

## Tripura Commission for Women

## MELARMATH, AGARTALA-799001, WEST TRIPURA

PHONE: (0381) 232-3355/232-2912 35 623 92

(Form is available in the Commission free of cost)

tripuracommissionforvomen@ qmail.com.

## FORM OF APPLICATION

1.	Name of the Applicant :			
2.	Name of the Father/Husband			
3.	Permanent Address :	C/o.:	PO:	
		Vill.:	Panchayat/:	
		Police Station :	Ward No.	
		Sub-Divn. :	District :	
		PIN:	Phone:	
4.	Present Address :	C/o.:	PO:	
		Vill.:	Panchayat/ :	
		Police Station :	Ward No.	
		Sub-Divn. :	District :	
		PIN:	Phone:	
5.	Description of Victim :			
a.	Age :			
b.	Educational Qualification :			
C.	Caste ( ✔ )			
d.	Religion ( ✔ )			
e.	Monthly Income of Victim :			
f.	Official Address :			
6.	Description of Accused Person:			
a.	Name :			
b.	Age :			
c.	Name of the Father			
d.	Present Address :	C/o. :	PO :	
		Vill.:	Panchayat/ :	
		Police Station :	Ward No.	
		Sub-Divn. :	District :	
		PIN:	Phone:	
e.	Caste (✔)	ST/SC/OBC/GEN/RM/OTHERS		
f.	Religion :	Hindu/Muslim/Christian/Buddhist/C	Hindu/Muslim/Christian/Buddhist/Others	
g.	Official Address			

Monthly Income of Accused Person			
Address of DDO in case of Govt. Employee			
Whether FIR Lodged ( ✔ )	Yes/No		
in nearer PS			
If FIR lodged, Name of the PS(Enclo: Copy of FIR)			
a) Nature of Complaint			
b) Brief summary of			
Complaint (On shortage of space for wi	iting a separate sheet ma	y be attached, if necessar	<b>-y)</b>
			1000

Date:

Signature (Full Name) of Complaint