

**APPLICATION FORM FOR ORPHAN CERTIFICATE FROM THE  
ADDITIONAL DEPUTY COMMISSIONER**

.....  
**ARUNACHAL PRADESH**

1. Name of applicant (In block letters)

.....

2. Name of person whom required

.....

3. Present address, Village

.....

4. Post office

.....

5. Police station

.....

6. District

.....

7.  Tribes/  Caste

8. Father's name

.....

9. Date of death (with medical certificate)

.....

10. Mother's name

.....

11. Date of death (with medical certificate)

.....

12. Name of guardian

.....

13. Relationship with guardian

.....

14. Occupation

.....

15. Purpose of which certificate is required

.....

16. Police verification report

.....

17. Name of witness

.....

1.

.....

2.

.....

3.

.....

Place : .....

Date : .....

.....  
Signature of applicant

VERIFICATION

I Shri \_\_\_\_\_ ASM of village under  
\_\_\_\_\_ Administration circle verified personally and  
statement furnished by the applicant are correct to the best of knowledge and belief.

\_\_\_\_\_  
\_\_\_\_\_  
( Name and Signature )  
 ASM/  ZPM/  MP/  MLA/(with seal)

Certified that the above particulars furnished by the applicant are the correct to the best of my  
knowledge and belief.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of concerned administration  
officers of the area (With seal)