

Government of Orissa Revenue & Disaster Management Department

Please affix required stamps before submission

FORM NO.II

APPLICATION FOR IDENTITY CERTIFICATE

(See Rule 3)

Office of the				
Miscellaneous Certificate Case No			of 20	(Year)
This is to certify th	at Shri/Smt./Miss			
○ son / ○ daugh	hter / O wife of Shri			
is a resident of Vil	lage/Town		P.S.	
Tahasil		in the District of		
in the State of Oris	ssa.			
His present occi This certificate I	upation is being granted only fo	r the purpose of		
		Γ	Signature of Reve	enue Officer
		Date:	(DD/MM/YYYY	<u> </u>
Signature o	of the applicant			
			Designation (with se	al of office)