

INCOME CERTIFICATE

Name of the Student :

Course :

Name of the Parent/Guardian :

Address &Telephone No. :

Name of the Organization (Employer) :

Address &Telephone No. :

This is to certify that Mr/Ms _____ is employed as _____
in our organization and his/her monthly salary as on date is as under :-

- | | |
|--------------------------------|-----|
| 1. Basic Pay | Rs. |
| 2. Dearness Allowance | Rs. |
| 3. City Compensatory Allowance | Rs. |
| 4. Travelling Allowance | Rs. |

Total	Rs.

Date:

Signature of Issuing Authority