

JANAGOSTIYA SAMMANAY PARISHAD CENSUS
GUWAHATI ASSAM

Certifying Organization.....
Name of the certifying member.....
Designation in the organization.....
District.....
Revenue circle.....
Name of the family head.....
Community



I, on behalf of our organization hereby certify that the above-mentioned family head belongs tocommunity of Assam. He/ She has following family members

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

All the above information's are true and correct to the best of my and my organization's knowledge. In case any information's found false or incorrect I shall be responsible for further consequences.

Seal and signature
of the organization
authority

Phone Number.....