

No:DC(CDL)/3/13/90(Pt-I)
GOVERNMENT OF MANIPUR
OFFICE OF THE DEPUTY COMMISSIONER, CHANDEL.

TO WHOM IT MAY CONCERN
(DOMICILE CERTIFICATE)

This is to certify that Shri/Smt./Km. _____
S/o,d/o,g/o. Shri/Smt. _____ an inhabitant
of _____ village/town, within _____
Sub-Division, P.O. _____ P.S. _____
District _____, Manipur is well known to me for the
last _____ (_____) year (s).

His/Her permanent address as cited above is true to the best of my knowledge and belief.

He/She is not related to me.

Place :-

Dated:-

Signature:-
Designation:-
Seal:-

Verified by:-