

## **FORM III**

To,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### **Sub: Application for Issue of Residence Certificate**

Sir,

I the undersigned request you to kindly issue me a residence certificate as per the below given address as I am residing at \_\_\_\_\_ since my Birth/Since last \_\_\_\_\_ years and \_\_\_\_\_ months.

The details of my place of residency periodically etc are as under:-

1. A) Full name of the applicant: \_\_\_\_\_  
Age \_\_\_\_\_ married/unmarried \_\_\_\_\_ (If married Husband's Name): \_\_\_\_\_  
B) Parents Name ----- Father: \_\_\_\_\_  
Mother: \_\_\_\_\_
2. Occupation : \_\_\_\_\_
3. Name of the head of the household in which he/she applicant resides: \_\_\_\_\_
4. Place of Residence: \_\_\_\_\_
5. House No. \_\_\_\_\_
6. House is located at i.e. Village/Vaddo/Street etc.: \_\_\_\_\_
7. Name of the Village Panchayat/Municipal Council: \_\_\_\_\_
8. The period of Residence or since when the applicant Resides at the above mentioned place: \_\_\_\_\_
9. The place of residence prior to the place of residence as indicated Above in case the applicant is not staying continuously at The above given address: \_\_\_\_\_
10. If employed during the last 6 months: \_\_\_\_\_
11. If in business the place of business during the last 6 months: \_\_\_\_\_
12. If Student, the place of study during the last 6 months  
Name of the school, Institution & Standard in which studying: \_\_\_\_\_
13. Relationship of the applicant with the head of the household  
With whom he / she resides: \_\_\_\_\_
14. Whether the applicant's name is included in ration card of this taluka and  
The electoral roll, in the affirmative indicated ration card no. and electoral roll no  
and since when it is included: \_\_\_\_\_
15. Whether the applicant has any immovable property of shares in it  
the place of Residence and if so give details: \_\_\_\_\_
16. Purpose for which the residence certificate is required and  
Before whom it is to be produced: \_\_\_\_\_

Place:

Date:

\_\_\_\_\_  
*Signature of the Applicant*

*N.B. If it is found the replies given by the applicant to the question set above or to any of them are incorrect an admission obtain is shall be summarily cancelled.*