

**13. Details of continuous residence in Delhi**

a.

Continuous 3 years	Year of Stay	Residence Proof of Beneficiary or Parents (in case of minor) (Please tick one, provide the document No. and attach the same for each year)		
I Year		<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
		<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Attestation from Gazetted Officers
		<input type="checkbox"/> Water Bill Utility Name : _____		<input type="checkbox"/> Electricity Bill DISCOM Name : _____
		<input type="checkbox"/> Telephone Bill Comp Name : _____		<input type="checkbox"/> Gas Bill Comp Name _____
		<input type="checkbox"/> Rent Agreement	<input type="checkbox"/> Educational certificate *	
		<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>	
				<input type="text"/>
II Year		<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
		<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Attestation from Gazetted Officers
		<input type="checkbox"/> Water Bill Utility Name : _____		<input type="checkbox"/> Electricity Bill DISCOM Name : _____
		<input type="checkbox"/> Telephone Bill Comp Name : _____		<input type="checkbox"/> Gas Bill Comp Name _____
		<input type="checkbox"/> Rent Agreement	<input type="checkbox"/> Educational certificate *	
		<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>	
				<input type="text"/>
III Year		<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
		<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Attestation from Gazetted Officers
		<input type="checkbox"/> Water Bill Utility Name : _____		<input type="checkbox"/> Electricity Bill DISCOM Name : _____
		<input type="checkbox"/> Telephone Bill Comp Name : _____		<input type="checkbox"/> Gas Bill Comp Name _____
		<input type="checkbox"/> Rent Agreement	<input type="checkbox"/> Educational certificate *	
		<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>	
				<input type="text"/>

*Only educational certificate for all the three consecutive years will not be considered for issuance of Domicile Certificate

b. If Attested by Group 'A' Gazetted Officer :

i. Name of Officer	: _____	v. ID Card (Please attach also)	: _____
ii. Designation	: _____	vi. ID Card No	: <input type="text"/>
iii. Name of Department	: _____	vii. Telephone No	: <input type="text"/>
iv. Address	: _____	viii. Mobile No	: <input type="text"/>
		ix. e-Mail ID	: _____@_____

14. Identity Proof of Beneficiary(Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Letter (attested) from School Principal (for minor only)
<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Ration Card with Photograph	<input type="checkbox"/> School ID Card (for minor only)
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> Birth Certificate (for minor below 5 years only)
<input type="checkbox"/> Any Govt. recognized document	Document No : <input type="text"/>	
		<input type="text"/>

15. Identity Proof of Parents (in case parents applied on behalf of minor)(Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Ration Card with Photograph
<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License
<input type="checkbox"/> Any Govt. recognized document	Document No : <input type="text"/>	
		<input type="text"/>

Declaration

I hereby solemnly affirm & declare that, all of the above furnished information, is true & correct to the best of my knowledge. I am fully aware that furnishing incorrect or false or forged information will lead to punitive action against me under the relevant statutory provisions.

Date: DD MM 20YY

Place: _____

Signature of Beneficiary :
(Parents Signature in case of Minor)