



OFFICE OF THE DEPUTY COMMISSIONER
NAMSAI
JAN SUVIDHA



**TEMPORARY RESIDENCE CERTIFICATE
GOVERNMENT (FORM-A)**

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 Name

4. Category: APST/Non APST
5. E-Mail ID _____
6. Permanent Address

Village	_____
Post Office	_____
Police Station	_____
District	_____
State	_____
7. Designation and office address

Designation	_____
Department	_____
Village	_____
Post Office	_____
Police Station	_____
District	_____
8. Relationship with the Applicant
(Other than own children, submit
Documentary evidence of guardianship
Dependent certificate etc)
9. Year since the applicant whom
Certificate is required has been
Residing at _____
Eg, 1986
10. Reason for which certificate
Is required _____
11. Contact No. _____
12. Date of Birth _____

I do hereby declare that the above particulars are true and correct to the best of my knowledge and belief. I shall be punishable in the event of finding any of the above particulars false, even in future.

(APPLICANT'S NAME)
Signature with Date

DECLARATION

Certified that the applicant has been serving at in
this office since as per our records.

Certified that the permanent Home address as submitted by the applicant
has been verified as per our service records.

(NAME IN BLOCK LETTERS)

Signature of Controlling Officer
(With Seal & Designation)

Document Required TRC

Mandatory:

1. APST (Government)
(a) Appointment Order/Transfer Order

1. Copy of 2 recent passport size photograph
2. Attested copy of Birth Certificate.
3. Attested copy of Education Certificate.
4. Attested copy of Election I/D Card.
(In case of minor father election I/D card)
5. Attested copy of ILP.

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



GOVERNMENT OF ARUNACHAL PRADESH

EVIDENCE OF GUARDIANSHIP / DEPENDENCE CERTIFICATE

TRC FORM-A (Government)

Certified that Shri/Smt./Miss _____ S/o W/o D/o Shri / Late
_____ is ordinarily a resident of _____ village under _____
Circle/Sub-Division and his/her parents/guardian Shri/Smt _____ is an employee
of _____ department since _____.

Hence, I recommend the applicant for issue of Temporary Resident Certificate.

(Name in Block Letters)

Signature and seal of HoD/Controlling Officer With name & Seal

RECOMMENDATION BY LOCAL ADMINISTRATIVE OFFICER

TRC FORM-A (Government)

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: _____