

**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 from 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

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Signature of Receiving Assistant & Date

GOVERNMENT OF MECHANICAL  
OFFICE OF THE DEPUTY COMMISSIONER  
OF THE DISTRICT

SENIOR CITIZENSHIP CARD



Name

Date Of Birth

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

\_\_\_\_\_  
Holder's Signature

Deputy Commissioner  
<District Name>

Date of Issue

Blood Group

Emergency contact

Address

Loss of this card may be reported to the Issuing Authority