident of Tripura Certificate (PRTC) / CRC Certificate ?*	Yes	No
c	Do you have any Age Proof ?	Yes	No
d	Do you have your Father's Caste Certificate ?*	Yes	No
e	Do you have SC Sub-committee Member Certificate ?*	Yes	No
f	Do you have Citizenship Certificate ?*	Yes	No
g	Do you have a Relationship Certificate with your Father/Brother/Sister/Uncle (who is in blood relation) ?	Yes	No
h	Do you have Register of Ordinary Residents (ROR) Certificate ?*	Yes	No
i	Do you want to upload any other Supporting Document ?	Yes	No

Please provide details for the items you have selected "Yes" -

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				
f				
g				
h				
i				

6. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date :

Place :

Signature / Thumb Impression

Name of Applicants.....S/o,D/o,H/o.....

For Office Use only

Tehsildhar's Remark

Revenue Inspector's Remark

DCM'S Remark

To
The Sub-Divisional Magistrate.....

Sub : Prayer for **Schedule Tribe Certificate**

Sir,

I would like to avail the aforesaid service from your office Required details are furnished here under

1. Applicant's Personal Details

a Applicant's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name* Middle Name Last Name*

c Guardian's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name* Guardian's Middle Name Guardian's Last Name*

e Relation with Guardian* (tick the appropriate) Wife Daughter Brother-in-Law Granddaughter Spouse Brother Sister-in-Law Grandfather Father Sister Nephew Grandmother Mother Father-in-Law Niece Daughter-in-Law Son Mother-in-Law Grandson

f Applicant's Date of Birth *(dd/mm/yyyy)

g Applicant's Gender* (tick the appropriate) Male Female Transgender

h Marital Status *(tick the appropriate) Widow/Widower Married Single Divorced

i Applicant's Caste *(tick the appropriate) ST SC OBC Other

j Applicant's Religion *(tick the appropriate) Hindu Sikhism Buddhism Jainism Christian Islam Others

k Applicant's Qualification *(tick the appropriate) Illiterate Literate (without educational level). Primary Schooling (I-V) Secondary Schooling (VI-VIII) Senior Secondary Schooling (IX-X) Higher Secondary Schooling (XI-XIII) Diploma or Equivalent Graduation or Equivalent Post-Graduation of Equivalent Doctoral or Equivalent Post-Doctoral or Equivalent Others

l Applicant's Economic Status* (tick the appropriate) APL BPL **m** Applicant's Aadhaar Number

2. Applicant's Personal Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Note: All fields with *mark are mandatory

Name of Tehsil	Police Station	Post Office and Pin code*
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Applicant's Contact Details

<input type="checkbox"/> a	Mobile Number* (10 digits only)	<input type="text"/>	<input type="checkbox"/> b	E-Mail	<input type="text"/>
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4. Service Specific Information

<input type="checkbox"/> a	ST Community *	<input type="text"/>	<input type="checkbox"/> b	Service Output Type *	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy
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5. Eligibility

<input type="checkbox"/> a	Do you have Ration Card ? *	Yes	No
<input type="checkbox"/> b	Do you have Permanent Resident of Tripura Certificate (PRTC) / CRC Certificate ? *	Yes	No
<input type="checkbox"/> c	Do you have any Age Proof ? *	Yes	No
<input type="checkbox"/> d	Do you have your Father's / Brother's / Sister's / Uncle's (who is in blood relation) Caste Certificate ? *	Yes	No
<input type="checkbox"/> e	Do you have Register of Ordinary Residents (RoR) Certificate ? *	Yes	No
<input type="checkbox"/> f	Do you want to upload any Other Supporting Document ?	Yes	No

Please provide details for the items you have selected "Yes" -

	Document Name	Reference No.	Date of Issue	Issued by
<input type="checkbox"/> a				
<input type="checkbox"/> b				
<input type="checkbox"/> c				
<input type="checkbox"/> d				
<input type="checkbox"/> e				
<input type="checkbox"/> f				

6. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date :

Place :

Signature / Thumb Impression

Name of Applicants.....S/o,D/o,W/o.....

For Office Use only

Tehsildhar's Remark

Revenue Inspector's Remark

DCM'S Remark

To
The Sub-Divisional Magistrate.....

Sub : Prayer for **Schedule Tribe Certificate**

Sir,
I would like to avail the aforesaid service from your office Required details are furnished here under

1. Applicant's Personal Details

a Applicant's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name* Middle Name Last Name*

c Guardian's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name* Guardian's Middle Name Guardian's Last Name*

e Relation with Guardian* (tick the appropriate) Wife Spouse Father Mother Son Daughter Brother Sister Father-in-Law Mother-in-Law Brother-in-Law Sister-in-Law Nephew Niece Grandson Granddaughter Grandfather Grandmother Daughter-in-Law

f Applicant's Date of Birth *(dd/mm/yyyy) g Applicant's Gender* (tick the appropriate) Male Female Transgender

h Marital Status *(tick the appropriate) Widow/Widower Married Single Divorced i Applicant's Caste *(tick the appropriate) ST SC OBC Other j Applicant's Religion *(tick the appropriate) Hindu Christian Sikhism Islam Buddhism Jainism Others

k Applicant's Qualification *(tick the appropriate) Illiterate Literate (without educational level) Primary Schooling (I-V) Secondary Schooling (VI-VIII) Senior Secondary Schooling (IX-X) Higher Secondary Schooling (XI-XIII) Diploma or Equivalent Graduation or Equivalent Post-Graduation of Equivalent Doctoral or Equivalent Post-Doctoral or Equivalent Others

l Applicant's Economic Status* (tick the appropriate) APL BPL m Applicant's Aadhaar Number

2. Applicant's Personal Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Note: All fields with *mark are mandatory

Name of Tehsil	Police Station	Post Office and Pin code*
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Applicant's Contact Details

<input type="checkbox"/> a Mobile Number* (10 digits only)	<input type="text"/>	<input type="checkbox"/> b E-Mail	<input type="text"/>
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4. Service Specific Information

<input type="checkbox"/> a ST Community *	<input type="text"/>	<input type="checkbox"/> b Service Output Type *	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy
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5. Eligibility

a	Do you have Ration Card ? *	Yes	No
b	Do you have Permanent Resident of Tripura Certificate (PRTC) / CRC Certificate ? *	Yes	No
c	Do you have any Age Proof ? *	Yes	No
d	Do you have your Father's / Brother's / Sister's / Uncle's (who is in blood relation) Caste Certificate ? *	Yes	No
e	Do you have Register of Ordinary Residents (RoR) Certificate ? *	Yes	No
f	Do you want to upload any Other Supporting Document ?	Yes	No

Please provide details for the items you have selected "Yes" -

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				
f				

6. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date :

Place :

Signature / Thumb Impression

Name of Applicants.....S/o,D/o,W/o.....

For Office Use only

Tehsildhar's Remark

Revenue Inspector's Remark

DCM'S Remark

To
The Sub-Divisional Magistrate.....

Sub : Prayer for **Survival Certificate**.

Sir,

I would like to avail the aforesaid service from your office Required details are furnished here under

1. Applicant's Personal Details

a Applicant's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name* Middle Name Last Name*

c Guardian's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name* Guardian's Middle Name Guardian's Last Name*

e Relation with Guardian* (tick the appropriate) Wife Daughter Brother-in-Law Granddaughter Spouse Btother Sister-in-Law Grandfather Father Sister Nephew Grandmother Mother Father-in-Law Niece Daughter-in-Law Son Mother-in-Law Grandson

f Applicant's Date of Birth *(dd/mm/yyyy) g Applicant's Gender* (tick the appropriate) Male Female Transgender

h Marital Status *(tick the appropriate) Widow/ Widower Married Single Divorced Applicant's Caste *(tick the appropriate) ST SC OBC Other's Applicant's Religion *(tick the appropriate) Hindu Sikhism Buddhism Jainism Christian Islam Other

k Applicant's Qualification *(tick the appropriate) Illiterate Literate (without educational level): Primary Schooling (I-V) Secondary Schooling (VI-VIII) Senior Secondary Schooling (IX-X) Higher Secondary Schooling (XI-XIII) Diploma or Equivalent. Graduation or Equivalent Post-Graduation of Equivalent Doctoral or Equivalent Post-Doctoral or Equivalent Others

l Applicant's Economic Status* (tick the appropriate) APL BPL m Applicant's Aadhaar Number

2. Applicant's Personal Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Name of Tehsil Police Station Post Office and Pin code*

3. Applicant's Contact Details

a Mobile Number* (10 digits only) b E-Mail

4. Service Specific Information

a Deceased First Name* Deceased Middle Name Deceased Last Name*

b Deceased person's Guardian's First Name* Deceased person's Guardian's Middle Name Deceased person's Guardian's Last Name*

c Deceased person's Address Line 1* Deceased person's Address Line 2* Deceased person's Address Line 3*

d Country State District

e Date of Death* Service Output Type* Hard Copy, E-Copy

g Relation with Guardian* (tick the appropriate) Wife Daughter Brother-in-Law Granddaughter Spouse Btother Sister-in-Law Grandfather Father Sister Nephew Grandmother Mother Father-in-Law Niece Daughter-in-Law Son Mother-in-Law Grandson

5. Survival Members Details

i)	First Name*	Middle Name	Last Name*
	Age (in years)*	Address*	Relationship with Deceased*
ii)	First Name*	Middle Name	Last Name*
	Age (in years)*	Address*	Relationship with Deceased*
iii)	First Name*	Middle Name	Last Name*
	Age (in years)*	Address*	Relationship with Deceased*
iv)	First Name*	Middle Name	Last Name*
	Age (in years)*	Address*	Relationship with Deceased*
v)	First Name*	Middle Name	Last Name*
	First Name*	Middle Name	Last Name*

Note : For Additional Surviving members, please use an additional sheet (given below) maintaining the same format as given above.

6. Eligibility

a	Do you have Affidavit from 1st Class Magistrate saying you are legally an heir of the Deceased/ Public Notary ?*	Yes	No
b	Do you have Death Certificate of the Deceased ?*	Yes	No
c	Have you deleted the name of the deceased from the Family Ration Card ? (If YES, Ration Card Copy after Deletion of the Deceased Name. need to be uploaded)*	Yes	No
d	Do you have all Surviving Members' ID-Proofs in One Document ?*	Yes	No
e	Do you want to upload any Other Supporting Document ?	Yes	No
f	For Married woman Do you have document mentioning Father's name ?*	Yes	No

Please provide details for the items you have selected "Yes" -

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				
f				

7. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date :

Place :

Signature / Thumb Impression

For Office Use only

Tehsildhar's Remark

Revenue Inspector's Remark

DCM'S Remark.

To
The Sub-Divisional Magistrate.....

Sub : Prayer for **Other Backward Caste Certificate - State Govt.**

Sir,
I would like to avail the aforesaid service from your office Required details are furnished here under

1. Applicant's Personal Details

a Applicant's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name* Middle Name Last Name*

c Guardian's Salutation *(tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name* Guardian's Middle Name Guardian's Last Name*

e Relation with Guardian*(tick the appropriate) Wife Spouse Father Mother Son Daughter Btother Sister Father-in-Law Mother-in-Law Brother-in-Law Sister-in-Law Nephew Niece Grandson Granddaughter Grandfather Grandmother Daughter-in-Law

f Applicant's Date of Birth *(dd/mm/yyyy) g Applicant's Gender* (tick the appropriate) Male Female Transgender

h Marital Status *(tick the appropriate) Widow/ Widower Married Single Divorced i Applicant's Caste *(tick the appropriate) ST SC OBC Other j Applicant's Religion *(tick the appropriate) Hindu Christian Sikhism Islam Buddhism Others Jainism

k Applicant's Qualification *(tick the appropriate) Illiterate Literate (without educational level). Diploma or Equivalent Primary Schooling (I-V) Graduation or Equivalent Secondary Schooling (VI-VIII) Post-Graduation of Equivalent Senior Secondary Schooling (IX-X) Doctoral or Equivalent Higher Secondary Schooling (XI-XIII) Post-Doctoral or Equivalent Others

l Applicant's Economic Status* (tick the appropriate) APL BPL m Applicant's Aadhaar Number

2. Applicant's Personal Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Note: All fields with *mark are mandatory

Name of Tehsil	Police Station	Post Office and Pin code*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Applicant's Contact Details

<input type="checkbox"/> Mobile Number* (10 digits only)	<input type="text"/>	<input type="checkbox"/> E-Mail	<input type="text"/>
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4. Service Specific Information

<input type="checkbox"/> OBC Community*	<input type="text"/>
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<input type="checkbox"/> Service Output Type*	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> e Copy
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5. Eligibility

<input type="checkbox"/> a	Do you have Ration Card ? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> b	Do you have Permanent Resident of Tripura Certificate (PRTC) / CRC Certificate ?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> c	Do you have any Age Proof ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> d	Do you have your Father's/Brother's/Sister's/Uncle's (Who is an blood relation) Caste Certificate ?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> e	Do you have OBC Sub-committee Member Certificate ?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> f	Do you have Register of Ordinary Residents (ROR) Certificate ?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> g	Do you want to upload any other Supporting Document ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide details for the items you have selected "Yes" -

	Document Name	Reference No.	Date of Issue	Issued by
<input type="checkbox"/> a				
<input type="checkbox"/> b				
<input type="checkbox"/> c				
<input type="checkbox"/> d				
<input type="checkbox"/> e				
<input type="checkbox"/> f				
<input type="checkbox"/> g				
<input type="checkbox"/> h				

6. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date :

Place :

Signature / Thumb Impression

Name of Applicants.....S/o,D/o,H/o.....

For Office Use only

Tehsildhar's Remark

Revenue Inspector's Remark

DCM'S Remark



AADHAAR ENROLMENT / CORRECTION FORM

Aadhaar Enrolment is free and voluntary. Correction within 96 hours of enrolment is also free. No charges are applicable for Form and Aadhaar Enrolment. In case of Correction provide your EID, Name and only that field which needs Correction.

In case of Correction provide your EID No here:

Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre-Enrolment ID :	2	NPR Receipt/TIN Number :
3	Full Name:		
4	Gender: Male () Female () Transgender ()	5	Age: Yrs OR Date of Birth: Declared <input type="checkbox"/> Verified <input type="checkbox"/>
6	Address: C/o () D/o () S/o () W/o () H/o ()		
	House No/ Bldg./Apt.	Street/Road/Lane	
	Landmark	Area/locality/sector	
	Village/Town/City	Post Office	
	District	Sub-District	State
	E Mail	Mobile No	PIN CODE
7	Details of : Father () Mother () Guardian () Husband () Wife () <i>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt to not specify this information, if they cannot/do not want to disclose.</i>		
	Name :		
	EID/ Aadhaar No.:		
8	I have no objection to the UIDAI sharing information provided by me to the UIDAI with agencies engaged in delivery of public services including welfare services.		(✓) / (x)
9	Select <input checked="" type="checkbox"/> one of the below (OPTIONAL) (This data cannot be Corrected after Enrolment) <input type="checkbox"/> I want the UIDAI to facilitate opening of a new Bank/Post Office Account linked to my Aadhaar Number and have no objection to sharing my information for this purpose <input type="checkbox"/> I have no objection to linking my present bank account provided here to my Aadhaar number State _____ Bank Name/Branch _____ IFSC Code _____ Account No. _____		
Verification Type : Document Based () Introducer Based () Head of Family () Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based Verification.			
10	For Document Based (Write Names of the documents produced. Refer back side of this form for list of valid documents)		
	a. POI	b. POA	
	c. DOB (Mandatory in case of Verified Date of Birth)	d. POR	
11	For Introducer Based – Introducer's Aadhaar No.	For HoF Based - Details of : Father () Mother () Guardian () Husband () Wife () HoF's Eid/Aadhaar No.:	
I hereby confirm the identity and address of _____ as being true, correct and accurate.			
Introducer/HoF's Name:		Signature of Introducer/HOF	

Consent

I confirm that information (including biometrics) provided by me to the UIDAI and the information contained herein is my own and is true, correct and accurate.

Applicant's signature/Thumbprint _____

Verifier's Stamp and Signature:

(Verifier must put his/her Name, if stamp is not available)

To be filled by the Enrolment Agency only :

Date & time of Enrolment: _____

To
The Sub-Divisional Magistrate.....

Sub : Prayer for **Permanent Resident of Tripura Certificate (PRTC)**

Sir,
I would like to avail the aforesaid service from your office Required details are furnished here under

1. Applicant's Personal Details

a Applicant's Salutation *(tick the appropriate) Mr. Mrs. Ms. En. CA Dr. Prof.

b Applicant's First Name* Middle Name Last Name*

c Guardian's Salutation *(tick the appropriate) Mr. Mrs. Ms. En. CA Dr. Prof. Late

d Guardian's First Name* Guardian's Middle Name Guardian's Last Name*

e Relation with Guardian* (tick the appropriate) Wife Spouse Father Mother Son Daughter Btother Sister Father-in-Law Mother-in-Law Brother-in-Law Sister-in-Law Nephew Niece Grandson Granddaughter Grandfather Grandmother Daughter-in-Law

f Applicant's Date of Birth *(dd/mm/yyyy) **g** Applicant's Gender* (tick the appropriate) Male Female Transgender

h Marital Status *(tick the appropriate) Widow/ Widower Married Single Divorced **i** Applicant's Caste *(tick the appropriate) ST SC OBC Other's **j** Applicant's Religion *(tick the appropriate) Hindu Sikhism Buddhism Jainism Christian Islam Other

k Applicant's Qualification *(tick the appropriate) Illiterate Literate (without educational level). Diploma or Equivalent Primary Schooling (I-V) Graduation or Equivalent Secondary Schooling (VI-VIII) Post-Graduation of Equivalent Senior Secondary Schooling (IX-X) Doctoral or Equivalent Higher Secondary Schooling (XI-XIII) Post-Doctoral or Equivalent Others

l Applicant's Economic Status* (tick the appropriate) APL BPL **m** Applicant's Aadhaar Number

2. Applicant's Personal Details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Name of Tehsil Police Station Post Office and Pin code*

3. Applicant's Contact Details

a Mobile Number* (10 digits only) b E-Mail

4. Service Specific Information

a Service Output Type* Hard Copy e Copy

5. Provide Guardian's Declaration for MINOR APPLICANT : Annexure I

6. Provide Attestation Certificate by any Gazetted Officer : Annexure II

7. Eligibility

a	Whether Applicant Born in Tripura ?*	Yes	No
b	Whether Applicant is residing in Tripura continuously for not less than 10 years ?*	Yes	No
c	Whether Applicant's Parent (s) are residing in Tripura continuously for not less than 10 years ?*	Yes	No
d	Whether the Applicant's Parent (s) are working in Govt. of Tripura, either in deputation outside the state or in Tripura Bhawans ?*	Yes	No
e	Whether the Applicant's Parent (s) are working in other State/Central Govt. or in PSU/ Private organizations outside Tripura ?*	Yes	No
f	Whether the Applicant's Parent (s) is holding Citizenship Certificate OR Permanent Resident Certificate of Tripura ?*	Yes	No
g	Whether Applicant's Spouse is a Permanent Resident Certificate of Tripura ?*	Yes	No
h	Do you want to upload any Other Supporting Document ?	Yes	No

Please provide details for the items you have selected "Yes" -

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				
f				
g				
h				

8. Applicant's Birth Place details

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block/Municipal Corporation/ Municipality/ Nagar Panchayat/ADC

Name of Gram Panchayat/Ward/Village Council

Name of Habitation/Area Name/House No.

Name of Tehsil Police Station Pin code and Post Office*

9. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date :

Place :

Signature / Thumb Impression

Annexure I : Guardian's Declaration for MINOR APPLICANT

1. That all facts in duly filled in Applicant Form are correct and nothing has been cancelled therefore.
2. That my word has not applied or certificate of Permanent Resident Certificate from some other place.

Signature of Guardian

Name in Block Letters :

Residential Address :

Annexure II : Attestation Certificate by any Gazetted Officer

Sri/Smt./Ms./Kumari.....

S/O, W/O, D/O.....

resident of.....

is personally known to me and is resident of Tripura for the last..... Years continuously. I have attested the form of the Applicant for grant of Permanent Resident Certificate on my personal knowledge.

That the facts given by the Applicant for the issue of Permanent Resident Certificate are genuine.

Name in Block Letters :

Signature of attesting authority

Address with official Seal :

For Office Use only

Tehsildhar's Remark

Revenue Inspector's Remark

DCM'S Remark
