

ULHASNAGAR MUNICIPAL CORPORATION

CITIZEN FACILITATION CENTRE

S	UBJECT:	RENEV	VAL C)f I	EN	GIN	IEE	R	/ S	UP	ER	VIS	50F	λ L	ICE	NS	E		
То	ken Number (l	For Office	Use)																
				•						D	ate:	_			1	/			
														1	1				
Citizen Identification Numb																			
(If Citizen Identification Number is given, do not fill below Details)																			
Applicant's Details: Last Name/ Surname				Name Fathe							r/H	usba	nd's	Nan	ne				
	,																		
-		(If Applica	tion fro	n from Society):															
	ne Of Society:																		
Des	ignation																		
	Address:																		
Hoi	Head use/Building/S	oc Name [.]								In	forn	nati	on						
	/Block/Barrack		Wing/Floor:																
Road/Street/Lane:																			
Are	a/Locality/Tov	vn/City:	Taluka:																
Pin	code:																		
	rd Committee N	Jo.:	1[]2[]3[]4[]																
Electrol Panel No.:		Contact Person:																	
Telephone No. (if any):			Contact i erson.																
Email Address (if any): Necessary Particulars about above service:																			
Head						Particulars													
1 Type of License-			Engineer License																
	(Tick [✓] whichever applie			e) [] Supervisor License 1															
			[] Supervisor License 2																
2	2 Original License No.																		
3	Expiry date of License																		
	Neces	ssary Enclo	sures r	elate	d to	o abo	ove a	ppl	icati	on a	are e	enclo	osed	as u	nde	r .			
(If enclosed tick [✓] or not enclosed tick [X])																			
Enclo				iclos	osures									Yes/No					
	1 Original copy of license																		
2 Detailed information about Buildin															[]			
	Certificates and Completion Certificates obtailed during the last year.																		

Declaration

I/We.....state on solemn affirmation that the above information is true and correct with the best of my 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:-

2. By Post

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

3. Courier []

(Not to be filled if address is same as above) Correspondence Address:-

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