



ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT:- LICENSES FOR PLUMBER

Token Number (For Office Use) _____

Date:- _____ / _____ / _____

Citizen Identification Number _____

(If Citizen Identification Number is given, do not fill below Details)

Applicant's Details:

Last Name/ Surname	Name	Father/Husband's Name

Address:

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor: _____
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka: _____
Pin code:	_____
Ward Committee No.:	1 [] 2 [] 3 [] 4 []
Electrol Panel No.:	
Telephone No. (if any):	Contact Person: _____
Email Address (if any):	

Necessary Particulars about above service:

Head	Information
1 Details of Educational Qualification (Please Tick [✓] as applicable)	[] I.T.I. exam passed [] Plumbing course completed under Nehru Rojgar Yojana/ Suvarna Jayanti Rojgar Yojana, UMC
2 Date of Birth	Date _____ Month _____ Year _____
3 Recognized Industrial Institute Name & Address	_____
4 Year of Requisite Educational Qualification	_____
5 Work Experience	Date _____ Month _____ Year _____

6	Details of Educational Qualification (SSC & onward)			
Sr. No	Educational Qualification	Year of Passing	Name of Institute / Board	Percentage of Marks
1				
2				
3				
4				
5				

Necessary Enclosures related to above application are enclosed as under.

(Please tick [✓] for YES or tick [✗] for NO)

Enclosures		Yes/No
1	Certificate of plumber course completed from ITI or under schemes of UMC	[]
2	Copy of Profession Tax registration certificate (if any)	[]
3	Photo of applicant (One Copy, Write full name on backside of photo with pen)	[]
4	Certificates of Educational Qualification (SSC & onward)	[]
5	Experience Certificates (if any)	[]
6	Proof of Residence in UMC area	[]
7	Up-to-date receipt of Tax bill paid	[]

Declaration

I/We..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

Date:-

Applicant's Signature

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The document may please be delivered to:

1. Self/Nominated Person [] a) C.F.C. [] b) Camp No. []

Name of Nominated Person (_____)

2. By Post

- a) U.P.C. [] b) Register A.D. []

3. Currier []

(Not to be filled if address is same as above)

Correspondence Address:-

Last Name/ Surname	Name	Father/Husband's Name
House/Building/Soc. Name:		
Flat/Block/Barrack No.:	Wing/Floor:	
Road/Street/Lane:		
Area/Locality/Town/City:	Taluka:	
Pin code:		
Email Address (if any):		