

ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJ	ECT:-	PERMIS	SSIO	N F	OR	TE	EMI	POI	RAF	RY	US	AG	E O	F	VU	NIC	CIF	PAL	ı
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Token	Number	(For Office	Use)																
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Ar	•	Citizen Idei 5 Details:	ntifica	ition	Nu	mb	er is	giv	en,	do 1	not 1	fill k	oelo	w D	etai	lls)			
Last Name/ Surname			N				Vam	Jame				Father/Husband's Name							
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	of Society of Society:	(If Applica	tion 11	rom S	Soci	<u>ету)</u>	<u>:</u>												
Designation																			
Address:																			
Au	Head									T	nfor	mati	on						
House/Building/Soc. Name:			AMOI IMMION																
Flat/Block/Barrack No.:			Wing/Floor:																
Road/Street/Lane:																			
Area/Locality/Town/City:			Taluka:																
Pin code:							1												
Ward Committee No.: Electrol Panel No.:			1[]	2 [] 3		4 []											
Telephone No. (if any):					C	onta	ct Po	erso	n:										
Email Address (if any):																			
	•																		
			Vecess	ary F	Parti	icula	ars a	ıbou	ıt ab	ove	serv								
Head 1 Name of the municipal property				- /		Information													
1	Name of the municipal property / estate to use																		
2 Number of Ward Co						1[]2[]3[]4[]													
the municipal proper located			rty / estate is																
3	Electrol Panel Number																		
4	Purpose of use of the municipal																		
_	property / estate			, ,				T		1			Т		r	ı			
5	5 Usage duration from			to da	ate			Fro	m						То				

Necessary Enclosures related to above application are enclosed as under.

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

	Enclosures	•	Yes/No						
1 Location Map of place		[]							
2 Handicap Certificate for more	Handicap Certificate for more than 50%								
3 True copies of Ration Card / I	[]								
4 NOC from Councilor of UMC	[]								
5 Birth Certificate / School Leav	[]								
6 Below Poverty Line (BPL) Fan	[]								
7 Affidavit regarding - "Applica Ulhasnagar city and has not b	[]								
	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.									
	ns and conditions of corporation	ē ;	•						
Date:-	•	Applicant's Signat	ure						
	(,						
The document may please be delivered to:									
1. Self/Nominated Per	son [] a) C.F.C. []	b) Camp No. []							
Name of Nominated Person ()									
2. By Post									
a) U.P.C. [] b) Register A.D. []									
(Not to be filled if address is same as above) Correspondence Address:-									
3. Courier [] (Not to be filled if address Correspondence Address:- Last Name/ Surname	Name	Father/Husband	Name						
	T								
House/Building/Soc. Name: Flat/Block/Barrack No.:	IA/	ing/Floor:							
Road/Street/Lane:		11001.							
Area/Locality/Town/City:		Taluka:							
Pin code:	 								
I III Code.									