APPLICATION FORM FOR ISSUANCE OF INCOME & ASSET CERTIFICATE

1. Personal Details Name of the Applicant		-
Father's / Husband's Name		_
Gender	Marital Status	- Paste Applicant's
Age	Religion	Photo (Passport)
Mobile No.	Aadhaar No	-
e-Mail ID		_
2. Family Details Father's Name:		-
Mother's Name		_
Spouse Name		-
(Below the age of 18 years)		-
3. Permanent Address		
Village / Town	Police Station	-
Tahasil	Post Office	-
R.I. Circle	District	-
State	Pin	_
4. Present Address Village / Town	Police Station	-
Tahasil	Post Office	-
R.I. Circle	District	-
State	Pin	_
(in case the submitter is not the ap	oplicant)	_
6. Purpose :		_

7. Gross Annual Income of the family:

Sl No	Source	Income (in Rs.)
1	Salary	
2	Business	
3	Agriculture	
4	Profession	
5	Other Sources (Please specify)	
	Total	

8. Assets Details:

Sl No	Assets	Area (in sq. yd / sq. ft.)	Location
1	Agricultural land		
2	Residential Flat		
3	Residential Plot in urban area (Municipal Corporation/Municipality/NAC)		
4	Residential Plot in areas other than the urban areas stated above (Rural Area)		

NB: 1 *sq. yd* = 9 *sq. ft.*

9. List of Documents attached:

- a) Copies of RoR / documents in support of all asset
- b) Voter ID / Aadhaar Card
- c) Copy of salary certificate, if any
- d) IT returns of last financial year, if any

10.Declaration:

I, Shri/Miss/Mrs		son o	f / daughter
of / wife of	age	of	
(presently residing at village/town), PO	PS	District	

of the State, **ODISHA**, do hereby declare that the information given by me in this application form and its self-attached enclosures is true to the best of my knowledge and that the information furnished is exhaustive and I have not suppressed any fact. That, I am solely responsible for the accuracy of the declaration and information furnished and liable for action under section 199 and 200 of the Indian Penal Code in case of wrong declaration and information. Also, I am well aware of the fact that the certificate shall be summarily cancelled and all the benefits availed by me shall be summarily withdrawn in case of wrong declaration.

Place:

Date:

Signature of the Applicant / Authorized Representative