

GOVERNMENT OF MEGHALAYA
APPLICATION FORM FOR INCOME CERTIFICATE
UNDER eDISTRICT MMP FOR FC/PFC/CSC etc.
(Please use **CAPITAL** letters to fill in the application form)

A. Applicant Details:

1. Applicant's Name in Full: * _____ (Mr./Mrs./Ms./CA/Er./Dr./Dr.(Mrs)/Prof.)
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| | | |
|--|--|--|
- (First Name) (Middle Name) (Last Name)
2. Applicant's Mobile Number: * _____ 3. E-Mail id: _____
3. Income Certificate Applied For?*
- ☐ Self(Tick here if applying for self) ☐ Parents/Guardian(Tick here if a student is applying for parent/guardian Income Certificate)
4. Purpose to obtain certificate: (Please tick against the required purpose)

<input type="checkbox"/>	For availing charge concession in Educational Institution	<input type="checkbox"/>	For obtaining loans
<input type="checkbox"/>	For getting financial aid available to Ex-serviceman	<input type="checkbox"/>	For obtaining pension
<input type="checkbox"/>	For getting the relief given to victims of natural calamities	<input type="checkbox"/>	For getting loan available to SC/ST
<input type="checkbox"/>	For getting artificial limb, cycle etc. Supplied to PH passes	<input type="checkbox"/>	For getting free Ration Card etc.
<input type="checkbox"/>	For scholarship	<input type="checkbox"/>	For securing seats in the reserved quota
<input type="checkbox"/>	For Availing Charge Concession in Medical Treatment	<input type="checkbox"/>	Others

4.b. Purpose(if ticked on Others _____)

B. Details in whose name Income Certificate is to be issued

(Please fill this box if applying for Parent/Guardian)

4. Individual's Name in Full: * _____ (Mr./Mrs./Ms./CA/Er./Dr./Dr.(Mrs)/Prof.)

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(First Name) (Middle Name) (Last Name)

5. Relationship with the applicant: _____

(Wife/ Spouse/Father/ Mother/ Son/ Daughter/ Brother/ Sister/ Father-in-Law/Mother-in-Law/Brother-in-Law/ Sister-in-Law/ Nephew/ Niece/Grandson/ Grand Daughter/ Grandmother/Grandfather/Daughter-in-Law/Son-in-Law)

(Please fill this box if applying for Self)

6. Parent/Guardian's Name in Full: * _____ (Mr./Mrs./Ms./CA/Er./Dr./Dr.(Mrs)/Prof./Late)

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(First Name) (Middle Name) (Last Name)

7. Individual Relationship with the Parent/Guardian: _____

(Wife/ Spouse/Father/ Mother/ Son/ Daughter/ Brother/ Sister/ Father-in-Law/Mother-in-Law/Brother-in-Law/ Sister-in-Law/ Nephew/ Niece/Grandson/ Grand Daughter/ Grandmother/Grandfather/Daughter-in-Law/Son-in-Law)

8. Marital Status: _____ (Single/Married/Widow-Widower/Separated/Divorced)

9. Self/Parent/Guardian EPIC No.: _____

C. Address of the Individual in whose name Income Certificate is to be issued:

10. State *:_____ 11. District *:_____
12. Village/ Town*:_____ 13. Locality *:_____
14. Post Office:_____ 15. Police Station/ Outpost *:_____

D. Service Specific Information(information of the individual in whose name Income Certificate is to be issued)

16. a. Are you a salaried employee? Yes/No (If Yes, Salary slip is to be attached)
16. b. Working in which sector (if above is yes)? Government/Private
17. Are you eligible for Income Tax? Yes/No (If Yes, you are to attach latest IT return)

18. Me and my family income from the different sources per annum are:

- a. Income from Salaries: _____
- b. Income from Agriculture: _____
- c. Income from Business: _____
- d. Income from Other Sources: _____

Total Family Income per Annum (a+b+c+d): _____

Total family Income (in words) _____

E. Declaration:

This is to certify that the information furnished as above are true to the best of my knowledge and belief and the applicant would be liable for prosecution if found otherwise.

Date:

Place:

Signature of the Applicant

For Office Use: Verification Checks before accepting the application

- 1) All mandatory fields are filled in properly
- 2) Signature of applicant & date of submission is mentioned

Verified & Accepted by:

Signature of Receiving Assistant

Date:

CSC/PFC Token No:

Mandatory Enclosures for-Income Certificate :

- 1. Residential Proof:
- 2. IT Return:
- 3. Self/Parent/Guardian EPIC :
- 4. Annual Income Proof from all sources:

GOVERNMENT OF MEGHALAYA
OFFICE OF THE DEPUTY COMMISSIONER
<District Name> DISTRICT

INCOME CERTIFICATE

Certificate No.: <application ref.no>

This is to certify that <Individual's Name><Relationship> of <applicant> resident of Locality-<locality>, Village/Town-<village/town>under Police Station-<P.S. Name>in the District of <District Name> in the State of Meghalaya has an annual income of Rs.<amount in number> /- (<amount in words>) only from all sources.

The annual family Income is based on the Annual Income Proof submitted by the applicant.

The certificate is issued <purpose> purpose.

The certificate is valid for one year from the date of issue.

Signatory Details :-

Name: <signatory name>

Designation: <designation>

Date: <date of issue>

Place: <place of issue>

Digital Signature

This is an electronically generated certificate with digital certificate (equivalent to affixing of handwritten signature and seal)