



**NORTH EASTERN REGIONAL INSTITUTE OF SCIENCE AND TECHNOLOGY**  
(Under Ministry of Human Resource Development, New Delhi)  
(Deemed University u/s 3 of the UGC Act, 1956)  
Nirjuli 791109 :: Arunachal Pradesh

**FAMILY INCOME STATEMENT**

NAME OF THE STUDENT \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
PROGRAMME \_\_\_\_\_ CATEGORY \_\_\_\_\_ (SC/ST/OBC/GEN)  
HOSTEL ALLOTTED \_\_\_\_\_ STUDENT'S MOBILE NO. \_\_\_\_\_

**FAMILY ANNUAL INCOME**

Source of Income			Total Annual Income
a.	Father	Self-employed/ Service/ Other (Pl. specify) _____	
b.	Mother	Self-employed/ Service/ Other (Pl. specify) _____	
c.	Any other Family Income		
Grand Total			

**Supporting Documents to be submitted:**

Salaried	Income Certificate and Income Tax Return (ITR)/ Form-16
Self Employed	Income Certificate & Income Tax Return (ITR)
BPL card holders	Attested copy of the BPL card

(SIGNATURE OF THE STUDENT)

(SIGNATURE OF THE PARENT/GUARDIAN)

**INCOME DECLARATION**

(Only for those interested in availing Scholarship)

The declaration of the Gross Annual Family Income is a must for students seeking Scholarship. For this purpose, an income certificate(s) is to be submitted by the Parent(s) whether in business/employment or in service with Private/Government organization. The format for Income Certificate is provided in ANNEXURE-A.

**FORMAT OF INCOME CERTIFICATE**  
**TO BE SIGNED BY A**  
**REVENUE OFFICER/TEHSILDAR OF HIS JURISDICTION**

Name of Student: ..... Regn. No .....

Programme Name .....  
 (Base Module in .. or Diploma Module in .. or B.Tech in .... or B. Sc. in ... or M.Tech. in .... or Ph.D. )

I, ....., father/mother/guardian of Mr./Ms.....  
 declare that my/our annual income from all sources e.g. service/ agricultural/ trading/ pension/  
 interest/ ..... (Specify all types of other sources) including that of my spouse and  
 unmarried children is Rs..... (Rupees ..... only). The  
 details are as follows:

- (A) 1. From my profession/ Salary/ pension as indicated Rs. \_\_\_\_\_ p.a.  
 (Attach proof from employer/ Form 16/ IT Return etc.)  
 2. Income from Business/ Medical Practice Legal Practice/ Engineering Consultancy etc.  
 Rs. \_\_\_\_\_ p.a.  
 3. Income from Agriculture Rs. \_\_\_\_\_ p.a.  
 4. Income from land Properties Rs. \_\_\_\_\_ p.a.  
 5. Income from Investment in Bank/ Post Office etc. Rs. \_\_\_\_\_ p.a.  
 6. Income from Share Certificate/ Debentures Rs. \_\_\_\_\_ p.a.  
 7. Income from any other sources  
 (i.e. Retirement Benefits for VRS/ VSS etc. if any) Rs. \_\_\_\_\_ p.a.
- (B) Income of my wife/ husband (if any) Rs. \_\_\_\_\_ p.a.  
 (If employed salary certificate employer / Form 16 to be enclosed)
- (C) Income in the name of my son/daughter Rs. \_\_\_\_\_ p.a.
- GROSS TOTAL INCOME (A+B+C) Rs. \_\_\_\_\_ p.a.

Further I declare that the information given above is true. I shall also be personally held responsible for the refund of the Scholarships amount (paid to my son/daughter) in the event of any information in this declaration being found incorrect/ false later on.

\_\_\_\_\_  
 (Signature of Father/Guardian)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 201\_ and signed.

(SEAL with date)

\_\_\_\_\_  
 Signature of Revenue officer /Tehsildar of the district of the signatory

Note:

The students are advised to keep a photocopy of the Income Affidavit submitted at NERIST, Nirjuli for future reference.

**To be obtained only from a Gazetted Government Medical Officer/Medical Officer  
of a Government Undertaking.**

**N.B.:** Please note that the certificate in no other form will be accepted. Medical Certificate issued by a private medical practitioner will not be accepted.

1. Name (In Block letters) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Date of Medical Examination: \_\_\_\_\_  
Blood Group: \_\_\_\_\_
4. Personal Identification Marks : \_\_\_\_\_  
\_\_\_\_\_
5. Height: \_\_\_\_\_ cms., Weight: \_\_\_\_\_ Kgs. Chest: Exp./Insp. \_\_\_\_\_ cms.
6. Vision: \_\_\_\_\_ R.E. \_\_\_\_\_ L.E.: \_\_\_\_\_  
Color Vision: \_\_\_\_\_  
Hearing: \_\_\_\_\_  
General Physical Examination: \_\_\_\_\_

I certify that I have carefully examined Mr./Ms. \_\_\_\_\_

Son/Daughter of Mr./Mrs. \_\_\_\_\_, who has signed in my presence. He/She has no mental and physical disease and is FIT to undergo professional education at the North Eastern Regional Institute of Science and Technology, Nirjuli (Itanagar), Arunachal Pradesh, India.

**Signature of the Candidate**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of the Medical Officer (with legible seal)**

**Name:** \_\_\_\_\_

**Regd. No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_