Mr./Mrs./Miss (Name)			
(Address)			
Whereas, following necessary inquiry and conducting a <i>sarjamin</i> (public inquiry) through the concerned ward office in connection with your application submitted to this office ofMunicipality/ Rural Municipality on (Date) A.D. through the office of Ward No of Municipality/ Rural Municipality, for verification of following relationship, it is found that your following relationship is existing with the following persons; therefore, on basis of the received letter of recommendation of the office of Ward No of Municipality/ Rural Municipality, it is hereby verified the following relationship and this certificate is issued. The photographs of each family member are attached herewith.			
Name, Surname	Address	Relationshi	
p	00		
1. Mr		Father	
2. Mrs		Mother	
3.		Mr./Mrs./Miss	
Signature of Applicant Authority's:-	: Relationship	 Verifying	
Thumb impressions	Name:		
Left Right	Designation: Ward Chairperse	on	
	Signature:		
	Date:		
Photos Photos of	Photos of	Photos of	

SUBJECT: RELATIONSHIP CERTIFICATE

Date:

Father Mother (Realation) Applica nt



	<u>To Whom It</u>	<u> May Concern</u>	
Muni	This is to certify that Mr./M and Mrs, permain cipality Ward No, llowing source of annual income as	nent resident of District Prov	Municipality/Rural
S.N.	Income Source	Owner	Annual Income
1.	Income from	Mr./Mrs./Ms	
1. 2. 3.	Income from		
3.	Income from		
In wo	rds:		only.
 Chair	man)	7	(Name of Ward
Chair	norman		Ward

SUBJECT: INCOME SOURCE CERTIFICATE

Date:

Date:

SUBJECT: TAX CLEARANCE CERTIFICATE

To Whom It May Concern

This is to ce	rtify that Mr./Mrs	/Missson	/daughter of Mr	and
	•		pality/Rural Municipal	
	, T		They have cleared all	-
fiscal year 20	7/207 B.S. (202	2/202 A. D.).	60,,	
		8	(Name of Ward Ch	airman)
			Ward Chair	rnerson

Date:	
-------	--

SUBJECT: BIRTH CERTIFICATE

To Whom It May Concern

	to certify tha	at Mr./Mrs./Ms		of Mr. resident
of		Municipality/Rural	Municipality War	d No.
born on	B.S. (A. D.).		
		VO.	(Name of Ward Ch Ward Cha	,

Date:	•••••

SUBJECT: <u>ADDRESS VERIFICATION CERTIFICATE</u>

To Whom It May Concern

This is to certify that Mr./Mrs./Msof Mr and Mrs	permanent
the	decision by the Government of
	(Name of Ward Chairperson)
	Ward Chairperson
	Date:

VERIFICATION OF PHONE NUMBER AND EMAIL

TO WHOM IT MAY CONCERN

4 1 7
This letter is issued to certify that any details regarding the documents issued
by Muncipality / Rural Municipality, Ward No
District,Province, Nepal can be obtained by contacting in the
Phone Number +977 and E-mail:
phone number and e-mail belongs to ward chairperson and ward office respectively.
(Name of Ward Chairperson
Ward Chairperson