MODEL PROFORMA FOR INCOME CERTIFICATE (In case of non-salaried Parent/ Guardian)

(To be given by any Govt. Officer not below the rank of Jt. B.D.O. in case of rural areas /Executive Officer in case of Municipality/Deputy Commissioner of Corporation/Group -A **Gazetted Officer)**

| | I Certify | to the best of | my knowle | dge | that | t Shri / k | Kuma | ıri /Sn | nt | | | | | |
|--------------------------------|-----------------|---------------------------------|-----------|-----|------|---------------------|------------------------------|--------------------------|----|---------|----|------|-------------|--|
| son/daughter/wife of Sri resid | | | | | | | | ident of Village / Town: | | | | | | |
| P.S. | | | District | : | | | | | is | knowr | to | me | fo | |
| | (Years/Months). | | | | | | | | | | | | | |
| | | father/Guardia | n/husband | | | | | | | of Vill | | | wn State | |
| parent | | total annual an/Husband/Stud | • | | | e from 20-2021 i | | | | | | both | the | |
| Place | : | | | | | _ | (Signature) | | | | | | | |
| Date : | | | | | | _ | Name (in Block Letters) | | | | | | | |
| | | | | | | - F | (Designation) Full Address : | | | | | | | |
| | | | | | | - - - | | | | | | | | |

N. B. In case of salaried person/ guardian salary certificate of the appropriate authority has to be submitted.