

APPLICATION FORM FOR ISSUANCE OF GUARDIANSHIP CERTIFICATE

(Fields marked * are mandatory)

Documents Required

Mandatory Documents

1. Proof of Identity of Applicant - Voter ID / Aadhaar Card / PAN Card / Passport.. etc *

Paste Applicant
Photo

Supporting Documents

1. Certificate in support of disability (if applicable)
2. Legal Heir Certificate / Birth Certificate (if minor)
3. Documentary Evidence in Support of receipt of Pension, family Pension, retirement / Death Gratuity etc of the deceased
4. Any other document in support/claim

Delivery Time Lines : Estimated Timelines to Process The Application (Expected Date of Delivery) - **30 Working Days**

(Expected date is calculated excluding holidays)

Fill all the details in the block letters.

Personal Details

Applicant Name* :- _____

Gender* :- _____ Marital Status*:- _____

Date of Birth* :- _____ Age* :- _____

Aadhar Number :- _____ Religion :- _____

Phone No :- _____ Mobile No:- _____

Email Id :- _____

Parent's Details

Father Name* :- _____

Mother Name* :- _____

Permanent Address :- Urban Rural

Applicant residing outside Odisha? If Yes -

State*	:-	_____		
District *	:-	_____	Sub Division *	:- _____
Tahsil *	:-	_____	RI Circle *	:- _____
Village *	:-	_____	GP /ULB	:- _____
House no. / Street Name	:-	_____	Police Station *	:- _____
Post Office	:-	_____	Pin	:- _____

Family Members / Guardian Details (In case of minor or person unable to manage his/her own affairs)

If any other person other than applicant filling the Application? * Yes No

Relation With Applicant* :- _____
Submitter's Name* :- _____

Present Address :- Urban Rural

Is Present Address Same as Permanent Address? Yes No

(If "No" please fill the Present address given below)

State *	:-	_____		
District *	:-	_____	Sub Division *	:- _____
Tahsil *	:-	_____	RI Circle *	:- _____
Village *	:-	_____	GP /ULB	:- _____
House no. / Street Name	:-	_____	Police Station *	:- _____
Post Office	:-	_____	Pin	:- _____

Legal Guardian (Proposed)

Name* :- _____ Age* :- _____

Father's Name*:- _____ District*:- _____

Subdivision*:- _____ Tahasil*:- _____

RI Circle*:- _____ Village*:- _____

Police Station*:- _____

Relation with the minor / Person Incapable of managing his / her own affairs*:- _____

Purpose: _____

Declaration

I do hereby declare that the information given by me in this application form is true to the best of my knowledge and I have suppressed / misrepresented any fact. That, I am solely responsible for the accuracy of the declaration and information furnished and shall be liable for the action under section 199, 200 and 420 of Indian Penal Code and other relevant laws / rules in case of furnishing wrong declaration and information. Also, I am well aware of the fact that the certificate shall be summarily cancelled and all the benefits availed by me shall be summarily withdrawn in case of furnishing wrong declaration and information.

I Agree :- _____ *

Place:- _____ *