

ULHASNAGAR MUNICIPAL CORPORATION

CITIZEN FACILITATION CENTRE

SUBJECT: IS	SUE OI	F D	EVI	ELC	P	ИЕР	T	PL	AN	PR	0	VIS	510)NS	S /	AN	D			
RE	MARK	s (For	R S	PE	CIF	IC	PIE	CE	OF	Ľ	AN	1D)	_					
Token Number (For	Office U	Jse)							-											
Date:- / /																				
Citizen Identifica	tion Nu	mbe	r																	
			Nu	mb	er is	5 giv	ven,	do r	not f	i11	bel	ow	De	eta	ils)					
(If Citizen Identification Number is given, do not fill below Details) Applicant's Details:																				
Last Name/ Surr	name	Name								Fat	her	/H	ust	and	's N	lam	e			
				<u>с •</u>	()															
Details of Society (If Application from Society): Name Of Society:																				
Designation																				
Address:									T	C		•								
Head House/Building/Soc.	Name:								11 I	ıforı	mat	tion	l							
Flat/Block/Barrack No								W	ing/	Floo	r·									
Road/Street/Lane:	0								ing/	1100	1.									
Area/Locality/Town/	'Citv:										Т	alul	ka:	Ē						
Pin code:) -																			
Ward Committee No.:		1[2[] 3	[]	4 []													
Electrol Panel No.:		_		-		-														
Telephone No. (if any)	Contact Person:																			
Email Address (if any)	:																			
Information about Property / Land																				
Head								ŀ	Parti	cula	rs									
Town/City:	NT																			
Survey/Block/Barrack C.T.S. No.:	INO.:																			
Part No. / Sheet No.:																				
Plot No./Unit No.:																				
Property Number																				
(Computerized)																				

Necessary Enclosures related to above application are enclosed as under.									
(If enclosed tick $\left[\checkmark\right]$ or not enclosed tick $\left[\times\right]$)									
	Yes/No								
1Proof of ownership 7/12 ex	[]								
2 Copy of the measurement r the land regarding latest Hi the office of City Land Mea	[]								
³ Copy of Hissa wise - Gutbook extract from TILR [
Declaration									
I/We		state on sole	mn affirmation						
that the above information is true and correct with the best of my knowledge. If the									
information given is found v	information given is found wrong then I/We shall be held legally liable for its consequences.								
Date:- Applicant's Signature									
	()						
	()						
The document may pleas	e 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. [1							
3. Courier []									
(Not to be filled if address is same as above) Correspondence Address:-									
Last Name/ Surname	Name	Father/Husbar	nd Name						
House/Building/Soc. Name:									
Flat/Block/Barrack No.:	Win								
Road/Street/Lane:									
Area/Locality/Town/City:		Taluka:							
Pin code:									

Email Address (if any):