

10. WHETHER FATHER OR ANY OF THE PATERNAL BLOOD RELATIVES OF THE PERSON FOR WHOM APST CERTIFICATE IS APPLIED FOR POSSESSES APST CERTIFICATE? IF 'YES', GIVE THE FOLLOWING DETAILS:

Name of Certificate Holder	Relation with the person for whom APST Certificate is applied for	Certificate No	Date of Issue	Issuing Authority

11. FOR CORRECTION OF APST CERTIFICATE OR ISSUANCE OF DUPLICATE APST CERTIFICATE:

For correction of APST Certificate (Original APST Certificate to be surrendered in case of any correction)			For duplicate APST Certificate (Lost Certificate issued by OC of concerned PS to be furnished in case of application for duplicate APST Certificate)	
Original STC Number	Date of Issue	Issuing Authority	Lost Certificate Number	Date of Issue

DECLARATION

I do hereby declare that I am a citizen of India and that the information/particulars furnished above are true and correct to the best of my knowledge and belief. I shall be liable to such penal action as provide for in law if any of these particulars is proved to be false.

Signature:- _____

Name:
(Self/Father/Mother/Guardian)

(In the case of a minor, the declarant shall be the father or if father is not alive, the mother and if neither of the parents are alive, the leg al guardian of such minor can sign the application).

ENCLOSURE:

1. 6 nos of recent passport size photograph.
2. Birth Certificate/Matriculation Certificate/ Aadhar Card/EPIC
3. APST Certificate of the applicant's father or of any relative having direct blood relation with the applicant from the paternal side.
4. Surrender Case: Original ST Certificate has to be surrendered

FORM - IX

DECLARATION BY 1ST/ 2ND REFEREE

DECLARATION OF 1ST REFEREE

I hereby declare that Shri/Smti/Miss _____ son/daughter
of Shri/Late _____ of village _____
_____, PO _____, Lohit District is personally known
to me. Shri/Smti/Miss _____ belongs to
_____ (tribe), which is recognized as Scheduled Tribe of the state of Arunachal
Pradesh. The applicant is my _____ (relation). I have Arunachal Pradesh
Scheduled Tribe Certificate, an attested copy of which I submit herewith in my favor. I accept the full legal
responsibility in giving this declaration.

Particulars of 1st referee:

Full Name: _____

Tribe: _____

Place of Birth: _____

Full Address: _____

Relationship with the applicant: _____

DECLARATION OF 2ND REFEREE

I hereby declare that Shri/Smti/Miss _____ son/daughter
of Shri/Late _____ of village _____
PO _____, Lohit District is personally known to me. Shri/Smti/Miss
_____ belongs to _____ (tribe), which is
recognized as Scheduled Tribe of the state of Arunachal Pradesh. The applicant is my
_____ (relation). I have Arunachal Pradesh Scheduled Tribe Certificate, an
attested copy of which I submit herewith in my favor. I accept the full legal responsibility in giving this
declaration.

Particulars of 2nd referee:

Full Name: _____

Tribe: _____

Place of Birth: _____

Full Address: _____

Relationship with the applicant: _____

APPLICATION NO. _____

FORM-IV
(IN CASE OF RURAL AREAS)

CERTIFICATE FROM RECOMMENDING COMMITTEE

Certified that the Recommending Committee of Village _____ is satisfied that Shri/Smti/Miss _____ son/daughter of Shri/Late _____ Application No. _____ is a permanent resident of _____ village under _____ circle of **Lohit** District of Arunachal Pradesh and belongs to the _____ Tribe which is recognized as a Scheduled Tribe in respect of the said District of the State of Arunachal Pradesh under the Constitution (Scheduled Tribes) Order 1950 and subsequent Amendment Acts/Orders.

Space for affixing a clear passport size photograph of the applicant	Space for affixing a clear passport size photograph of the applicant
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(Photos should be attested by the Head of the Recommending Committee).

Certified that the above satisfaction has been arrived after following the provisions and procedure laid down in the Arunachal Pradesh Scheduled Tribe Certificate Issuance Guidelines, 2022 notified vide Notification No. SJETA/WCD-14/2019 dated 01/08/2022

The Recommending Committee therefore recommends issuance of ST Certificate to the above named person. The Recommending Committee is both jointly and severally responsible for the above recommendation.

Name and Signature of the Members of the Recommending Committee

Sl No.	Designation	Name	Signature with Seal
1.	GPM of the concerned Gram Panchayat (Member)		
2.	Member of Concerned APEX CBO (Member)		
3.	HGB/GB concerned (Head of Recommending Committee)		

APPLICATION NO. _____

FORM -VII

(For Rural Areas)

CERTIFICATE FROM VERIFICATION COMMITTEE

Certified that verification conducted by the Verification Committee of Village/Town _____ revealed that Shri/Smti/Miss _____ son/daughter of Shri/Late _____ in respect of Application No. _____ is a permanent resident of _____ village/town under _____ Circle of **Lohit** District of Arunachal Pradesh and belongs to the _____ Tribe which is recognized as a Arunachal Pradesh Scheduled Tribe in respect of the said District of the State of Arunachal Pradesh under the constitution (Scheduled Tribes) Order, 1950 and subsequent Amendment Acts/Orders.

Space for
affixing a clear
passport size
photograph of
the applicant

(Photo should be attested by the Head of the Verification Committee).

Name and Signature of the Members of the Verification Committee

Sl No.	Designation	Name	Signature with Seal
1.	Officer-in-Charge (Local Police Station)/ ZPM Concerned		
2.	Circle Officer (Head of Verification Committee)		