



Govt. of West Bengal
Directorate of Mass Education Extension
under the Department of Mass Education Extension & Library Services
Bikash Bhawan (9th Floor), Salt Lake, Kolkata 700091
E-mail – massednextn@gmail.com Tel. No. – 033-2321 7894

PROFORMA OF INCOME CERTIFICATE

TO WHOM IT MAY CONCERN

Certified that, _____, son of/ daughter
of _____ is a permanent resident of
Vill. _____, Post. _____, P.S.
_____, Pin _____,
Dist. _____ in the State of _____
_____.
His/ Her annual family income from all sources is Rs. _____.

Place:

Date:

(Signature of Panchayet Pradhan/ Local Councilor/
B.D.O/ Local MLA/Local M.P/ Gazetted Officer with Seal)



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ANNEXURE – I

**PROFORMA FOR ESCORT CERTIFICATE IN CONNECTION WITH "SAHANUBHUTI"
SCHOLARSHIP FOR THE YEAR 2026-2027**

Affix recent passport size attested photo of the student/applicant
Full Name

Affix recent passport size attested photo of the Escort
Full Name

Certified that _____ (name of the escort) residing
at _____
_____ (full address along with contact no.) is
Escorting _____ (name of the student) from his/her
resident _____ to _____
_____ (name of the institution) from
____/____/____ (date) for continue his/her studies.

I hereby certify that the above made statements are true to the best of my knowledge and belief.

Signature of the H.O.I. _____

Designation: _____

Seal: _____

*Copy of the Aadhaar card/ Voter I-card/ Pan Card & Residential certificate of the Escort are to be submitted along with this certificate.

Students having 75% & above disabilities and obtaining certificate from competent Medical Authority regarding necessity of Escort only eligible to apply for this benefit.



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ANNEXURE – II

**PROFORMA FOR READER CERTIFICATE IN CONNECTION WITH “SAHANUBHUTI”
SCHOLARSHIP FOR THE YEAR 2026-2027**

Affix recent passport size attested photo of the student/applicant & sign across the photograph
Full Name

Affix recent passport size attested photo of the Reader & sign across the photograph
Full Name

Certified that _____ (name of the Reader) residing at _____
_____ (full address along with contact no.) is engaged with _____ (name of the student) from ____/____/____ (date) as a Reader to assist his/her studies due to Visually Impairment of the said student.

I hereby certify that the above made statements are true to the best of my knowledge and belief.

Signature of the H.O.I. _____

Designation: _____

Seal: _____

*Copy of the Aadhaar card/ Voter I-card/ Pan Card & Residential certificate of the Reader are to be submitted along with this certificate.