GOVERNMENT OF MEGHALAYA OFFICE OF THE SUB DIVISIONAL OFFICER (C), SOHRA CIVIL SUB DIVISION, SOHRA APPLICATION FORM FOR INCOME CERTIFICATE (Please use CAPITAL letters to fill in the application form)

. /	Applicant's Name*: Shri/Smt/K	um/Dr/(First Name)	(Middle Name)	(Last Name)
		Female		
	Gender *: Male □			
	Father's/Husband Name*infull:	Shri/Dr,/Lt(First Name)	(Middle Name)	(Last Name)
	Mother's Name* in full: Smti / I	Or. / Lt(First Name)	(Middle Name)	(Last Name)
dd	ress of Applicant:			
	Locality*:7. Village/Town/*:			
		/Mother/Both/Self):		
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			with STD Code)	(Mobile
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