

CERTIFICATE FOR ISSUE OF TRIBAL PASS

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1. Name **DR. MANISHA DEB SARKAR**
2. Father/Guardian/Husband Name **Mr. AMAL KUMAR DEB SARKAR**
3. Place and date of birth **Krishnanagar ; Nadia Distriet. ; 07.08.1954.**
4. Full Address **Ashabori Apartments -
5B, Ramkrishna Sarani (2nd floor).
P.O. Behala ; Kolkata - 700060.**
5. Nationality **- Indian**
6. Purpose/Details of work to be done in the Tribal areas **Academic Study**
7. Antecedents

This is to certify that the character and antecedents of
Shri./Smti./ **Manisha Deb Sarkar**
Have been verified by me. They are true and fair to the best of my knowledge. He
may be issued the tribal pass.

Place:

Date:

Signature of Gazetted Officer