ADDITION	110	
APPLICATION	NO.	



# FORM-I OFFICE OF THE DEPUTY COMMISSIONER LOHIT JAN SUVIDHA KENDRA



# APPLICATION FORM FOR SCHEDULED TRIBE CERTIFICATE

Affix recent passport size photo duly attested by the Administrative Office of the Concerned Circle

The	Deputy Commissioner	Addition	nal Dep	outy Co	ommissi	oner/S	ub-Di	vision	al Offic	er					
Sir, for S belo	I am to state that I ST Certificate in the fo w	am a pollowing	erson k prescri	pelong	ing to A	Arunaci	nal Pra which	adesh partio	Schedi culars a	uled T	ribe. I	hereb	y app	oly en	
1.	FULL NAME OF THE Shri/Smti/Ms.	E PERSO	N FOR	WHO	M APST	CERTII	ICATI	IS RE	QUIRE	D (IN I	BLOCI	( LETTI	ERS):		
				Treat	les i	H na	b in					2961	Agen		
2.	FATHER'S NAME (II	N CAPITA	AL LETT	TERS):						-N					
	Late/Shri						11 22	A	ana.	241			in qu		
3. I.	FATHER'S TRIBE: MOTHER'S NAME ( Late/Smti	IN CAPIT	AL LET	TERS)	:								_		
	Late/Jilli					R									
j.	MOTHER'S TRIBE:														
	PERMANENT ADDR	ESS:				ko ya n		lor (se			WILL DA	u, sun			
'ILLA	GE/TOWN							1					T	39 43	
OST	OFFICE													100	
OLIC	CE STATION										1	+	+	$\exists$	
IRCL	E												+		
ISTR	RICT			-									-		
TATE	: ARUNACHAL PRADE	SH											120		
	DATE OF BIRTH:														
	CONTACT NO:		Eller		T film			The second second second					i.		
	E-MAIL ID:							1100	is here	nd b					

APPLICATION NO				
10. WHETHER FATHER APST CERTIFICATE IS AP DETAILS:	R OR ANY OF THE PATERNA PLIED FOR POSSESSES APS	L BLOOD RELATION T CERTIFICATE?	/ES OF THE PER IF 'YES', GIVE	SON FOR WHOM THE FOLLOWING
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:

(Original APST	ection of APST Cer Certificate to be su se of any correction	urrendered in	For duplicate APST Certificate  (Lost Certificate issued by OC of concerned PS to be furnished in case of application for duplicate APS Certificate)		
Original STC Number	Date of Issue	Issuing Authority	Lost Certificate Number	Date of Issue	
			General Dathson	HORSE STREET	

## 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:**

- 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.
- Surrender Case: Original ST Certificate has to be surrendered

APPLICATION NO.		
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# FORM – IX DECLARATION BY 1<sup>ST</sup>/ 2<sup>ND</sup> REFEREE

a lapones of	DECLARATION OF 1 <sup>ST</sup> REFEREE
I hereby declare that Shri/Sr	mti/Miss son/daughte
of Shri/Late	
	of villago , PO, Lohit District is personally known
to me. Shri/Smti/	Miss
	tribe), which is recognized as Scheduled Tribe of the state of Arunacha
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 lega
responsibility in giving this de	claration.
	Particulars of 1 <sup>st</sup> referee:
	Full Name:
	Tribe:
	Place of Birth:
	Full Address:
hereby declare that Shri/Sm	DECLARATION OF 2 <sup>nd</sup> REFEREE
of Shri/Late	nti/Miss son/daughter
PO	of village
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 sub- declaration.	mit herewith in my favor. I accept the full legal responsibility in giving this
	Particulars of 2 <sup>nd</sup> referee:
	Full Name:
	Tribe:
	Place of Birth:
	Full Address:
	Relationship with the applicant:

APPLICATION	NO.
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## FORM-IV (IN CASE OF RURAL AREAS)

# CERTIFICATE FROM RECOMMENDING COMMITTEE

Shri/Smti/Miss	A	pplication No.	son/daughter of Shri/Late
Pradesh and belongs to the _ District of the State of Aruna Amendment Acts/Orders.	village under Tribe chal Pradesh under the	which is recognized	circle of Lohit District of Arunacha as a Scheduled Tribe in respect of the said duled Tribes) Order 1950 and subsequent
	THE RESERVE OF THE PARTY OF THE	E FAILURE IN MILES AND	Table on with live Dark Characters

(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)	With reality of the property o	to a select securescop on Equipment
2.	Member of Concerned APEX CBO (Member)	Autola Alba	CONTRACTOR OF MARKET I STREET THE SECOND STREET STR
3.	HGB/GB concerned (Head of Recommending Committee)		190.97 10 0.000 10 0.0000 10 0.000 10 0.000 10 0.000 10 0.000 10 0.000 10 0.000 10 0.0

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#### FORM -VII

#### (For Rural Areas)

## **CERTIFICATE FROM VERIFICTION COMMITTEE**

that Shri/Smti/Miss		eted by the Verification Committee of			
			son/daughter	of	Shri/Late
		in respect of Appl	in respect of Application No		
		village/town unde	r	Circle	
		sh and belongs to the			
		ibe in respect of the said District of t			
		rder, 1950 and subsequent Amendmen			
		Space for			
		affixing a clear			
		passport size			

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

photograph of the applicant

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)		