

ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT: NOC FOR OBTAINING ELECTRIC SUPPLY							
Token Number (For Office Use)							
Date:- / /							
	Dutc						
Citizen Identification Nun	nber						
(If Citizen Identification Number is given, do not fill below Details)							
Applicant's Details: Last Name/ Surname	Name Father/Husband's Name						
,	, i						
Details of Society (If Application from Society):							
Name Of Society:							
Designation							
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):							
	Information of property						
Head Type of Property	Particulars [] Land [] Building						
(Please Tick [✓] as applicable)	[] Land [] Dununig						
Property Number (Computerized	d)						
Nec	essary Particulars about above service:						
Head	Particulars						
1 Information of property /	Building No.						
land where NOC for	Wing No.						
Electric Supply is required	Gala No.						
2 Details of required Electri	ic Supply						
/Horsepower							
L							

3	Details of nature of Bus	iness						
4	Name of original owner	<u> </u>	Surname	Name]		Father/Husband's Name		
						Ivanic		
5	Construction Permission	n No.			Date:			
6	Occupation Certificate	No.			Date:			
7	Name of Developer / H	lousing Society						
Necessary Enclosures related to above application are enclosed as under.								
(If enclosed tick [✓] or not enclosed tick [X])								
Enclosures Company of the Company of				Yes/No				
	1 Copy of Construction Permission / Use Permission							
2	2 NOC from Developer / Housing Society							
3	NOC from Owner on Rs	[]						
4	Location map of the place				[]			
		Declai	ration					
I/Westate on solemn affirmation								
	that the above informa							
information given is found wrong then I/We shall be held legally liable for its consequences.								
Date:- Applicant's Sign						gnature		
(
	The document may ple	ease 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. Courier []								
	(Not to be filled if add		ve)					
	Correspondence Address Last Name/ Surname	band Name						
	zuev i winej euniume	Name		100	1101/1100	Zurie i vezre		
H	House/Building/Soc. Name:							
	lat/Block/Barrack No.:		Wing/Floor:					
	load/Street/Lane:							
	area/Locality/Town/City:		Taluka:					
	in code:							
Email Address (if any):								