

REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI APPLICATION FORM — SC/ST CERTIFICATE

Beneficiary Details																
1.6	e-DistrictRegistration Numb For already Registered User-		in by first	time Ap	plicant OR	s or th	ose h	aving	Aad	dhaa	r nui	mber))			
2.	UID (AADHAAR) No	:														
3. 4. 5. 6. 7.	Name of Beneficiary Name of Father Name of Mother Name of Spouse Gender Date of Birth	:	Male MM YY								 ner			color P Size -	hotogra	ort Size aph 5 (Cm.)
9.	Present Address (Address of House Name/No: Locality: Sub- division: State: PIN Code: Whether the Present and			ă	φ. Γ	Vil Dis Co	b-Loo lage, strict untr	/Tow		:						
	if No, Permanent Address House Name/No:	(Address of Par	ents in case	of Mino		case of Su Vil Dis		cality /Tow	/	; ; ; ;	vide d	addres				
12.	Mobile No. : (in case of minor, provide p	arents contac	t details)		Ų	e-M	lail II	D :		Ď.			@			
	Di	TAILS REQU	IRED FOI	R ISSU	ANCE	OF S	C/ST	CEF	RTIF	ICA	TE					
14. 15. 16.	Applying for Applying For State If Other State, Specify Na Name of Caste Religion (In case of SC)	: : (Applicable me of State: : :	only for S	hedule elhi <i>C Certifi</i> ndu			ikh	Dis	tric		Oth	edule er St		oe		-
18.	Whether the applicant or Yes Migration State	his/her fam Migration D	+1	q	om oth	13	1	익	1	09-1			Delhi?		Year	
No (attach residence proof before 20-09-1951 of Delhi or SC certificate Issued to Father/ Parental Blood Relative) 19. Duration of residence in Delhi :Year(s)Month(s)																
20.	Whether any of the pater	nal blood re	lations o	f the a	pplica	nt po	sses	ses S	che	edul	ed C	Caste	e/Trib	e cer	tifica	te?



a. Yes (if yes, Provide below details & attach an attested copy of Certificate issued to Father/Paternal blood relationship)											
Name of Certificate Holder Relation v	with Applicant	Certificate No	Date of Issu	le Issuing Authority Address							
No. 6											
NO (Provide one caste verification from MP/MLA/Councillor and one from Gazetted Officer or two caste verification from Gazetted officer) (Only for the issuance of SC certificate for Delhi state to the resident of Delhi prior to 20-09-1951)											
Provide details of Caste verifying authority(MP/MLA/Councillor/Gazetted Officer)											
i. Name of verifier : v. ID Card (Please attach also) : ii. Designation : vi. ID Card No :											
ii. Designation :			:								
iii. Name of Department:		vii. Tele									
iv. Address :		viii. Mo	:								
ix. e-Mail ID :@											
i Name of verifier											
ii Designation											
iii. Name of Department :			ephone No								
iv. Address :		viii. Mo	•								
and the same of	mark College	ix. e-N	lail ID	@							
21. Purpose of obtaining Certificate :											
22. Identity Proof of Beneficiary(Please tick	k one, provide the	document No. a	nd attach the sa	me)							
Aadhaar Card	Passport	Letter (att	Letter (attested) from School Principal (for minor only)								
Voter ID Card	Ration Card wit	th Photograph	School ID	Card (for minor only)							
PAN Card	Driving License			Birth Certificate (for minor below 5 years only)							
Any Govt. recognized document	ESSI-SI		nent No:								
23. Identity Proof of Parents (in case parents applied on behalf of minor)(Please tick one, provide the document No. and attach the same)											
Aadhaar Card											
Voter ID Card	Passport	W 2000	Driving Lie	cense							
Any Govt. recognized document Document No:											
24. Present Address Proof of Beneficiary/Po	arents(in case of	minor) (Please ti	ic <mark>k one,</mark> provide t	he document No. and attach the same)							
AADHAR Card	Voter	ID Card	Driving	g License							
Passport	Ration	Card	Electri	city Bill DISCOM Name							
Water Bill Utility Name	1000		Gas Bill Comp Name								
Telephone Bill Company name			Any G	Any Govt. recognized document							
Rent Agreement (Registered)	Bank Pa	ssbook Doc	ument No :								
25. Permanent Address Proof of Beneficiary				le the document No. and attach the same)							
AADHAR Card		ID Card		g License							
Passport	Ration			city Bill DISCOM Name							
	Ration	Cara		Gas Bill Comp Name							
Telephone Bill Company name		ovt. recognized document									
Rent Agreement (Registered) Bank Passbook Document No:											
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 Signature of Beneficiary :											
(Parents Signature in case of minor)											
Place:											