

APPLICATION FORM FOR OBTAINING INCOME CERTIFICATE FROM THE DEPUTY COMMISSIONER
DISTRICT ARUNACHAL PRADESH

1. Name in full (In block letter)	<input type="text"/>
2. Father's/Mother's/ Guardian's Husband Name	<input type="text"/>
3. Present Occupation	<input type="text"/>
4. Village	<input type="text"/>
5. Circle	<input type="text"/>
6. For whom the certificate is required	<input type="text"/>
7. Total number of family members	<input type="text"/>
8. Income per annum with supporting affidavit from HOD/DDO	<input type="text"/>
9. (a) Other Land holding	<input type="text"/>
(b) Other Sources	<input type="text"/>
TOTAL PER ANNUM	<input type="text"/>
10. Schedule cast/ Schedule tribe	<input type="text"/>
11. Purpose for which certificate is sought	<input type="text"/>

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

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.

Name and Signature

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

(with seal)