

Application form for obtaining Income Certificate from the
Deputy Commissioner

DISTRICT ARUNACHAL PRADESH

1. Name in full (In block letter)

2. Father's Mother's Guardian's Husband Name

3. Present Occupation

4. Village

5. Circle

6. For whom the certificate is required

7. Total number of family members

8. Income per annum with supporting affidavit
from HOD DDO

Rs

/-

9. (a) Other Land holding

(b) Other Sources

TOTAL PER ANNUM

Rs

/-

10. Schedule cast Schedule tribe

11. Purpose for which certificate is sought

I declare that the particulars furnished above are true to the best of my knowledge and belief.

Signature of the Applicant

VERIFICATION

I Shri ASM of village under

Administrative circle verified personally and
statement furnished by the applicant are correct to the best of my knowledge and belief.

Signature of ASM

Name of ASM

ASM (with seal)

Certified that above particulars furnished by applicant are correct to the best of my knowledge and belief.

Date

Place

Signature of the concern Administrative
officer of the area

(seal)