

GOVERNMENT OF MEGHALAYA
OFFICE OF THE DEPUTY COMMISSIONER: _____ DISTRICT
APPLICATION FORM FOR SENIOR CITIZEN CERTIFICATE
(Please Use CAPITAL letters to fill in the application form)

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

Gender*: Male Female

Date of Birth* (dd mm yyyy) OR Age _____ Years _____

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

Address:

1. Locality* _____

2. Village/Town/* : _____

3. District*: _____ State*: MEGHALAYA

4. EPIC Number: _____

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

6. Emergency Contact Number _____ (with STD code)

7. Email ID _____

8. Whether Applicant was in Government Service: Yes No

9. Blood Group*: _____

Date:

Place:

Signature of Applicant

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
 - (ii) Birth Certificate/Age Certificate form Government Doctor
 - (iii) Pension Payment Order (for retired government servants)
 - (iv) Any one of Residential Proof (Ration Card/Patta/EPIC/Electricity Bill/
Telephone Bills)/Headman Certificate

Signature of Receiving Assistant & Date

GOVERNMENT OF MICHIGAN
OFFICE OF THE CLERK OF THE COURT

SENIOR CITIZENSHIP CARD



Name

Date Of Birth

No. SCC/<District Code>/2012/1

Deputy Commissioner
<District Name>

Holder's Signature

Date of Issue

Blood Group

Emergency contact

Address

Loss of this card may be reported to the Issuing Authority