

**GOVERNMENT OF ASSAM
INDIGENOUS AND TRIBAL FAITH AND CULTURE DEPARTMENT, DISPUR
REGISTRATION FORM**

A. About the Applicant	
1	Name of the Institution/ Community/ Tribe / Entity
2	Address Village/Ward/Street P.O. P.S. District, PIN
3	Name of the Head of the institution with phone number and email Name Phone Email
4	Names of office bearers of the institution with phone number and email 1 2 3
5	Year of establishment if any
6	Registration No. if any
7	Whether traditional or not
8	The community or tribe to which it belongs
9	Geography of the Inhabitant State <input type="checkbox"/> District <input type="checkbox"/> Subdivision <input type="checkbox"/> Block <input type="checkbox"/> Other territory <input type="checkbox"/>
10	Community or tribe for which to work
11	Kind of work (Insert check mark in the appropriate boxes) Social <input type="checkbox"/> cultural <input type="checkbox"/> Pertaining to faith <input type="checkbox"/> Economic <input type="checkbox"/> Developmental <input type="checkbox"/> Political <input type="checkbox"/>

B. About the Tribe/ Community

12	Whether indigenous or not	
13	Whether tribal or non-tribal	
14	Status of the community (Insert check mark in the appropriate boxes)	ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> MOBC <input type="checkbox"/>
15	Population of the community	Male Female Other
16	Profile of the community : Name of	Language Script
17	Names of Faiths/Religions/Religious Sects of the community	Faith/ Religions Religious Sect
18	Names of Religious institutions if any	
19	Existence of Traditional crafts (Insert check mark in the appropriate boxes)	Weaving <input type="checkbox"/> Woodcraft <input type="checkbox"/> Bamboo craft <input type="checkbox"/> Earthen ware <input type="checkbox"/> Rock cutting <input type="checkbox"/> Metalwork <input type="checkbox"/>
20	Oral tradition: Names of	Myths Legends Epics Tales Ballads Songs Other folk narratives
21	Performing Arts: Names of	Songs Dances Musical Instruments Drama
22	Name of the Customs: Related to	Birth Puberty Wedding Death

23	Names of Festivals	1 2 3 4 5
24	Names of Methods of Cultivation (Insert check mark in the appropriate boxes)	Wet <input type="checkbox"/> Jhoom <input type="checkbox"/> Terrace <input type="checkbox"/> Any other <input type="checkbox"/> Name :
25	Name of the traditional dormitory if available (Insert check mark in the appropriate boxes)	Morung <input type="checkbox"/> Chhamadi <input type="checkbox"/> Jirsong <input type="checkbox"/> Any other <input type="checkbox"/> Name :
26	Names of any other Social Institutions	
27	Names of Manuscripts of the community if available	
28	Names of publications of the Institution if any	
C. About the Faith and Culture of the Tribe/ Community		
29	Whether the Faith of the Tribe/ Community is traditional or not	
30	If not Name of the Guru of the faith	
31	Tentative number of followers	
32	A brief note about the faith in 100 words	
33	A brief note about the culture of the community in 100 words	
D. Problems Faced in Proteting the Faith and Culture		
34	Problems may be mentioned	1 2 3

Signature of Applicant(s)

Recommendation of Deputy Commissioner/ SDO