

**GOVERNMENT OF MANIPUR
OFFICE OF THE DISTRICT MAGISTRATE
CHANDEL DISTRICT MANIPUR**

DOMICILE CERTIFICATE

Chandel, the

This is to certify that Shri/Smt/Km _____
_____, S/o, D/o, W/o
_____, a resident of
_____, under _____

Sub-Division within Chandel District is a Domicile of Manipur State.

He/She is not related to me.

Signature

Designation

(with Office Seal)