

TO WHOM IT MAY CONCERN

This is to certify that I, the president/secretary of the SHG/IVCS/FPO/Others _____, registered in _____, situated in the state of Meghalaya, is confirmed to be satisfying the following criteria:

- a) None of the members of the SHG/IVCS/FPO/Others are State or Central Government employees, whether full-fledged or contractual, or retired and drawing pension.
- b) None of the members of the SHG/IVCS/FPO/Others are not employees of public sector undertakings, subsidiaries of public sector undertakings, and divisions of public sector undertakings, etc.
- c) None of the members of the SHG/IVCS/FPO/Others occupation is concerned with politics, such as MLAs, MLCs, MPs, etc., or seeking to hold a similar position in government.
- d) None of the members of the SHG/IVCS/FPO/Others are registered class-1 contractors.
- e) None of the members of the SHG/IVCS/FPO/Others are consultant(s) who is(are) currently engaged with state or central government.
- f) None of the members of the SHG/IVCS/FPO/Others are member of any pressure groups and organizations that are primarily political in nature.
- g) None of the members of the SHG/IVCS/FPO/Others are family member(s), which include spouse, parents or children also do not hold the above positions or affiliations.
- h) No one else from the family members of the SHG/IVCS/FPO/Others apart from them will be applying for financial support via CM-ELEVATE Program.

This certification is provided in good faith and for official purposes.

Self-Declaration of President/Secretary of SHG/IVCS/FPO/Others

I, Shri / Smti _____, President/Secretary of _____ hereby declare that the above information I have provided is true to the best of my knowledge. I understand that providing false information may subject me to consequences as deemed appropriate.

Signature:

Date:

Name of competent authority:

Signature:

Date:

Seal: