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 n	ny knowled	dge t	hat	Shri	/ Kum	nari	/Sm	t					
son/daughter/wife of Sri	resident of Village / Town :												
P.S	District	:				is	known		to	me	foi		
(Years/N	Months).												
His/Her father/Guardian P.S.													vn : State
The total annual parents/Guardian/Husband/Stude	family ent for the											oth	the
Place :								(S	igna	ture)			
Date :						ľ	Nam	me (in Block Letters)					
					Full	(Designation) Full Address :							
N. B. In case of salaried person/	auardian s	alarv	cer	tificat	 e of th					thority			

submitted.