FORM FOR APPLICATION FOR THE ISSUE OF CERTIFICATE OF INCOME IN PANCHAYAT AREA

| 1. | . Name and address of the applicant: | | | | | | | |
|----|---|--------------------------------------|--------------|------------|--------------------|-------------------|--|--|
| 2. | Date and place of birth: | | | | | | | |
| | | | | | | | | |
| | Profession / Occupation: a) Are you married? If so, Wife's / Husbands Name: | | | | | | | |
| | b) His / Her profession / Occupation: | | | | | | | |
| | c) Number of earning members in the family: | | | | | | | |
| | d) Please give their monthly income separately: | | | | | | | |
| | e) How many children do you have: | | | | | | | |
| | f) Details of Income of the Family Members: | | | | | | | |
| | Sr. No. | Name | Relationship | Age | Occupation | Monthly Income | | |
| | | | | | | | | |
| 5. | Do you, your wife / Husband have any Immovable property? If so, give description and value And Income derived from the same. | | | | | | | |
| 6. | | | | | | | | |
| | If so indicate the same. | | | | | | | |
| 7. | a) Purpose for which certificate of income is required? | | | | | | | |
| | b) Did you apply for a certificate of income earlier? If so when? | | | | | | | |
| | Signature of the applicant Place: Date: | | | | | | | |
| | To. | elf declaration for getting Certific | | es to be a | dded at the end of | the application. | | |

SELF DECLARATION

| 1, Shri / Smt | | Son / Daugh | ter / Wife of Shri. | | | |
|--|---------------------|------------------------------|-------------------------|--|--|--|
| | age | | resident of | | | |
| | | District | hereby | | | |
| declare that the information given above and | in the enclosed de | ocuments is true to the b | est of my knowledge | | | |
| and belief and nothing has been concealed the | erein. I am well aw | vare of the fact that if the | information given by | | | |
| me is proved false / not true, I will have to fa | ce the punishment | t as per the law, Also, ar | nd the benefits availed | | | |
| by me shall be summarily withdrawn. | | | | | | |
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| | | | | | | |
| | Name and S | ignature of the Applican | t with | | | |
| Photo Identity Card No. | | | | | | |
| | | | | | | |
| Date: | | | | | | |
| Place: | | | | | | |
| | | | | | | |
| | Affix | | | | | |
| | Photo with | | | | | |
| | across signature | | | | | |
| | Signaturo | | | | | |
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