

GOVERNMENT OF MEGHALAYA
APPLICATION FORM FOR CERTIFICATE FOR
RESIDENTIAL CERTIFICATE
UNDER eDISTRICT MMP FOR FC/PFC/CSC etc.
(Please use **CAPITAL** letters to fill in the application form)

Photograph

A. Applicant Details:

1. Name of the Office to whom application is made: _____
2. Applicant's Name in Full: * _____ (Shri/ Smti/Kumari)

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(First Name) (Middle Name) (Last Name)
3. Alias (if any) : _____
4. Gender *: Male Female Others
5. Date of Birth *:

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 (dd/mm/yyyy)
6. Place of Birth : _____
7. Mobile No. *: _____ 8. E-mail: _____
9. Nationality* _____ 10. Date from which applicant is residing in State/District* _____
- 11.a. . EPIC No. : _____ 11.b. Aadhaar Number : _____
12. Whether staying in Rented House?* Yes No (if yes) 7.b. Name of House Owner: _____
13. Present Occupation: * Student Govt. Servant Non. Govt. Servant Business unemployed
(If Govt. Servant or non-Govt. Servant) Name of Organization* _____ Designation* _____ Place of Posting* _____
14. Are either of your parent Government servant?* Yes No
(If Yes Attach government servant proof of parents)
15. Community of the Applicant*: _____
16. Purpose for applying for residential Certificate*: Recruitment/Education/Medical/Passport/
16.b. If Others: _____ Opening of Bank Account/Others
17. Do you have any certificate issued from this office? Yes/No (If Yes, attach proof)

B. Present Address :

18. State *: _____ 19. District *: _____
20. Village/ Town*: _____ 21. Locality *: _____
22. Sub-Locality : _____ 23. Nearest Landmark : _____
24. Post Office* : _____ 25. Police Station/ Outpost *: _____
26. Pin code: _____

C. Permanent Address: Same as above Yes

27. State *: _____ 28. District *: _____
29. Village/ Town*: _____ 30. Locality *: _____
31. Sub-Locality: _____ 32. Nearest Landmark _____
33. Post Office*: _____ 34. Police Station/Outpost *: _____
35. Pin code: _____

D. Parents/Guardian Details:

36. Father's Name in Full (Shri/Lt./Dr.) *: _____
37. Father's Nationality *: _____
38. Mother's Name in Full (Smt./Lt./Dr.):* _____
39. Mother's Nationality *: _____
40. Guardian Name in Full (Shri/Smt./Mr./Mrs./Dr.): _____
41. Self/Parent's/Guardian's EPIC NO: _____

E. Declaration:

I do hereby declare that the statements made above are true to the best of my knowledge and belief. If these statements are found to be misrepresented or suppressed or the statement found falsely stated, I shall be liable to be prosecuted and legal action can be taken against me.

Date:

Place:

Signature of the Applicant

1. All columns marked with * are mandatory fields and must be filled in
2. Please refer the checklist for documents to be enclosed along with application form

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For Office Use: Checks before accepting the application - **1.** All mandatory fields are filled in properly

2. Signature of applicant & date of submission is mentioned

Verified & Accepted by:

Date:

Signature of Receiving Assistant

CSC/PFC Token No:

Mandatory Enclosures for-Certificate for Recruitment into Armed/Paramilitary/Police Force :

1. Coloured Passport Size photographs
2. Birth Certificate/SSLC Admit Card
3. Any One of Residential Proof (Ration Card/Land Documents/EPIC/Electricity Bill/Telephone Bill/Any Government Certificate)
4. Supporting documents to indicate why certificate is required.
5. Certificate from Appointing/Controlling Officer (Applicable only for those applicants whose either parent is a Government Servant. It has to be submitted in below format)
6. Either of Father's /Mother's /Guardian's EPIC is Mandatory
- 7 Any Certificate issued from this office

(For Applicants whose either parents is Government Employee)
FORMAT OF CERTIFICATE FROM THE APPOINTING /CONTROLLING OFFICER
To Whom it may Concern

No:

Date

This is to certify that shri/smti _____ aged ___ years, son/daughter of _____ is a regular employee of this Department/Directorate/Office since _____.
He/She is working as _____ which is a sanctioned post.

Date:

Name:

Place:

Designation:

Phone No:

Seal:

Mobile No:

GOVERNMENT OF MEGHALAYA
Acknowledgement Receipt from PFC/CSC Operator in eDISTRICT MMP

Service Applied for : Residential Certificate

Name of Applicant:

CSC/PFC Token No:

CSC/PFC Location:

Signature of Receiving Person

Date of form submission