

## **TO WHOM IT MAY CONCERN**

**Certified that Mr. / Miss.** \_\_\_\_\_

**S/O / D/O** \_\_\_\_\_

**Residence/ Village** \_\_\_\_\_

**Tehsil** \_\_\_\_\_ **District** \_\_\_\_\_ **belongs to**

**Pahari Speaking Community**

**Name of the ABD/PSP Member:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Stamp:** \_\_\_\_\_