

GOVERNMENT OF MEGHALAYA
OFFICE OF THE DEPUTY COMMISSIONER : EAST KHASI HILLS DISTRICT : SHILLONG
APPLICATION FORM FOR SENIOR CITIZEN CERTIFICATE
(Please use **CAPITAL** letters to fill in the application form)

1. Applicant's Name*: Shri/Smt/Kum/Dr _____
(First Name) (Middle Name) (Last Name)

2. Gender*: Male Female

3. Date of Birth*: (dd-mm-yyyy) OR Age _____ Years

4. Father's/Mother's / Husband's Name in full*: Shri/Smti _____

Address*:

5. Locality*: _____ 6. Village/Town/*: _____

7. District*: _____ State*: MEGHALAYA

8. EPIC Number: _____

9. Contact Number*: _____ (residence with STD code) _____ (mobile)

10. Emergency Contact Number: _____ (with STD code)

11. Email ID _____

12. Whether Applicant was in Government Service: Yes No

13. Blood Group*: _____

Date: _____

Signature of Applicant

Place: _____

For Office Use:

Verification checks before accepting the application:

1. All mandatory fields (marked with *) are filled in properly
2. Signature of applicant & date of submission is mentioned
3. Following necessary documents to be submitted along with the application.

- | | |
|--|--------------------------|
| (i) Two Passport Size Photographs | <input type="checkbox"/> |
| (ii) Birth Certificate / Age Certificate from Government Doctor | <input type="checkbox"/> |
| (iii) Pension Payment Order (for retired government servants) | <input type="checkbox"/> |
| (iv) Any one of Residential Proof (Ration Card/Patta/EPIC/Electricity Bill/Telephone Bills) | <input type="checkbox"/> |

Signature of Receiving Assistant & Date

Important Note:

- All columns marked with * are mandatory fields to be filled in.
- Please see the checklist for the documents to be enclosed.