



REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI
APPLICATION FORM – DOMICILE CERTIFICATE

BENEFICIARY DETAILS

1.e-DistrictRegistration Number :

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(For already Registered User- Not to be filled in by first time Applicants or those having Aadhaar number)

OR

2. UID (AADHAAR) No :

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Name of Beneficiary :

4. Name of Father :

5. Name of Mother :

6. Name of Spouse :

7. Gender :

Male

Female

Other

8. Date of Birth :

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |

Beneficiary color
Passport Size
Photograph
Size – 5 x 4.5 (Cm.)
Or
2 x 1.75 (Inch)

9. Mobile No. :

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

e-Mail ID :

_____@_____

(in case of minor, provide parents contact details)

Present Address *(Address of Parents in case of Minor)*

House Name/No : _____

Sub-Locality : _____

Locality : _____

Village/ Town : _____

Sub- division : _____

District : _____

State : _____

Country : _____

PIN Code : _____

10. Whether the Present and Permanent Address is same :

Yes

No

if No, Permanent Address *(Address of Parents in case of Minor)*

House Name/No : _____

Sub-Locality : _____

Locality : _____

Village/ Town : _____

Sub- division : _____

District : _____

State : _____

Country : _____

PIN Code : _____

11. Period of Stay in Delhi: _____ Year(s) _____ Month(s)

12. Are you having any valid Domicile certificate of any other state/UT :

Yes

No

सत्यमेव जयते

**13. Details of continuous residence in Delhi**

a.

| Continuous 3 years | Year of Stay | Residence Proof of Beneficiary or Parents (in case of minor) (Please tick one, provide the document No. and attach the same for each year) | | |
|--------------------|--------------|---|--|---|
| I Year | | <input type="checkbox"/> AADHAR Card | <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> Driving License |
| | | <input type="checkbox"/> Passport | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Attestation from Gazetted Officers |
| | | <input type="checkbox"/> Water Bill Utility Name : _____ | | <input type="checkbox"/> Electricity Bill DISCOM Name : _____ |
| | | <input type="checkbox"/> Telephone Bill Comp Name : _____ | | <input type="checkbox"/> Gas Bill Comp Name _____ |
| | | <input type="checkbox"/> Rent Agreement | <input type="checkbox"/> Educational certificate * | |
| | | <input type="checkbox"/> Bank Passbook | Document No : <input type="text"/> | |
| | | | | |
| II Year | | <input type="checkbox"/> AADHAR Card | <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> Driving License |
| | | <input type="checkbox"/> Passport | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Attestation from Gazetted Officers |
| | | <input type="checkbox"/> Water Bill Utility Name : _____ | | <input type="checkbox"/> Electricity Bill DISCOM Name : _____ |
| | | <input type="checkbox"/> Telephone Bill Comp Name : _____ | | <input type="checkbox"/> Gas Bill Comp Name _____ |
| | | <input type="checkbox"/> Rent Agreement | <input type="checkbox"/> Educational certificate * | |
| | | <input type="checkbox"/> Bank Passbook | Document No : <input type="text"/> | |
| | | | | |
| III Year | | <input type="checkbox"/> AADHAR Card | <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> Driving License |
| | | <input type="checkbox"/> Passport | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Attestation from Gazetted Officers |
| | | <input type="checkbox"/> Water Bill Utility Name : _____ | | <input type="checkbox"/> Electricity Bill DISCOM Name : _____ |
| | | <input type="checkbox"/> Telephone Bill Comp Name : _____ | | <input type="checkbox"/> Gas Bill Comp Name _____ |
| | | <input type="checkbox"/> Rent Agreement | <input type="checkbox"/> Educational certificate * | |
| | | <input type="checkbox"/> Bank Passbook | Document No : <input type="text"/> | |
| | | | | |

*Only educational certificate for all the three consecutive years will not be considered for issuance of Domicile Certificate

b. If Attested by Group 'A' Gazetted Officer :

| | | | |
|-------------------------|---------|---------------------------------|------------------------|
| i. Name of Officer | : _____ | v. ID Card (Please attach also) | : <input type="text"/> |
| ii. Designation | : _____ | vi. ID Card No | : <input type="text"/> |
| iii. Name of Department | : _____ | vii. Telephone No | : <input type="text"/> |
| iv. Address | : _____ | viii. Mobile No | : <input type="text"/> |
| | | ix. e-Mail ID | : _____@_____ |

14. Identity Proof of Beneficiary(Please tick one, provide the document No. and attach the same)

| | | |
|--|--|---|
| <input type="checkbox"/> Aadhaar Card | <input type="checkbox"/> Passport | <input type="checkbox"/> Letter (attested) from School Principal (for minor only) |
| <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> Ration Card with Photograph | <input type="checkbox"/> School ID Card (for minor only) |
| <input type="checkbox"/> PAN Card | <input type="checkbox"/> Driving License | <input type="checkbox"/> Birth Certificate (for minor below 5 years only) |
| <input type="checkbox"/> Any Govt. recognized document | Document No : <input type="text"/> | |

15. Identity Proof of Parents (in case parents applied on behalf of minor)(Please tick one, provide the document No. and attach the same)

| | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Aadhaar Card | <input type="checkbox"/> PAN Card | <input type="checkbox"/> Ration Card with Photograph |
| <input type="checkbox"/> Voter ID Card | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving License |
| <input type="checkbox"/> Any Govt. recognized document | Document No : <input type="text"/> | |

Declaration

I hereby solemnly affirm & declare that, all of the above furnished information, is true & correct to the best of my knowledge. I am fully aware that furnishing incorrect or false or forged information will lead to punitive action against me under the relevant statutory provisions.

Date: DD MM 20YY

Place: _____

Signature of Beneficiary :
(Parents Signature in case of Minor)