

## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

| SUB  | JECT:                     | CERTIFIC        | CAT             | ER                | REG         | AR  | DIN   | ۱G ·  | - "  | Bı  | JSI   | NE                    | SS    | PE  | ER  | MI   | SS  | IB | LE       | AT |
|--|---------------------------|-----------------|-----------------|-------------------|-------------|---|-------|-------|------|-----|-------|-----------------------|-------|-----|-----|------|-----|----|----------|----|
| PROPOSED LOCAT                                       |                           |                 |                 |                   |             |   | TION" |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| Toke   | n Numbei                  | r (For Office   | Use)            |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  |                           |                 |                 |                   | •           |   |       |       |      |     | Dat   | te:-                  | •     |     | · · | /    | /   |    | <u>'</u> | •  |
| Citizen Identification Number                        |                           |                 |                 |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  |                           | Citizen Ider    | tific           | atio              | n Nı        | ımb   | er is | giv   | en,  | do  | not   | t fil                 | l be  | low | D   | etai | ls) |    |          |    |
|  |                           | 's Details:     | _               |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  | Last Name                 | / Surname       |                 |                   |             | Name  |       |       |      |     |       | Father/Husband's Name |       |     |     |      |     |    |          |    |
|  |                           |                 |                 |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| Detai  | ls of Societ              | ty (If Applicat | tion f          | rom               | Soci        | iety):                                      | :     |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  | Of Society                |                 |                 |                   |             | • /   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| Designation  |                           |                 |                 |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  | Address:                  |                 |                 |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  | Head                      |                 |                 |                   |             |   |       |       |      |     | Info  | rm                    | atior | 1   |     |      |     |    |          |    |
| House  | House/Building/Soc. Name: |                 |                 |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| Flat/Block/Barrack No.:                              |                           |                 |                 |                   | Wing/Floor: |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| Road   | /Street/Lai               | ne:             |                 |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| 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):                              |                           |                 |                 | ·                 |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  |                           |                 |                 | Ir                | ıforı       | natio                                       | on o  | f Pro | per  |     |       |                       |       |     |     |      |     |    |          |    |
| Head   |                           |                 |                 |                   |             | Particulars                                 |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| Type of Property [ [ (Please Tick [✓] as applicable) |                           |                 | L.              | Land [ ] Building |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| Property Number (Computerized)                       |                           |                 |                 |                   | <u> </u>    |   |       |       |      |     |       |                       | Т     |     |     |      |     | 1  |          |    |
| тторс  | Tty I valide              | ` -             | ,               | arv i             | Part        | icula                                       | are a | hou   | t al | 207 | 70 50 | ervi                  | ce.   |     |     |      |     |    |          |    |
| Head   |                           |                 |                 |                   | l ai t      | rticulars about above service:  Particulars |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| 1 Address of the property / land                     |                           |                 |                 |                   |             |   |       |       |      |     | . 41  | ilcui                 | u10   |     |     |      |     |    |          |    |
|  |                           | 1 1 )           | ,               |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  |                           |                 |                 |                   |             |   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
|  |                           |                 |                 |                   | I           | Pin   |       |       |      |     |       |                       |       |     |     |      |     |    |          |    |
| 2 Construction Permission No.                        |                           |                 |                 |                   |             |   |       |       |      |     |       | Da                    | te:-  |     |     |      |     |    |          |    |
| 3 Construction Completion No.                        |                           |                 |                 |                   |             |   |       |       |      |     |       | Da                    | te:-  |     |     |      |     |    |          |    |
| 4 N  | 4 Nature of Business      |                 |                 |                   |             | _   | _     | _     | _    | _   | _     | _                     | _     | _   |     | _    | _   | _  | _        |    |

| •  |   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| (If end  | <u> </u>  | /  |  |  |  |  |  |  |  |
|  |   | Yes/No   |  |  |  |  |  |  |  |
| Certified copy of the Con  | struction Permission and Map  | s.   |  |  |  |  |  |  |  |
| Certified copy of the Construction Completion Certificate and map of completed construction            |   |  |  |  |  |  |  |  |  |
| Copy of map showing location of shop.  |   |  |  |  |  |  |  |  |  |
| 4 NOC from Developer / Society / Housing Corporation   |   |  |  |  |  |  |  |  |  |
| <ol> <li>If the applicant i ownership/agreen</li> <li>If applicant is te attorney holder of</li> </ol> | s owner of the business planent copy<br>nant, then NOC from the other<br>the place on the stamp paper of  | owner/ power of of Rs.20/-   |  |  |  |  |  |  |  |
|  | Declaration   |  |  |  |  |  |  |  |  |
| that the above informati   | on is true and correct with the   | he best of my knowledge. If the  |  |  |  |  |  |  |  |
| Date:-   | Applicant's Signature   |  |  |  |  |  |  |  |  |
|  | (   | )  |  |  |  |  |  |  |  |
| The document may plea  | se be delivered to:-  |  |  |  |  |  |  |  |  |
| 1. Self/Nominated Po   | erson [ ] a) C.F.C. [ ]   | b) Camp No. [ ]  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
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| · · · · · · · · · · · · · · · · · · ·  |   |  |  |  |  |  |  |  |  |
| (Not to be filled if address is same as above) Correspondence Address:-                                |   |  |  |  |  |  |  |  |  |
| Last Name/ Surname   | Name  | Father/Husband Name  |  |  |  |  |  |  |  |
| House/Building/Soc Name  |   |  |  |  |  |  |  |  |  |
| , 0,   | Wi  | ing/Floor:   |  |  |  |  |  |  |  |
| Road/Street/Lane:  | ***   |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |   | Taluka:  |  |  |  |  |  |  |  |
| Area/Locality/Town/City: Pin code:   |   | Taluka:  |  |  |  |  |  |  |  |
|  | Certified copy of the Construction Copy of map showing loc NOC from Developer / So NOC for the place (Attach 1. If the applicant is ownership/agreem 2. If applicant is ten attorney holder of 3. If the applicant is possible.  I/We | completed construction Copy of map showing location of shop.  NOC from Developer / Society / Housing Corporation  NOC for the place (Attached any one of the following)  1. If the applicant is owner of the business plant ownership/agreement copy  2. If applicant is tenant, then NOC from the attorney holder of the place on the stamp paper of attorney holder then is  Declaration  I/We |  |  |  |  |  |  |  |