



OFFICE OF THE DEPUTY COMMISSIONER
NAMSAI
JAN SUVIDHA



**TEMPORARY RESIDENCE CERTIFICATE
GENERAL (FORM-O)**

Applicant Code : _____
(to be filled by office only)

Passport
Photo

1. Name of applicant _____

2. Name of applicant whom certificate is required (Full name) _____

3. Father's/Husband's Name _____

4. Name &Address of shop
Owner/person under Care of _____
Whom applicant is working

Village _____

Post Office _____

Police Station _____

District _____

5. Permanent Address
Village _____

Post Office _____

Police Station _____

District _____

State _____

Circle _____

6. Relationship with the Applicant
(Other than own children, submit
Documentary evidence of guardianship
Dependent certificate etc) _____

7. Year since the applicant whom
Certificate is required has been
Residing at..... _____
_____ Eg, 1986

8. Place of Birth (with State) _____

9. Reason for which certificate
Is required _____

10. Email Id _____

11. Mobile No. _____

(APPLICANT'S NAME)
Signature with Date

DEPENDENCE / EVIDENCE OF GUARDIANSHIP CERTIFICATE

Certified that all Mr./Miss./Shri/Smti.
is know to me and has been temporary residing in
since

(NAME IN BLOCK LETTERS)
Signature of Local guardian

VERIFICATION

Certified that all the above information have been verified and
recommended to issue TRC to the applicant.

(NAME IN BLOCK LETTERS)
Signature of GB/ASM
With seal

Enclosures

1. Copy of 2 recent passport size photograph
* one attested on front.
* one without attestation.
2. Attested copy of Birth Certificate
3. Attested copy of Education Certificate
4. Attested copy of PRC or Election ID card
5. Attested copy of Inner Line Permit
6. Attested copy of Trading License

***** In complete application form in any respect will be REJECTED ******



GOVERNMENT OF ARUNACHAL PRADESH

EVIDENCE OF GUARDIANSHIP / DEPENDENCE CERTIFICATE

TRC FORM-C (General)

Certified that Shri/Smt./Miss _____ S/o W/o D/o Shri /
Late _____ is known to me and has been temporarily residing at
_____ in _____ District, Arunachal Pradesh

(Name in Block Letters)

Signature of Local Guardian

RECOMMENDATION BY LOCAL ADMINISTRATIVE OFFICER

TRC FORM-C (General)

Certified that the above information has been verified and recommended for issue of Temporary Resident Certificate (TRC) to the applicant.

(Signature & Office seal)

Name: _____

Designation: _____