

Form II

[See sub-rule (3) of Rule 7]

Acknowledgement for Incomplete Application

From:

The Deputy Commissioner
EAST KHASI HILLS District

To:

Name of the Applicant: MEWANDAPBIANG NONGBRI
Address of Applicant: MAWIONG UMJAPUNG, MAWLAI MAWIONG, EAST KHASI HILLS, MEGHALAYA
Email: rnlstyemlieh@gmail.com
Mobile Number: 8257947388

Ref: Your application dated 16/10/2025 for **Income Certificate**

The following defects in the Application Form may be rectified, urgently (Specify defects, if any):-

1. give the correct amount of total income
- 2.
- 3.

Date: 29/10/2025

Please note that the stipulated time limit for the above service as notified under sub-section (2) of Section 3 of the Meghalaya Right to Public Service shall start from the date on which the application is received completed in all respects by the Designated Officer.