

# Recommendations of the Punjab Governance Reforms Commission

## Tenth Status Report

### Designing Simplified Proforma for Services Under Punjab

Revenue, Health, Transport, Personnel, Food Civil Supplies, Housing and Urban Development, Local Government, Rural Water Supply, Social Security, Welfare of SCs and Bcs, Agriculture and Mandi Board.





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5. Mr. Y.S. Ratra, IAS (Retd.)

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Dr. G. Vajralingam, IAS



## CONCEPT NOTE

The proforma has been devised keeping in view the range of services and varied requirements to avail these services. The first and the foremost requirement is nature of the service required and which agency/department has been authorised to provide this service. The proforma designed has been simplified and backend information gathered to identify the service-provider department online as well as manual.

Second, the proforma has been designed to capture identity applicant. It will include applicants personal details like name, husband's/father's/mother's name, address – both permanent and correspondence and Aadhar Card number along with a copy of Aadhar Card, if available with the candidate.

Third, all the mandatory information and document which are specific to the service are required to be filled without which it will not be possible to provide the service as these documents or information will be required to verify the eligibility of the applicant.

Name of the beneficiary alongwith the Adhaar Number of the beneficiary is required to be filled in to address the issue that in some schemes the applicant and the beneficiary can be different persons.

For each of the 351 services, 351 application Forms will be made which will have a list of mandatory document/information required specific to the service applied for as in part-III of the proposed proforma.

In places where I.T. enablement is possible the proposed proforma will work like this. As soon as the applicant puts in the name of the service through an IT device, to name of the department from the pre filled data in the system will emerge in part-I and simultaneously in part-III mandatory information/document required specific to the service applied for will emerge . A print out can be taken of this if the applicant desires to procure the document required for the service as indicated in part-III. The proforma can be filled at that time only on line or later as per the convenience of the applicant.

If there is no I.T. enablement then proforma of the service which is required can be printed manually and kept with the authority/public interface. After filling up these proforma the same can be submitted to the appropriate authority.

At the time of the submission of the application as per this proforma the acknowledgement receipt will be given to the applicant.



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# 1. REVENUE

Sr. No.	Service Name	Notification No.
1.	Certified Copies of all documents at Fard Centre level i.e. Record of Rights (Jamabandi), Girdawri, mutation, etc.	1
2.	Certified Copies of all documents at Village level i.e. Record of Rights (Jamabandi), Girdawri, mutation, etc. (if the copies sought are manual and number of pages sought is less than 5)	2
3.	Certified Copies of all documents at Village level i.e. Record of Rights (Jamabandi), Girdawri, mutation, etc. (if the copies sought are manual and number of pages sought is more than 5 but less than 15)	3
4.	Certified Copies of all documents at Village level i.e. Record of Rights (Jamabandi), Girdawri, mutation, etc. (if the copies sought are manual and number of pages sought is more than 15 )	4
5.	Demarcation of Land	5
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**Application No.**

**Simplified Proforma for Services under RTS Act. (1,2,3,4)**

**Part -1**

1	Name of the Service	Certified Copies of all documents at Fard Centre level/Village level i.e. Record of Rights (Jamabandi), Girdawri, mutation, etc.
2	Name of Department/Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
<b>For Jamabandi</b>		
1	Name of Village / Hudbast No. (Settlement, Demarcation of boundaries)	
2	Name of Landlord/Father/Grand Father	
3	Khewat/Khatauni/Khasra No./Year of Jamabandi (If known)	

<b>For Girdawri</b>		
1	Name of Village / Hudbast No. (Settlement, Demarcation of boundaries)	
2	Name of Landlord/Father/Grand Father	
3	Name of cultivator	
4	Rabi/Kharif Crop – year of which the copy is required	
<b>For Mutation</b>		
1	Name of Village / Hudbast No. (Settlement, Demarcation of boundaries)	
2	Type of Mutation	
3	Mutation No.	
4	Approved Date of Mutation	

### Documents Required

Submitted Tick (✓) / Yes

#### Part-1

#### For Jamabandi - Document Attached

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<b>Part-2 For Girdawri - Document Attached</b>		
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<b>Part-3 For Mutation - Document Attached</b>		
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<b>Part-4 For Other Documents - Document Attached</b>		
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

### Acknowledgement Slip

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (5)**

**Part -1**

1	Name of the Service	Demarcation of Land
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Village / Hudbast No.	
4	Jamabandi Zerkaar (Existing) (Year)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Form Talbana along with court fees.	
2	If Panchayati Land, resolution of the Panchayat.	
3	If Govt. Deptt. Land, authority letter by concerned department.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (6)**

**Part -1**

1	Name of the Service	Registration of all kinds of documents i.e. sale deed, lease deed, GPA, Partnership Deed etc.
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's /Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Latest Jamabandi Fard (Original copy)	
2	Photo Identity Card of person getting the deed attested / identification of seller according to rules.	
3	Identification of witnesses according to rules	
4	Where the deed is to be attested in favour of Class – I heirs, in that case attested pedigree table of heirs.	
5	Declaration	
6	General/ Special Power of Attorney concerning attestation of documents of land inside lal lakir (If needed).	
7	N.O.C. (If needed)	
8	Attested registry of land if purchased through Govt/Semi Govt. such as PUDA/Improvement trust etc.	
9	Self declaration by seller regarding ownership	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (7)**

**Part -1**

1	Name of the Service	Certified Copies of all kinds of previously registered documents.
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Village/ Town	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Type of deed of which copy is required.	
2	Certified date /year of deed.	
3	Name of the person who certified and in whose favour certified.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (8)**

**Part -1**

1	Name of the Service	Attestation of uncontested mutations.
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Village/ Town	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Original Document, on the basis of which mutation is to be done.	
2	Documents regarding identification and presence of parties (As per rule)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (9)**

**Part -1**

1	Name of the Service	Private Partition of Land (Mutual consent of landowners)
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**  
**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Village/ Town	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Documents regarding identification and presence of parties (As per rule)	
2	Property Division	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (10)**

**Part -1**

1	Name of the Service	Issue of Income Certificate
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Proof of Residence	
2	Self Declaration a.) Name b.) Occupation (self or his family) such as Government/Private Service, Agriculture or another. c.) Detail of Land d.) Caste e.) Annual Income f.) Attestation of detail entered in declaration letter by Municipal Councillor / Nambardar.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (11)**

**Part -1**

1	Name of the Service	Kandi / Sub Mountainous area / Border area / Bet area / Hindu Dogra Community / Natural heir / Dependent certificate – by domicile
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1.	Self-declaration	
2.	Verification by Sarpanch/Nambardar/MC	
3.	Report by Patwari	
4.	Identity Proof	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (12)**

**Part -1**

1	Name of the Service	Issuance of Non Encumbrance Certificate
2	Name of Department / Service Provider (Pre-filled into the system)	Revenue

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Property Vaka Village /Hadbast No./ Tehsil/District/Khewat Khatoni No./Khasra No.	
4	Khewat/Khatauni/Khasra No. / Total Araj	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Nil	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

<b>2. HEALTH</b>		
<b>Sr. No.</b>	<b>Service Name</b>	<b>Notification No.</b>
1.	Certified Copies of Death Certificates – Corporation Cities/MC Towns/Rural Areas	13, 14, 15
2.	Certified Copies of Birth Certificates – Corporation Cities/MC Towns/Rural Areas	13, 14, 15
3.	Late Registration of Birth & Death and issue of Certificate (after 30 days but within one year)(Urban/Rural)	16.a
4.	Late Registration of Birth & Death and issue of Certificate (after one year) (Urban/Rural)	16.b
5.	Birth Certificate (Name Entry & New Birth Certificate)	17
6.	Correction of entry in Birth and Death Certificate	18
7.	Copies of the post mortem Report	19
8.	Copy of Interim Medico Legal Report	20
9.	Copy of Complete Medico Legal Report	21
10.	Issuance of Disability Certificate Obvious Disability (Loco Motor, Blindness)	22
11.	Issuance of Single Disability Certificate	23
12.	Issuance of Multiple Disability Certificate	24
13.	Emergency Medical Response (Ambulance at 108)	25
14.	Janani Suraksha Yojana assistance	26
15.	Mata Kaushalya Yojana Assistance	27
16.	Supply of essential medicine (as notified by the department for different Institutions)	28
17.	Facility for X-ray / Pathological Test, vaccination-DT/Polio Anti Rabies, Anti Venom ( as notified by the Department for different institutions)	29
18.	Rashtriya Bal Swasthya Karyakarm (RBSK) Regular and periodical Check-up of 30 diseases	30
19.	Issuance of Medical Certificate	31
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21.	Issuance of fresh Drug Licence/ Renewal to Retail Chemists	33
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23.	Issuance of fresh Drug License to Manufacturers	35
24.	Issuance of fresh Drug License/ Renewal to Retail Sale Homeopathic	36
25.	Issuance of fresh Drug License/ Renewal to Wholesale Homeopathic	37
26.	Issuance of Drug License to Manufacturers of Homoeopathy medicines	38
27.	Cosmetics Manufacturing License	39
28.	Issuance of Drug License to Manufacturers of Ayurvedic medicines	40
29.	Issuance of Registration Certificate for Food (If turnover is less than Rs. 12 lakh)	41
30.	Issuance of License for Food (If turnover is more than Rs. 12 lakh)	42
	<b>TOTAL</b>	<b>30/31</b>

**Application No.**

**Simplified Proforma for Services under RTS Act. (13,14,15)**

**Part -1**

1	Name of Service	Certified Copies of Birth Certificates – Corporation Cities / MC Towns / Rural Areas
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar cardNo. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Name of Child	
5	Name of Child's Father	
6	Name of Child's Mother	
7	Name of Child's Grandfather	
8	Date of Birth of Child	
9	Sex (Male /Female)	
10	a) Place of birth ( at home)- <ul style="list-style-type: none"><li>• Write the name of village, Revenue Block &amp; District in case of rural area.</li><li>• Write complete address in case of urban area.</li></ul>	
	b) Place of Birth (institutional birth) <ul style="list-style-type: none"><li>• Write complete Name &amp; address of Hospital/Nursing Home, PHC/CHC.</li></ul>	
11	If the birth is registered as delayed registration then the year of registration should be mentioned.	
12	No. of Copies of certificate required	

**Documents Required****Submitted Tick (✓) / Yes**

<b>1</b>	<b>NIL</b>	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

Under the provisions of RBD Act, 1969 the events of Births are registered according to their place of occurrence. The detail of offices of Registrars, Births & Deaths where the application for issuance of certified copy of birth certificate can be submitted, is as under:-

<b>S.No</b>	<b>Area</b>	<b>Name of Office</b>
1	Rural area- For current year record.	Multi-Purpose Health Worker (F) of Sub-center having jurisdiction over the village.
2	Rural area- For previous year record.	Respective Civil Surgeon office.
3	Urban area -For current and previous year record	Local Registrar, Births & Deaths, of respective Municipal Corporation/Council.
4	Government medical institutions like Civil Hospital/Community Health Centre/Primary Health Centre – Current year record	Medical Officer of that medical institution.
5	Government medical institution like Civil Hospital/Community Health Centre/Primary Health Centre – Previous year record	*Respective Civil Surgeon office in case the medical institution is located in rural area. *Local Registrar, Births & Deaths, of respective Municipal Corporation/Council in case the medical institution is located in urban area.

- Name of Punjab Government Treasury Head in case the fees is to be deposited in government account.  
2210 – Medical & Public Health  
80 – General  
800 – Other Receipts  
85 – Miscellaneous Receipts

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (13,14,15)**

**Part -1**

1	Name of Service	Certified Copies of Death Certificates – Corporation Cities / MC Towns / Rural Areas
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of the Deceased. (Adhaar card No. of Deceased. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Deceased's Father's/ Husband's Name	
5	Deceased's Mother Name	
6	Date of Death of Deceased	
7	Sex (Male /Female)	
8	a) Place of death ( at home)- <ul style="list-style-type: none"><li>Write the name of village,Revenue Block &amp; District in case of rural area.</li><li>Write complete address in case of urban area.</li></ul>	
	b) Place of Death(institutional Deaths) <ul style="list-style-type: none"><li>Write complete Name and address of Hospital/Nursing Home/PHC/CHC.</li></ul>	
9	If the death is registered as delayed registration then the year of registration should be mentioned.	
10	No. of Copies of certificate required	

**Documents Required****Submitted Tick (✓) / Yes**

<b>1</b>	<b>NIL</b>	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

Under the provisions of RBD Act, 1969 the events of Deaths are registered according to their place of occurrence. The detail of offices of Registrars, Births & Deaths where the application for issuance of certified copy of death certificate can be submitted, is as under:-

<b>S.No</b>	<b>Area</b>	<b>Name of Office</b>
1	Rural area- For current year record.	Multi-Purpose Health Worker (F) of Sub-center having jurisdiction over the village.
2	Rural area- For previous year record.	Respective Civil Surgeon office.
3	Urban area -For current and previous year record	Local Registrar, Births & Deaths, of respective Municipal Corporation/Council.
4	Government medical institutions like Civil Hospital/Community Health Centre/Primary Health Centre – Current year record	Medical Officer of that medical institution.
5	Government medical institutions like Civil Hospital/Community Health Centre/Primary Health Centre – Previous year record	*Respective Civil Surgeon office in case the medical institution is located in rural area. *Local Registrar, Births & Deaths, of respective Municipal Corporation/Council in case the medical institution is located in urban area.

- Name of Punjab Government Treasury Head in case the fees is to be deposited in government account.

2210 – Medical & Public Health

80 – General

800 – Other Receipts

85 – Miscellaneous Receipts

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. 16.a(1)**

**Part -1**

1	Name of Service	<b>Late Registration of Birth and Issue of Certificate (after 30 days but within one year)</b>
2	Name of Department/ Service Provider (Pre-filled into the system)	<b>Health</b>

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of application	
4	Sex (Male/Female)	
5	Child's Father's Name	
6	Child's Mother's Name	
7	Child's Grandfather's Name	
8	Date of Birth of child	
9	a) Place of birth ( at home)- <ul style="list-style-type: none"><li>Write the name of village in case of rural area.</li><li>Write complete address in case of urban area.</li></ul>	
	b) Place of Birth (institutional birth) <ul style="list-style-type: none"><li>Write complete Name of Hospital/Nursing Home .</li></ul>	
10	No. of copies of certificate required	

**Documents Required****Submitted Tick (✓) / Yes**

1	Affidavit	
2	Information form No.1 for Birth( in duplicate)	
3	Proof of date of birth ( hospital/ nursing home report in case of institutional birth or a copy of Mother & Child Protection (MCP) Card in case of domiciliary birth)	
4	Report of Registrar that the relevant event is not registered in the registration record	
5	Receipt of requisite late fee of Rs. 10/-	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

S.No	Area	Competent authority for issuing delayed registration order after 30 days but within 1 year
1	Rural area	Senior Medical Officer-cum-Additional District Registrar, Births & Deaths I/c of Community Health Centre/Primary Health Centre
2	Urban area	Civil Surgeon-cum- District Registrar, Births & Deaths

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. 16.a(2)**

**Part -1**

1	Name of Service	<b>Late Registration of Death and Issue of Certificate (after 30 days but within one year)</b>
2	Name of Department/ Service Provider (Pre-filled into the system)	<b>Health</b>

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of deceased (Adhaar card No. of deceased. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Sex (Male/Female)	
5	Father's Name of deceased	
6	Spouse (Husband's/Wife's) Name of deceased	
7	Mother's name of deceased	
8	Date of Death	
9	a) Place of death ( at home)- <ul style="list-style-type: none"><li>Write the name of village in case of rural area.</li><li>Write complete address in case of urban area.</li></ul>	
	b) Place of death (institutional death) <ul style="list-style-type: none"><li>Write complete Name of Hospital/ Nursing Home.</li></ul>	
10	No. of copies of certificate required	

**Documents Required****Submitted Tick (√) / Yes**

1	Affidavit	
2	Information Form No. 2 ( in duplicate)	
3	Report of Registrar that the relevant event is not registered in the registration record	
4	Proof of date of death ( hospital/ nursing home report in case of institutional death/ a copy of FIR and Post mortem in case of accidental deaths and cremation/burial ground report or copy of report of Immersion of ashes in case of domiciliary deaths)	
5	Copy of ID proof of the informant/ applicant	
6	Receipt of requisite late fee of Rs 10/-	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

S.No	Area	Competent authority for issuing delayed registration order after 30 days but within 1 year
1	Rural area	Senior Medical Officer-cum-Additional District Registrar, Births & Deaths I/c of Community Health Centre/Primary Health Centre
2	Urban area	Civil Surgeon-cum- District Registrar, Births & Deaths

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. [16.b(1)]**

**Part -1**

1	Name of Service	<b>Late Registration of Birth and Issue of Certificate (after one year) (Urban / Rural)</b>
2	Name of Department/ Service Provider (Pre-filled into the system)	<b>Health</b>

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Sex (Male/Female)	
5	Father's Name	
6	Grandfather's Name	
7	Child's Mother Name	
8	Date of Birth of child	
9	a) Place of birth ( at home)- <ul style="list-style-type: none"><li>• Write the name of village in case of rural area.</li><li>• Write complete address in case of urban area.</li></ul>	
	b) Place of Birth (institutional birth) <ul style="list-style-type: none"><li>• Write complete Name of Hospital/Nursing Home .</li></ul>	
10	No. of copies of certificate required	

**Documents Required****Submitted Tick (✓) / Yes**

1	Self Declaration	
2	Information form No.1 ( in duplicate)	
3	Proof of date of birth (hospital/ nursing home report in case of institutional birth or a copy of school certificate or passport or driving license or Mother & Child Protection (MCP) card in case of domiciliary birth- (any two documents out of these may be submitted)	
4	Proof of residence of the applicant- A copy of voter card or valid passport or telephone bill or electricity bill or LIC cover note at least 6 months old or Employer Certificate issued by the competent authority in case of employee of State/Central Govt.	
5	Non Availability Certificate (NAC) for 3 years (1 year NAC may be attached if the birth had occurred in a medical institution)	
6	2 witnesses of credible persons (Sarpanch and Panch or Municipal Councilor or MLA or Gazetted Officer)	
7	Receipt of requisite late fee of Rs. 20/-	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

<b>Competent authority for issuing delayed registration order after 1 year</b>	<b>Area Magistrate/ Sub Divisional Magistrate (for both Rural &amp; Urban areas)</b>
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**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. [16.b(2)]**

**Part -1**

1	Name of Service	<b>Late Registration of Death and Issue of Certificate (after one year) (Urban / Rural)</b>
2	Name of Department/ Service Provider (Pre-filled into the system)	<b>Health</b>

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of deceased (Adhaar card No. of deceased. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Sex (Male/Female)	
5	Father's Name of deceased	
6	Spouse (Husband's/Wife's) Name of deceased	
7	Mother's name of deceased	
8	Date of Death	
9	a) Place of death ( at home)- <ul style="list-style-type: none"><li>• Write the name of village in case of rural area.</li><li>• Write complete address in case of urban area.</li></ul>	
	b) Place of death (institutional death) <ul style="list-style-type: none"><li>• Write complete Name of Hospital/Nursing Home .</li></ul>	
10	No.of copies of certificate required	

**Documents Required****Submitted Tick (✓) / Yes**

1	Self declaration	
2	Information form No.2 ( in duplicate)	
3	Proof of date of death ( hospital/ nursing home report in case of institutional death/ a copy of FIR and Post mortem in case of accidental deaths and cremation/ burial ground report or copy of report of immersion of ashes in case of domiciliary deaths)	
4	Proof of residence of the applicant- A copy of voter card or valid passport or telephone bill or electricity bill or LIC cover note at least 6 months old or Employer Certificate issued by the competent authority in case of employee of State/Central Govt.	
5	Non Availability Certificate (NAC) for 3 years ( 1 year NAC may be attached if the death occurred in a medical institution )	
6	2 witnesses of credible persons (Sarpanch and Panch or Municipal Councilor or MLA or Gazetted Officer)	
7	Copy of ID proof of the informant/ applicant	
8	Receipt of requisite late Fee of Rs. 20/-	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

<b>Competent authority for issuing delayed registration order after 1 year</b>	Area Magistrate/ Sub Divisional Magistrate (for both Rural & Urban areas)
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**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (17)**

**Part -1**

1	Name of Service	Birth Certificate (after addition of name of child)
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Name of the child to be recorded	
5	Sex (Male/Female)	
6	Father's Name	
7	Grandfather's Name	
8	Child's Mother's Name	
9	Date of Birth of child	
10	Place of birth	
11	No. of Copies of certificate required	

**Documents Required****Submitted Tick (✓) / Yes**

1	Self-declaration	
2	Birth Certificate or its copy	
3	Copy of supporting document for entering name of child like School Certificate or Passport or Voter Card or Driving License or Mother and Child Protection (MCP) Card or Insurance Policy. In case the child is an infant then self declaration is sufficient for this purpose.	
4	Receipt of requisite fee of Rs. 10/- (No fee is required if the child's name is being recorded within 1 year from date of registration of birth)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

S.No	Area	Name of Office
1	Rural area- For current year record.	Multi-Purpose Health Worker (F) of Sub-center having jurisdiction over the village.
2	Rural area- For previous year record.	Respective Civil Surgeon office.
3	Urban area -For current and previous year record	Local Registrar, Births & Deaths, of respective Municipal Corporation/Council.
4	Government medical institutions like Civil Hospital/Community Health Centre/Primary Health Centre – Current year record	Medical Officer of that medical institution.
5	Government medical institutions like Civil Hospital/Community Health Centre/Primary Health Centre – Previous year record	*Respective Civil Surgeon office in case the medical institution is located in rural area. *Local Registrar, Births & Deaths, of respective Municipal Corporation/Council in case the medical institution is located in urban area.

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

## Simplified Proforma for Services under RTS Act. (18)

### Part -1

1	Name of Service	Correction of Entry in Birth Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

### Part -2

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

### Part -3

#### Information / Documents required specific to the service

##### Information

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Sex (Male/Female)	
5	Father's Name	
6	Grandfather's Name	
7	Child's Mother Name	
8	Date of Birth	
9	Place of Birth	
10	Address of Parents at the time of birth	
11	Permanent Address of Parents	
12	Give detail about correction to be made	

##### Documents Required

Submitted Tick (✓) / Yes

1	Self-declaration	
2	Existing Birth Certificate or its copy	
3	2 witnesses of credible persons ( Sarpanch or Panch or <b>MLA or MP or Gazetted Officer</b> in case of rural area and Municipal Councillor or <b>MLA or MP or Gazetted Officer</b> in case of urban area)	
4	Copy of school certificate or passport or driving licence or any other document in which the complete detail pertaining to correction required is mentioned ( any two)	
5	Report of hospital or nursing home in case of institutional birth	
6	Proof of residence- copy of Voter Card or Passport or Electricity Bill or Telephone Bill	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (18)**

**Part -1**

1	Name of Service	Correction of Entry in Death Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of deceased, if not applicant. (Adhaar card No. of Deceased. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Sex (Male/Female)	
5	Father's Name of deceased	
6	Husband's/ Wife's Name of deceased	
7	Mother's name of deceased	
8	Date of Death	
9	Place of Death	
10	Address of deceased at the time of death	
11	Permanent Address of deceased	
12	Give detail about correction to be made	

**Documents Required****Submitted Tick (√) / Yes**

<b>1</b>	Self declaration	
<b>2</b>	Death certificate or its copy	
<b>3</b>	2 witnesses of credible persons ( Sarpanch or Panch <b>or MLA or MP or Gazetted Officer</b> in case of rural area and Municipal Councillor or <b>MLA or MP or Gazetted Officer</b> in case of urban area)	
<b>4</b>	Proof of residence- copy of Voter Card or Passport or Electricity Bill or Telephone Bill	
<b>5</b>	Copy of school certificate or passport or driving license or insurance policy or any other document in which the complete detail pertaining to the correction required is mentioned ( any 2)	
<b>6</b>	Hospital/ nursing home report in case of institutional death and cremation ground report or report of immersion of ashes in case of domiciliary deaths)	
<b>7</b>	A copy of FIR and Post Mortem report in case of accidental deaths.	

**Signature of Applicant****Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (19)**

**Part -1**

1	Name of Service	Copies of the Post Mortem Report
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**  
**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date & Time of examination of deceased	
4	Name of Hospital/Medical Institute where Post Mortem was done	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Fee receipt (as applicable)	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (20)**

**Part -1**

1	Name of Service	Copy of Interim medico Legal Report
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date & Time of examination of patient	
4	Name of Hospital/Medical Institute where Medico Legal examination was done	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Fee receipt (as applicable)	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (21)**

**Part -1**

1	Name of Service	Copy of Complete Medico Legal Report
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date & Time of examination of patient	
4	Name of Hospital/Medical Institute where Medico Legal examination was done	

**Documents Required**

**Submitted Tick (✓) / Yes**

1.	<b>Fee receipt (as applicable)</b>	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (22)**

**Part -1**

1	Name of Service	Issuance Of Disability Certificate Obvious Disability (Loco Motor, Blindness)
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date & Time of examination of patient	
4	Name of Hospital / Medical Institute	

**Documents Required**

**Submitted Tick (✓) / Yes**

<b>1</b>	Proof of residence (any two) - Ration card/Voter ID card/Driving License/Bank Passbook/PAN Card/Passport/ Telephone, Electricity, Water bill, Indicating the address of the applicant/ Aadhar Card/ A certificate of residence issued by a panchayat, Municipal Corporation Cantonment board and gazette officer of the Concerned. Patwari or Head Master of Govt. School OR In case of an Inmate of a residential Institution for persons with disabilities, mentally ill, etc. a certificate of residence	
<b>2</b>	Two recent passport size photographs	
<b>3</b>	Proof of Age (Matric Certificate/ Birth Certificate)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (23)**

**Part -1**

1	Name of Service	Issuance of Single Disability Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date & Time of examination of patient	
4	Name of Hospital / Medical Institute	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Proof of residence (any two) - Ration card/Voter ID card/Driving License/Bank Passbook/PAN Card/Passport/ Telephone, Electricity, Water bill, Indicating the address of the applicant/ Aadhar Card/ A certificate of residence issued by a panchayat, Municipal Corporation, Cantonment board and gazette officer of the Concerned Patwari or Head Master of Govt. School OR In case of an Inmate of a residential Institution for persons with disabilities, mentally ill, etc. a certificate of residence	
2	Two recent passport size photographs	
3	Proof of Age (Matric Certificate/ Birth Certificate)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (24)**

**Part -1**

1	Name of Service	Issuance of Multiple Disability Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date & Time of examination of patient	
4	Name of Hospital / Medical Institute	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Proof of residence (Any two) - Ration card/Voter ID card/Driving License/Bank Passbook/PAN Card/Passport/ Telephone, Electricity, Water bill, Indicating the address of the applicant/ Aadhar Card/ A certificate of residence issued by a panchayat, Municipal Corporation, Cantonment board and gazette officer of the Concerned Patwari or Head Master of Govt. School OR In case of an Inmate of a residential Institution for persons with disabilities, mentally ill, etc. a certificate of residence.	
2	Two recent passport size photographs	
3	Proof of Age (Matric Certificate/ Birth Certificate)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (25\*)**

**Part -1**

1	Name of Service	Emergency Medical Response (Ambulance at 108)
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Detail of phone call	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	NIL	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Note:-  
number**

**This service is available to all citizens by dialing toll free helpline 108, so no proforma is required.**

**\* Note:-**

**Department requested that there is no need of this service.**

Application No.

**Simplified Proforma for Services under RTS Act. (26\*)**

**Part -1**

1	Name of Service	Janani Suraksha Yojana Assistance
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**  
**Information**

1	Date of Application	
2	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
3	Relationship with applicant	
4	Janani Suraksha Yojana Card No.	
5	(a) <b>Place of Delivery(at home)-</b> <ul style="list-style-type: none"><li>Write the name of village in case of rural Area.</li><li>Write complete address in case of urban area.</li></ul> (b) <b>Govt. Institutional Delivery</b> <ul style="list-style-type: none"><li>Name of Institute/Accredited Private Hospital</li></ul>	
6	Result of Delivery (Male/Female)	
7	Do you belong to BPL family (Yes/No) if Yes attach copy of certificate	
8	How many children alive(1/2/3/4)	
9	MCTS No.	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of Janani Suraksha Yojana Card	
2	Copy of certificate showing BPL/SC/ST family.	
3	Copy of Discharge Slip in case of Institutional Delivery.	
4	Certificate from Birth Attendant in case of Home Delivery.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**\* Note:-** Department requested that there is no need of this service.

**Application No.**

**Simplified Proforma for Services under RTS Act. (27\*)**

**Part -1**

1	Name of Service	Mata Kaushalya Yojana Assistance
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Place of Delivery(institutional birth)- Write complete address of Hospital/CHC/PHC)	
4	Result of Delivery (Male/Female)	
5	Date of Delivery	
6	How many children alive(1/2/3)	
7	Eligible Couple/MCTS Number	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	<b>NIL</b>	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**\* Note:- Department requested that there is no need of this service.**

**Application No.**

**Simplified Proforma for Services under RTS Act. (28\*)**

**Part -1**

1	Name of Service	Supply of essential medicine (as notified by the department for different institutions)
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	<b>Prescription slip / card (if applicable)</b>	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Note :- As this is a free service available to all patients attending the hospital, no application Proforma is required.**

**\* Note:-Department requested that there is no need of this service.**

**Application No.**

**Simplified Proforma for Services under RTS Act. (29\*)**

**Part -1**

1	Name of Service	Facility for X-ray / Pathological Test, vaccination-DT/Polio Anti Rabies, Anti Venom ( as notified by the Department for different institutions)
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	<b>Prescription slip/card (if applicable)</b>	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Note:-** As this is free service available to all patients attending the hospital, no application proforma is required.

**\*Note:-** Department requested that there is no need of this service.



**Application No.**

**Simplified Proforma for Services under RTS Act. (30\*)**

**Part-1**

1	Name of Service	Rashtriya Bal Swasthya Karyakram (RBSK) Regular and Periodical Checkup of 30 Diseases
2	Name of Department/Service Provider ( Pre-filled into the system)	Health

**Part-2**

1	Name of Applicant	
2	Husband's/ Father/ Mother's Name	
3	Permanent Address	
4	Correspondence address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar card No.( Attach Copy)	

**Part-3**

**Information / Documents required specific to the service  
Information**

1	Name of beneficiary, If not applicant. ( Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	AWC/ School (Address & Contact Detail)	
4	Date of Admission (Anganwadi /School)	
5	Reasons for not availing check-up earlier	

**Documents Required**

**Submitted Tick(✓) Yes**

1	Certificate regarding enrollment in Anganwari Centre/studying in Govt./Govt. aided School and class.	Yes/No
2		

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**\*Note:- Department requested that there is no need of this service.**

**Application No.**

**Simplified Proforma for Services under RTS Act. (31)**

**Part -1**

1	Name of Service	Issuance of Medical Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	<b>Request letter from competent authority (if applicable)</b>	
2	<b>Two recent passport size photographs (if applicable)</b>	

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (32)**

**Part -1**

1	Name of Service	Issuance/ Permission/ Rejection Of Registration Certificate to Ultrasound Centres
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Full name and address/addresses of Ultrasound Centre	
4	Type of ownership of Organisation (Individual ownership/Partnership/Company/ Co-operative/any other to be specified). In case, type of ownership is other than individual ownership, furnish copy of articles of association and names and addresses of other persons responsible for management, as per enclosure.	
5	Type of Institution (Govt. Hospital/ Municipal Hospital/Private Hospital/ Private Nursing Home/ Private Clinic /Private Laboratory/Any other to be Stated	
6	Specific pre-natal diagnostic procedures/tests for which approval is sought (a) Invasive: Amniocentesis/Chorionic villi Aspiration/Chromosomal/ Biochemical / Molecular studies. (b) Non-Invasive: Ultrasonography	

7	Equipment available with the make and model of each equipment (List to be attached on a separate sheet)	
8	(a) Facilities available in the Counseling Centre. (i) Ultrasound	
9	Names, qualifications, experience and registration number of employees (may be furnished as an enclosure).	
10	State whether the Ultrasound Centre qualifies for registration in terms of requirements laid down under rules.	
11	For renewal applications only: (a) Registration No (b) Date of issue and date of expiry of existing Certificate of registration.	

#### Documents Required

Submitted Tick (✓) / Yes

1	Self Declaration	
2	Proof of Residence	
3	Specify other documents if any	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (33)**

**Part -1**

1	Name of Service	Issuance of Fresh Drug License/ Renewal to Retail Chemists
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application Form 19 each for Biological and Non Biological drugs	
2	Receipt Challan of Rs. 1500/- for each Biological and Non Biological drugs license (total 3000/-) to be deposited in Govt. Treasury.	
2.a	If the application of renewal of licenses is made within 6 months after expiry of drug licenses, the fees payable for renewal shall be rupees three thousand plus an additional fees of rupees 1000 per month.	
3	Self declaration of Proprietor/Partners/Authorized Signatory/ Directors as the case may be	
4	Self declaration of Qualified Person	
5	Residential and identity proof of Proprietor/Partners/Authorized Signatory/Directors and Qualified Person	
6	In case of Pvt. Ltd. & Ltd. Company : - 1:-List of Directors with addresses. 2:- Copy of Resolution of board of Directors. 3:- Memorandum of Article. Form. 4:- 32 regarding status of Directors	
7	In case of Partnership concern, copy of partnership deed	
8	Power of Attorney, if the application is through Attorney Holder	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. 34(1)**

**Part -1**

1	Name of Service	Issuance of <b>Fresh Drug License</b> to Wholeseller Chemist
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application Form 19 each for Biological and Non Biological drugs.	
2	Receipt Challan Rs. 1500/- for each Biological and Non Biological drugs license (total 3000/-) to be deposited in Govt. Treasury	
3	Site Plan of proposed premises in triplicate with location plan	
4	Documentary Proof regarding possession of premises to prove that proposed premises is on ownership or rental or other basis.	
5	Certificate of Education qualification of applicants/partners.	
6	Certificate of Education qualification and experience certificate of proposed Competent Person or proof for approval of competent person.	
7	Self declaration of Proprietor/Partners/Authorized Signatory/ Directors as the case may be.	
8	Self declaration of Competent Person.	
9	Copy of purchase bill or other proof for the purchase of Refrigerator/ Air Conditioner for the special storage of drugs in the premises	
10	Residential and identity proof of Proprietor/Partners/Authorized	

	Signatory/Directors and Qualified Person	
<b>11</b>	In case of Pvt. Ltd. & Ltd. Company : - a) List of Directors with addresses. b) Copy of Resolution of board of Directors. c) Memorandum of Article. d) Form 32 regarding status of Directors.	
<b>12</b>	In case of Partnership concern, copy of partnership deed	
<b>13</b>	Power of Attorney, if the application is through Attorney Holder	
<b>14</b>	Dissolution Deed/ the sale deed in case of transfer of business	
<b>15</b>	Original copies of Drugs Licenses in cases of application for grant of licenses due to change of Constitution or change of Premises.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### **Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

## Simplified Proforma for Services under RTS Act. 34(2)

### Part -1

1	Name of Service	Issuance of <b>Renewal to Wholeseller Chemists</b>
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

### Part -2

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

### Part -3

#### Information / Documents required specific to the service

##### Information

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

##### Documents Required

##### Submitted Tick (✓) / Yes

1	Application Form 19 each for Biological and Non Biological drugs.	
2	Receipt Challan Rs. 1500/- for each Biological and Non Biological drugs license (total 3000/-) to be deposited in Govt. Treasury. If the application of renewal of licenses is made within 6 months after expiry of drug licenses, the fees payable for renewal shall be rupees three thousand plus an additional fees of rupees 1000 per month.	
3	Self declaration of Proprietor/Partners/Authorized Signatory/ Directors as the case may be.	
4	Self declaration of Competent Person	
5	Residential and identity proof of Proprietor/Partners/Authorized Signatory/Directors and Competent Person	
6	In case of Pvt. Ltd. & Ltd. Company : - a) List of Directors with addresses. b) Copy of Resolution of board of Directors. c) Memorandum of Article. d) Form 32 regarding status of Directors.	
7	In case of Partnership concern, copy of partnership deed	
8	Power of Attorney, if the application is through Attorney Holder	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (35)**

**Part -1**

1	Name of Service	Issuance of Fresh Drug License to Manufacturers
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Form 27 & Form 28 for Allopathic drugs along with Challan Fee of Rs/- 7500 each for Biological and Non-Biological, Form 24-A for Loan License along with challan fee of Rs/- 7500 and Form 24-B for Repacking license along with challan fee of Rs/- 700.	
2	Complete Self Declaration of Prop/Partners/Directors/Authorized Signatory.	
3	Complete Self Declaration of Manufacturing Chemist.	
4	Complete Self Declaration of Analytical Chemist.	
5	Self attested copy of current I.D Proof of Prop/ Partners/ Directors/ Authorized Signatory, Manufacturing Chemist and Analytical Chemist	
6	Proof of Academic Qualification of Prop/Partners/Directors/Authorized Signatory, Manufacturing Chemist and Analytical Chemist.	
7	Proof of Approval of being Manufacturing Chemist.	
8	Proof of Approval of being Analytical Chemist.	
9	Appointment letter of Manufacturing Chemist and Analytical Chemist.	
10	Joining report of Manufacturing Chemist and Analytical Chemist.	
11	Resignation letter duly accepted by previous employer of Manufacturing Chemist and Analytical Chemist.	
12	Proof of premises regarding Owner/Lease/Rented/Freehold basis.	
13	Copy of Rent receipt.	
14	3 identical copies of site plan of proposed premises.	

15	Layout design of Air Handling Unit.	
16	Layout design of water system.	
17	Copy of site master file.	
18	Copy of N.O.C/ Validity of consent from Punjab Pollution Control Board	
19	Copy of extension of validity from Explosive Department of Govt. of India	
20	Copy of N.O.C of fire Safety wherever applicable.	
21	List of Machinery equipment for proposed sections of manufacture of drugs.	
22	List of equipment for testing of drugs.	
23	Purchase bills of machinery and equipment installed.	
24	Air Handling Unit (Environmental Monitoring Unit) validation report.	
25	Copy of water testing report ( Raw water, Purified Water and W.F.I).	
26	Copy of Insect and Pest Control Contract.	
27	Copy of Bio-Medical Waste contract.	
28	1 passport size photograph of Prop/Partners/Directors/Authorised Signatory, Manufacturing Chemist and Analytical Chemist.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### **Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. 36(1)**

**Part -1**

1	Name of Service	Issuance of <b>fresh Drug License to Retail Sale</b> Homeopathic
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application Form 19-B for Homeopathic drugs.	
2	Receipt Challan of Rs. 250/- to be deposited in Govt. Treasury.	
3	Site Plan of proposed premises in triplicate with location plan.	
4	Documentary Proof regarding possession of premises to prove that proposed premises is on ownership or rental or other basis.	
5	Certificate of Education qualification of applicants/partners	
6	Certificate of educational qualification and adequate experience certificate of competent person or Registered Homeopathic Certificate	
7	Self declaration of Proprietor/Partners/Authorized Signatory/ Directors as the case may be.	
8	Self declaration of Competent Person.	
9	Residential and identity proof of Proprietor/Partners/Authorized Signatory/Directors and Competent Person.	
10	In case of Pvt. Ltd. & Ltd. Company : - a) List of Directors with addresses. b) Copy of Resolution of board of Directors. c) Memorandum of Article. d) Form 32 regarding status of Directors.	
11	In case of Partnership concern, copy of partnership deed.	
12	Power of Attorney, if the application is through Attorney Holder.	
13	Dissolution Deed/ the sale deed in case of transfer of business.	
14	Original copies of Drugs Licenses in cases of application for grant of licenses due to change of Constitution or change of Premises.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

## Simplified Proforma for Services under RTS Act. 36(2)

### Part -1

1	Name of Service	Issuance of <b>Renewal to Retail sale Homeopathic</b>
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

### Part -2

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

### Part -3

#### Information / Documents required specific to the service

##### Information

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

##### Documents Required

Submitted Tick (✓) / Yes

1	Application Form 19-B for Homeopathic drugs	
2	Receipt Challan of Rs. 250/- to be deposited in Govt. Treasury. If the application of renewal of licenses is made within 6 months after expiry of drug licenses, the fees payable for renewal shall be rupees two hundred and fifty plus an additional fees at a rate of Rs Fifty or part thereof.	
3	Self declaration of Proprietor/Partners/Authorized Signatory/ Directors as the case may be.	
4	Self declaration of Competent Person.	
5	Residential and identity proof of Proprietor/Partners/Authorized Signatory/Directors and Competent Person.	
6	In case of Pvt. Ltd. & Ltd. Company : - a) List of Directors with addresses. b) Copy of Resolution of board of Directors. c) Memorandum of Article. d) Form 32 regarding status of Directors.	
7	In case of Partnership concern, copy of partnership deed.	
8	Power of Attorney, if the application is through Attorney Holder.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

## Simplified Proforma for Services under RTS Act. 37(1)

### Part -1

1	Name of Service	Issuance of Fresh Drug License to Wholesale Homeopathic
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

### Part -2

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

### Part -3

#### Information / Documents required specific to the service

##### Information

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

##### Documents Required

##### Submitted Tick (✓) / Yes

1	Application Form 19-B for Homeopathic drugs.	
2	Receipt Challan of Rs. 250/- to be deposited in Govt. Treasury.	
3	Site Plan of proposed premises in triplicate with location plan.	
4	Documentary Proof regarding possession of premises to prove that proposed premises is on ownership or rental or other basis.	
5	Certificate of Education qualification of applicants/partners.	
6	Certificate of educational qualification and adequate experience certificate of competent person or Registered Homeopathic Certificate.	
7	Self declaration of Proprietor/Partners/Authorized Signatory/ Directors as the case may be.	
8	Self declaration of Competent Person.	
9	Residential and identity proof of Proprietor/Partners/Authorized Signatory/Directors and Competent Person.	
10	In case of Pvt. Ltd. & Ltd. Company : - a) List of Directors with addresses. b) Copy of Resolution of board of Directors. c) Memorandum of Article. d) Form 32 regarding status of Directors.	
11	In case of Partnership concern, copy of partnership deed.	
12	Power of Attorney, if the application is through Attorney Holder.	
13	Dissolution Deed/ the sale deed in case of transfer of business.	
14	Original copies of Drugs Licenses in cases of application for grant of licenses due to change of Constitution or change of Premises.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. 37(2)**

**Part -1**

1	Name of Service	Issuance of Renewal to Wholesale Homeopathic
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application Form 19-B for Homeopathic drugs	
2	Receipt Challan of Rs. 250/- to be deposited in Govt. Treasury. If the application of renewal of licenses is made within 6 months after expiry of drug licenses , the fees payable for renewal shall be rupees two hundred and fifty plus an additional fees at a rate of Rs Fifty or part thereof.	
3	Self declaration of Proprietor/Partners/Authorized Signatory/ Directors as the case may be.	
4	Self declaration of Competent Person.	
5	Residential and identity proof of Proprietor/Partners/Authorized Signatory/Directors and Competent Person.	
6	In case of Pvt. Ltd. & Ltd. Company : - a) List of Directors with addresses. b) Copy of Resolution of board of Directors. c) Memorandum of Article. d) Form 32 regarding status of Directors.	
7	In case of Partnership concern, copy of partnership deed.	
8	Power of Attorney, if the application is through Attorney Holder.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma for Services under RTS Act. (38)****Part -1**

1	Name of Service	Issue of Drug License to Manufacturers of Homeopathy medicines
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3****Information / Documents required specific to the service****Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required****Submitted Tick (✓) / Yes**

1	Form 24-C for Homeopathy manufacturing license along with challan fee of Rs.300/-	
2	Complete Self Declaration of Prop/Partners/Directors/Authorized Signatory	
3	Complete Self Declaration of Manufacturing Chemist	
4	Complete Self Declaration of Analytical Chemist	
5	Self attested copy of current I.D Proof of Prop/Partners/ Directors/ Authorized Signatory, Manufacturing Chemist and Analytical Chemist	
6	Proof of Academic Qualification of Prop/Partners/Directors/Authorized Signatory, Manufacturing Chemist and Analytical Chemist	
7	Proof of Approval of being Manufacturing Chemist	
8	Proof of Approval of being Analytical Chemist	
9	Appointment letter of Manufacturing Chemist and Analytical Chemist	
10	Joining report of Manufacturing Chemist and Analytical Chemist	
11	Resignation letter duly accepted by previous employer of Manufacturing Chemist and Analytical Chemist	
12	Proof of premises regarding Owner/Lease/Rented/Freehold basis	
13	Copy of Rent receipt	

<b>14</b>	3 identical copies of site plan of proposed premises	
<b>15</b>	Layout design of AHU	
<b>16</b>	Layout design of water system	
<b>17</b>	Copy of site master file	
<b>18</b>	Copy of N.O.C/ Validity of consent from Punjab Pollution Control Board	
<b>19</b>	Copy of extension of validity from Explosive Department of Govt. of India	
<b>20</b>	Copy of N.O.C of fire Safety wherever applicable	
<b>21</b>	List of Machinery equipment for proposed sections of manufacture of drugs	
<b>22</b>	List of equipment for testing of drugs	
<b>23</b>	Purchase bills of machinery and equipment installed.	
<b>24</b>	AHU validation report	
<b>25</b>	Copy of water testing report ( Raw water, Purified Water and W.F.I)	
<b>26</b>	Copy of Insect and Pest Control Contract	
<b>27</b>	Copy of Bio-Medical Waste contract	
<b>28</b>	1 passport size photograph of Prop/Partners/Directors/Authorised Signatory, Manufacturing Chemist and Analytical Chemist	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### **Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (39)**

**Part -1**

1	Name of Service	Cosmetic Manufacturing License
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Form 31 for Cosmetics manufacturing license along with challan fee of Rs. 3500/-	
2	Complete Self Declaration of Prop/Partners/Directors/Authorized Signatory	
3	Complete Self Declaration of Manufacturing Chemist.	
4	Complete Self Declaration of Analytical Chemist.	
5	Self attested copy of current I.D Proof of Prop/Partners/Directors/ Authorized Signatory, Manufacturing Chemist and Analytical Chemist.	
6	Proof of Academic Qualification of Prop/Partners/Directors/Authorized Signatory, Manufacturing Chemist and Analytical Chemist.	
7	Proof of Approval of being Manufacturing Chemist.	
8	Proof of Approval of being Analytical Chemist.	
9	Appointment letter of Manufacturing Chemist and Analytical Chemist.	
10	Joining report of Manufacturing Chemist and Analytical Chemist.	
11	Resignation letter duly accepted by previous employer of Manufacturing Chemist and Analytical Chemist.	
12	Proof of premises regarding Owner/Lease/Rented/Freehold basis.	
13	Copy of Rent receipt.	

<b>14</b>	3 identical copies of site plan of proposed premises.	
<b>15</b>	Layout design of AHU.	
<b>16</b>	Layout design of water system.	
<b>17</b>	Copy of site master file.	
<b>18</b>	Copy of N.O.C/ Validity of consent from Punjab Pollution Control Board.	
<b>19</b>	Copy of extension of validity from Explosive Department of Govt. of India	
<b>20</b>	Copy of N.O.C of fire Safety wherever applicable.	
<b>21</b>	List of Machinery equipment for proposed sections of manufacture of drugs.	
<b>22</b>	List of equipment for testing of drugs.	
<b>23</b>	Purchase bills of machinery and equipment installed.	
<b>24</b>	AHU validation report.	
<b>25</b>	Copy of water testing report (Raw water, Purified Water and W.F.I).	
<b>26</b>	Copy of Insect and Pest Control Contract.	
<b>27</b>	Copy of Bio-Medical Waste contract.	
<b>28</b>	1 passport size photograph of Prop/Partners/Directors/Authorised Signatory, Manufacturing Chemist and Analytical Chemist.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### **Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (40)**

**Part -1**

1	Name of Service	Issuance of Drug License to Manufacturers of Ayurvedic Medicines
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Form 24-D	
4	I/We ..... of ..... hereby apply for the grant/ renewal for a licence to manufacture Ayurvedic (including Siddha) or Unani drugs on the premises situated at .....	
5	Names of drugs to be manufactured (with details)	
6	Names, qualifications and experience of technical staff employed for manufacture and testing of Ayurvedic (including Siddha) or Unani drugs ..... / .....	
7	A fee of rupees ..... has been credited to the government under the head of account ..... and the relevant Treasury Challan in enclosed herewith.	

**Documents Required**

**Submitted Tick (✓) / Yes**

<b>GRANT</b>		
1	Challan – Rs. 1000/-	
2	Head : 0210 – Medical and Public Health – 03 – Medical Education Training and Research (103) Unani 85 – Miscellaneous receipts	
3	List of medicines	
4	List of equipment	
5	List of Machinery	
6	Non conviction affidavit from Proprietor	

7	i) Affidavit from Technical person. ii) Attested copy of Registration Certificate. iii) Attested copy of degree from Technical person	
8	Map of Building (Indicating Sections)	
9	Inspection Report on check-list. By District Ayurvedic & Unani Officer-cum-Drug Inspector	
10	Rent deed, if applicable	
11	Partnership deed, if applicable	
12.	Proof of Ownership of Building	
<b>RENEWAL OF LICENCE</b>		
1	Challan – Rs. 1200/-	
2	Head : 0210 – Medical and Public Health – 03 – Medical Education Training and Research (103) Unani 85 – Miscellaneous receipts.	
3	List of approved medicines.	
4	Original valid licence copy.	
5	Non conviction – No change, affidavit from Proprietor.	
6	Technical person affidavit – Registration certificate	
7	List of equipments.	
8	List of Machinery.	
9	Inspection Report on checklist By District Ayurvedic & Unani Officer-cum-Drug Inspector	
<b>LOAN LICENCE (Form 25-E)</b>		
1	Challan – Rs. 600/-	
2	Head: 210 – Medical and Public Health – 03 – Medical Education Training and Research (103) Unani 85 – Miscellaneous receipts.	
3	Affidavit from Proprietor duly attested by Notary.	
4	Copy of Letter of request made of the parent manufacturing Company.	
5	Copy of Letter of consent received from the parent manufacturing company.	
6	Copies of formulations for approval and agreement with the parent manufacturing company.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (41)**

**Part -1**

1	Name of Service	Issuance of Registration Certificate for Food (If turnover is less than Rs. 12 Lakh)
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Kind of Business / (i) Permanent/Temporary Stall Holder (ii) Hawker (Itinerant/ Mobile food vendor) (iii) Home based canteens/dabba wallas (iv) Petty Retailer of snacks / tea shops (v) Manufacturer/Processor (vi) Re packer (vii) Food stalls/arrangements in religious gatherings, fairs etc. (viii) Milk producers (who are not member of dairy cooperative society) / milk vendor (ix) Dhaba (x) Fish/meat/poultry shop/seller (xi) Other (s), please specify:	
4	Name of the Company	
	Designation: (i) Individual (ii) Partner (iii) Proprietor (iv) Secretary of dairy co-operative society	

	(v) Others (please specify)	
5	Area or location where food Business is to be conducted/Address of the premises.	
6	Description of the food items proposed to be Manufactured or sold.	
	Name of Food Category	Quantity in kg per day or M.T. per annum
	Please attach separate sheet if required	
7	Total Annual Turnover from the food business, if existing, along with any supporting document(s) showing proof of income (*in case of renewal):	
8	In case of new business-intended date of start:	
9	In case of seasonal business, state the opening and closing period of the year:	
10	Source of water Supply (i)Public Supply (ii) Private Supply (iii) any other source	
11	Whether any electric power is used in manufacture of the food items	
12	If yes, please state the exact HP used for sanctioned electricity load:	
13	I/we have forwarded a sum of Rs..... towards registration fees according to the provision of the Food Safety and Standards (licensing and Registration) Regulation, 2011 vide: (i) Demand Draft no (payable to .....) (ii) Cash	

### Documents Required

Submitted Tick (✓) / Yes

1		
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorized official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (42)**

**Part -1**

1	Name of Service	Issuance of License for Food (If turnover is more than Rs. 12 Lakh)
2	Name of Department/ Service Provider (Pre-filled into the system)	Health

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Kind of Business (xii) Manufacturing / Processing including sorting, grading etc. (xiii) Milk Collection / Chilling (xiv) Slaughter House (xv) Solvent extracting unit (xvi) Solvent extracting plant equipped with pre cleaning of oil seeds or pre expelling of oil (xvii) Solvent extracting and oil refining plant. (xviii) Packaging (xix) Relabeling (manufactured by third party under own packing and labeling) (xx) Importing (xxi) Storage / warehouse / Cold Storage	(xxii) Retail trade (xxiii) Wholesale Trade (xxiv) Distributor / Supplier (xxv) Transporter of food (xxvi) Catering (xxvii) Dhaba or any other food vending establishment (xxviii) Club / canteen (xxix) Hotel (xxx) Restaurant (xxxi) Other(s), please specify;
4	Name of the company / Organization :	
5	Registered Office Address	
6	Address of premises for which license is being applied	
7	Name and/or designation, qualification and Address of technically qualified person in charge of operations as required under regulation	
	Name	
	Qualification	

	Address:							
	Telephone Number (s)							
	Mobile No.							
	Email:							
	Photo identity card no. and expiry date							
8	Name and/or designation, address and contract details of person responsible for complying with conditions of license (If different from 4 above):							
	Name							
	Address :							
	Telephone No. (s)							
	Mobile No.							
	Email:							
	Photo identity card no. and expiry date							
9	Food items proposed to be manufactured:							
	Sr. No.	Name of food category /Item	Quantity in kg per day or M. T. per annum					
If required attach separate sheet								
10	If already having valid license-mention quality of each food category manufactured during last three years							
11	Installed Capacity food product wise (per day)							
12	For dairy units: i) Location and installed capacity of milk chilling centers (MCC)/Bulk Milk Cooling center BMCs)/ Milk Processing Unit/ Milk packaging Unit in liters owned or managed by the applicant.							
	Sr. No.	Name and address of MCC/BMC	Installed capacity					
If required attach separate sheet								
13	Average quantity of milk per day to be used/handled in (a) In lean season (b) In flush season							
14	Milk products to be manufactured and their manufacturing capacity (tones/year) (1) ..... (2) ..... (3) .....							
15	For solvent-Extracted Oil, De oiled meal and edible Flour:							
(i)	Detail of proposed business							
Name of Oil bearing material	From seed or nut or cake	Solvent – Extracted Oiled meal and Edible Flour						Vegetable oil
		Crude	Neutralized	Neutralized & Bleached	Refined	De oiled meal	Edible flour	



If already having valid license – mention annual quality of each product manufactured during last three years								
(ii)	Name and address of factory or factories used by the miller or solvent extractor for processing oil bearing material produced or procured by him or for refining solvent extracted oil produced by him							
16	Sanctioned electricity load or HP to used							
17	Whether unit is equipped with an analytical laboratory							
18	If yes the detail thereof:-							
19	In case of renewal or transfer of license granted under other laws as per provision to regulation 5(1)- period for which license required (1 to 5 years)							
20	I/we have forwarded a sum of Rs..... towards registration fees according to the provision of the Food Safety and Standards (licensing and Registration) Regulation, 2011 vide: Demand Draft no..... (payable to .....							

### Documents Required

Submitted Tick (✓) / Yes

1		
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorized official	

### 3. TRANSPORT

Sr. No.	Name of Service	Service No.
1.	Registration Certificate of Vehicle (Non Transport)	43.a
2.	Registration Certificate of Vehicles (Transport)	43.b
3.	Fitness Certificate for Commercial Vehicle	44
4.	Issue of Driving License – Motor Car / Motor Cycle	45
5.	Issue of Tax Clearance Certificate (for period upto 2 years from date of application )	46
6.	Issue of Tax Clearance Certificate (for period beyond 2 years)	47
7.	Issue of Route Permit of National Permit	48
8.	Addition / Deletion of Hire Purchase Entry	49
9.	Transfer of Vehicle (if the place of registration is the same)	50
10.	Renewal of Driving License	51
	<b>Total:</b>	<b>9</b>

**Application No.**

**Simplified Proforma for Services under RTS Act. (43.a)**

**Part -1**

1	Name of Service	Registration Certificate of Vehicles (Non Transport)
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Sale certificate in Form No 21	
2	Valid Insurance Certificate	
3	Original Sale certificate from the concerned authorities in Form No. 21 in case of ex-army vehicles	
4	<b>Proof of address-</b> by way of any one of the Documents i.e. Voter List, Life Insurance Policy, Passport, Adhaar Card, Salary Slip issue by Central Govt, State Govt or Local Body, any other document prescribed by state Govt or any affidavit attested by Executive Magistrate 1st Class or Notary Public	
5	Temporary Registration , If any	
6	Road worthiness certificate in Form No. 22 from the manufacturer – Form 22-A from the body builders	
7	Custom's clearance certificate in the case of imported vehicles along with the license and bond , if any.	
8	Appropriate fee as specified in Rule 81	
9	Proof of citizenship	
10	Proof of legal presence in India in addition to proof of residence in case of foreigners	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

## Simplified Proforma for Services under RTS Act. (43.b)

### Part -1

1	Name of Service	Registration Certificate of Vehicles (Transport)
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

### Part -2

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

### Part -3

#### Information / Documents required specific to the service

##### Information

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

#### Documents Required

Submitted Tick (✓) / Yes

1	Sale certificate in form No 21	
2	Valid Insurance Certificate	
3	Original Sale certificate from the concerned authorities in Form 21 in case of ex-army vehicles	
4	<b>Proof of address</b> - by way of any one of the Documents i.e. Voter List, Life Insurance Policy, Passport, Adhaar Card, Salary Slip issue by Central Govt, State Govt or Local Body, any other document prescribed by state Govt or any affidavit attested by Executive Magistrate 1st Class or Notary Public	
5	Temporary Registration , if any	
6	Road worthiness certificate in Form No. 22 from the manufacturer – Form 22-A from the body builders	
7	Custom's clearance certificate in the case of imported vehicles along with the license and bond , if any.	
8	Appropriate fee as specified in Rule 81	
9	Proof of citizenship	
10	Proof of legal presence in India in addition to proof of residence in case of foreigners	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Slip

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (44)**

**Part -1**

1	Name of Service	Fitness Certificate for Commercial Vehicle
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Form No 20 alongwith prescribed fee under Rules.	
2	The vehicle should be presented in good running condition before the concerned Motor Vehicle Inspector at the Passing Station	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**ACKNOWLEDGEMENT SLIP**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (45)**

**Part -1**

1	Name of Service	Issue of Driving License - Motor Car / Motor Cycle
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**  
**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

<b>1</b>	Application in Form No. 2	
<b>2</b>	Medical certificate in form No 1 & 1-A	
<b>3</b>	3 photographs in Passport size	
<b>4</b>	Fee as prescribed in Rule 32	
<b>5</b>	One year old driving license of light motor Vehicle in case of Transport Vehicle License	
<b>6</b>	<b>Proof of address-</b> by way of any one of the Documents i.e. Voter List, Life Insurance Policy, Passport, Adhaar Card, Salary Slip issue by Central Govt, State Govt or Local Body, any other document prescribed by state Govt or any affidavit attested by Executive Magistrate 1st Class or Notary Public	
<b>7</b>	<b>Proof of Age-</b> by way of any one of the Documents i.e. Voter List, Life Insurance Policy, Passport, Adhaar Card, Salary Slip issue by Central Govt, State Govt or Local Body, any other document prescribed by state Govt or any affidavit attested by Executive Magistrate 1st Class or Notary Public, School Certificate, Birth Certificate	
<b>8</b>	For Regular Driving License : Original Valid learners License along with Form No 4, Prescribed fees, 4 Passport Size Photographs.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (46)**

**Part -1**

1	Name of Service	Issue of Tax Clearance Certificate (for period upto 2 years from date of application)
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1		
2		

Note :- No documents required as this certificate is being issued by concerned District Transport Officer on the verification of office record.

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (47)**

**Part -1**

1	Name of Service	Issue of Tax Clearance Certificate (for period beyond 2 years)
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1		
2		

**Note :-** No documents required as this certificate is being issued by concerned District Transport Officer on the verification of office record

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (48)**

**Part -1**

1	Name of Service	Issue of Route Permit or National Permit
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application In From No. 48	
2	Photocopy of valid Registration Certificate	
3	Valid Insurance Certificate	
4	Application fee Rs 200/- , Punjab State fee Rs. 1000/- and National Permit fee of Rs. 16,500/-	
5	Valid goods carriage permit for the operational area of Punjab State	

I hereby declare that all the information given above is true to best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (49)**

**Part -1**

1	Name of Service	Addition / Deletion of Hire Purchase Entry
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application In Form No. 34 countersigned by Financier for HPA enter	
2	Application in Form No 35 countersigned by Financier for HPA cancell	
3	Original certificate of Registration	
4	Prescribed fee of Rs 100/-	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (50)**

**Part -1**

1	Name of Service	Transfer of Vehicle (if the place of registration is the same place)
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application In Form No 29 & 30	
2	Self Declaration Letter in the shape of affidavit from the purchaser and seller.	
3	NOC or No Due Certificate from the financier in case Hire Purchase Agreement.	
4	Prescribed Fee	
5	Original certificate of registration	
6	Valid insurance Certificate	
7	NOC from the concerned authority in the case of reassignment of vehicle of other states registration mark and verification from the concerned authority in the case of Punjab State registration mark. Death certificate in case of death of the owner and legal heirs certificate issued by the competent authority.	
8	Certified copy of order passed by the competent authority of state Govt. / Central Govt. in case the vehicle is purchased in the auction	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (51)**

**Part -1**

1	Name of Service	Renewal of Driving License
2	Name of Department/ Service Provider (Pre-filled into the system)	Transport

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application in Form No. 9	
2	Prescribed Fee	
3	3 photographs in passport size	
4	Original Driving License	
5	Medical certificate in Form No. 1-A	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Slip**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

<b>4. DEPARTMENT-WISE LIST OF SIMPLIFIED PROFROMAS PREPARED BY PGRC</b> Part - 1		
<b>Sr. No.</b>	<b>Name of Service</b>	<b>Servicee No.</b>
<b><i>Personnel / Tehsildar</i></b>		
1.	Residence – Domicile	52
	Residence – by birth	
	<b>Total :</b>	<b>1</b>

**Application No.**

**Simplified Proforma for Services under RTS Act. (52)**

**Part -1**

1	Name of Service	Residence - by birth
2	Name of Department/ Service Provider (Pre-filled into the system)	Personnel/ Tehsildar

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Place of birth of beneficiary	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Birth certificate of beneficiary.	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (52)**

**Part -1**

1	Name of Service	Residence - domicile
2	Name of Department/ Service Provider (Pre-filled into the system)	Personnel/ Tehsildar

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Self-declaration	
2	Verification by Sarpanch/Nambardar/MC	
3	Report by Patwari	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

## **5. FOOD CIVIL SUPPLIES AND CONSUMER AFFAIRS DEPARTMENT**

<b>Sr. No.</b>	<b>Service Name</b>	<b>Notification No.</b>
1.	Issuance of NOC for setting up Petrol Pump	53



**Application No.**

**Simplified Proforma for Services under RTS Act. (53)**

**Part -1**

1	Name of Service	Issuance of NOC for setting up of Petrol Pump
2	Name of Department/ Service Provider (Pre-filled into the system)	Food Civil Supplies and Consumer Affairs

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of beneficiary , if not applicant. (Adhaar card No. of beneficiary. Attach Copy)	
3	Relationship with applicant	
4	Name of Oil Company	
5	Property/ Khasra No. and Name of City/Village where the proposed RO is to be installed	
6	Name and Address of the Owner of the site where the proposed RO is to be installed	
7	Width of the road in front of the site where the proposed RO is to be installed	
8	Whether the site of the proposed RO falls within or outside of the Municipal Limit?/	
9	Whether the site of the proposed RO falls under the master plan of the area?	
	i) If yes, give number and date of the Gazette notification of master plan alongwith copy of the notification	
	ii) Status of the proposed site as per master plan of the site	
	iii) Whether the site falls in the	

	rural area or urban stretch?	
iv)	Distance of any other RO on both sides and front of the said road from proposed RO as per guidelines	
v)	Is there any need of Land use?	
vi)	Whether the site plan and code therein are according to rules / instructions / guidelines of the concerned departments?	

### Documents Required

Submitted Tick (✓) / Yes

1	Letter of Intent of Oil Company	
2	Copy of Sajra issued by Revenue and Rehabilitation Department	
3	Copy of Jamabandi issued by Revenue and Rehabilitation	
4	Copy of Non Encumbrance Certificate issued by Sub Divisional Magistrate	
5	Affidavit regarding consent of site owner	
6	Lease Deed (If the land is on lease)	
7	Blue Print of Site Plan prepared by the Oil Company	
8	Copy of the Gazette notification of master plan (If the site of the proposed RO falls under the master plan of the area )	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

## 6. HOUSING AND URBAN DEVELOPMENT

Sr. No.	Name of Service	Service No.
1.	Sanction of building plans – Authority, Revised Building plans (Residential)	54 a
2.	Sanction of building plans – Authority, Revised Building plans (Commercial)	54 b
3.	Issue of Completion / Occupation Certificate for Buildings	55
4.	Issue of No Objection Certificate / Duplicate Allotment / Re-allotment Letter	56
5.	Issue of Conveyance Deed	57
6.	Issue of No Due Certificate	58
7.	Transfer of Property in case of sale (NOC)	59
8.	Transfer of Property in case of Death (uncontested) (a) All Legal heirs (b) Registered Will (c) Un-Registered will	60
9.	Issue of Permission for Mortgage	61
10.	Attested Copy of any Document	62
11.	Change of Ownership	63
12.	Demarcation of Plot	64
13.	Issue of Plinth / Roof level Certificate	65
14.	Water Supply and Sewerage Connection	66

**Application No.**

**Simplified Proforma for Services under RTS Act. (54.a)**

**Part -1**

1	Name of Service	Sanction of building plans – Authority, Revised Building Plans (Residential)
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick(✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

**Under Self Certification**

1	Proof of Ownership	(Allotment Letter/ Re-allotment letter/Letter of change of ownership)
2	Submission of Building plans duly stamped "Sanctioned" and signed by an Architect empanelled by concerned authority.	2 copies if plot size is <300 Sq. Yds 3 copies if plot size is >300 ( Certified by Architect as per PUDA byelaws)
3	<b>Certified</b> copy of GPA/ Sub Attorney (in case of GPA/SPA)	
4	Security/Scrutiny fee in the form of Bank Draft in favour of E.O, Concerned Authority	
5	Copy of Receipt of payment made towards Labour Cess.	

**To be sanctioned by GMADA**

1	Proof of Ownership	(Allotment Letter/ Re-allotment letter/Letter of change of ownership)
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<b>2</b>	Submission of building plans ( Certified by architect as per PUDA byelaws)	2 copies if plot size is <300 Sq. Yds 3 copies if plot size is >300
<b>3</b>	Attested copy of GPA/ Sub Attorney (in case of GPA/SPA)	
<b>4</b>	Security/Scrutiny fee in the form of Bank Draft in favour of E.O, Concerned Authority	
<b>5</b>	Copy of Receipt of payment made towards Labour Cess.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

### **Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (54.b)**

**Part -1**

1	Name of Service	Sanction of building plans- Authority, Revised Building Plans (Commercial)
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Proof of ownership	(Allotment Letter/ Re-allotment letter/Letter of change of ownership)
2	Submission of building plans ( Certified by architect as per PUDA byelaws)	3 copies
3	Attested copy of GPA/ Sub Attorney (in case of GPA/SPA)	
4	Security/Scrutiny fee in the form of Bank Draft in favour of E.O, Concerned Authority	
5	Copy of Receipt of payment made towards Labour Cess.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (55)**

**Part -1**

1	Name of Service	Issue of Completion / Occupation Certificate for Building
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Notice of completion and permission to occupy in FormB as prescribed under Rule 10(1) of the building rules.	
2	Certificate of completion issued by an Empanelled Architect.	
3	Affidavit of the applicant or of GPA.	
4	Photographs of Completed building duly attested by the Architect.	
5	Copy of DPC/Plinth level certificate	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (56)**

**Part -1**

1	Name of Service	Issue of No Objection Certificate / Duplicate Allotment / Re-allotment Letter
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Permission to transfer letter in original	
2	Application Form of the transferee in the prescribed form.	
3	Hire purchase agreement in case of built up houses	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be wrong then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (57)**

**Part -1**

1	Name of Service	Issue of Conveyance Deed
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Photocopy of Allotment/Re-allotment letter.	
2	Photocopy of No Due Certificate or statement of deposits made by the allottee in the authorized Bank.	
3	Affidavit ( in prescribed Proforma)	
4	Certified copy of GPA/ Sub GPA if Applicable	
5	Draft Conveyance Deed in Triplicate.	
6	Number Plan (Housing)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per the law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (58)**

**Part -1**

1	Name of Service	Issue of No Due Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application form on prescribed format	
2	Certified copy of GPA/Sub Attorney ( if Applicable)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (59)**

**Part -1**

1	Name of Service	Transfer of Property in case of Sale (NOC)
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail please tick (✓)	SCF/SCO/SSS/Booth/Ind. Site/House No.
5	Plot No	
6	Sanction Order No.	
7	Sector/Location	
8	City	
9	Processing Fee Amount	
10	Demand Draft No. with Date	
11	Drawn Bank	
12	Detail of Intending Purchaser(s)/Donner(s)/Transferee(s)	<b>1.</b> -----S/o D/o W/o -----Resident of ----- <b>2.</b> -----S/o D/o W/o -----Resident of -----

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Affidavit of transferer/seller (allottee) or transferer / seller (GPA/Sub GPA)	
2	Liability Affidavit of transferee / purchaser	
3	Certified copy of GPA / Sub GPA (in case of GPA)	
4	Copy of NOC, if taken	
5	Certified copy of conveyance deed	
6.	NOC from Bank/Fin. Institution, if property mortgaged.	
7	Copy of OC, if already constructed	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (60)**

**Part -1**

1	Name of Service	Transfer of Property in case of Death (uncontested) (a) All Legal heirs (b) Registered Will (c) Un-Registered will
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar card of beneficiary. Attach Copy)																
2	Relationship with applicant																
3	Date of Application																
4	Property Detail please tick (✓)	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Others															
5	Plot No																
6	Sanction Order No																
7	Sector/Location																
8	City																
9	Processing Fee Amount																
10	Date of Death:																
11	Date of Registered/Un-Registered Will																
12	%age of share in Property:																
13	Detail of beneficiaries with respect to the said property :	<table><tr><th>Sr. No</th><th>Name</th><th>Relationship</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Sr. No	Name	Relationship												
Sr. No	Name	Relationship															

**Documents Required****Submitted Tick (✓) / Yes**

<b>1</b>	Death Certificate (Original).	
<b>2</b>	Legal Heirs Certificate (Issued by competent authority)/Affidavit of one of the applicants supported by an Affidavit of remaining legal heirs and Affidavit of some public person i.e. Village's Lambardar, First Class Gazetted Officer, Municipal Counselor or Sarpanch as the case may be, who can identify all legal heirs.	
<b>3</b>	Certified copy of Registered Will and attested copy of Unregistered will.	
<b>4</b>	Liability Affidavit in attached prescribed form from the beneficiary (ies).	
<b>5</b>	Photocopy of Conveyance Deed or any Document related to this property.	
<b>6</b>	Identity Proof (copy).	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (61)**

**Part -1**

1	Name of Service	Issue of permission for mortgage
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Attested Copy of Allotment/ Re-allotment change of ownership letter, etc.	
2	Consent of bank from which loan is being raised in the prescribed format.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. 62)**

**Part -1**

1	Name of Service	Attested copy of any Documents
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of FIR/Report in Daily Diary Register	
2	Give detail or Purpose for use	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (63)**

**Part -1**

1	Name of Service	Change of Ownership
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail please tick (✓)	SCF/SCO/SSS/Booth/Ind. Site/House No.
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	
9	Sanction Order No.	
10	Owner's Name.	
11	Father's/Husband's name	
12	Sale/Gift/Transfer Deed Sr. No.	
13	Book No.	
14	Volume No.	
15	Page No	
16	Dated:	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Certified Copy of Sale Deed/Transfer Deed/Gift Deed issued by the Sub-registrar or Permission to transfer letter issued by GMADA	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (64)**

**Part -1**

1	Name of Service	Demarcation of Plot
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of proof of Ownership	
2	Copy of forwarding letter regarding sanction of building plan by empanelled architect vide its Order No. _____ Dated _____	

**OR**

3	Copy of forwarding letter regarding sanction of building plan issued by Estate Officer Vide order No. _____ Dated _____	
---	---	--

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (65)**

**Part -1**

1	Name of Service	Issue of Plinth / Roof level Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Photocopy of Demarcation Certificate (in case of allotment by GMADA)	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (66)**

**Part -1**

1	Name of Service	Water Supply and Sewerage connection
2	Name of Department/ Service Provider (Pre-filled into the system)	Housing and Urban Development

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Date of Application	
4	Property Detail [please tick (✓)]	SCF/SCO/SSS/Booth/Ind. Site/House/Plot/Other
5	Plot No.	
6	Plot Size:	
7	Sector/Location	
8	City	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Occupation Certificate	
2	Road Cut Receipt	
3	Plumber's Certificate	
4	Attested copy of GPA, if Application	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

## 7. LOCAL GOVERNMENT

Sr. No.	Name of Service	Service No.
1.	Sanction of Building Plans / Revised Building Plans (Residential)-in Improvement Trust Areas.	67.a
2.	Sanction of Building Plans / Revised Building Plans (Other than Residential) – in Improvement Trust Areas.	67.b
3.	Issue of Completion / Occupation Certificate for Buildings (All Categories)	68
4.	a. Issue of No Objection Certificate / Duplicate Allotment / Re-allotment Letter b. Issue of No Due Certificate	69 & 71
5.	Issue of Conveyance Deed	70
6.	Transfer of property in case of sale	72
7.	Transfer of property in case of death (uncontested)	73
8.	Issue of permission for mortgage	74
9.	Sanction of Building Plans / Revised Building Plans (Residential) – in Municipal Corporation Cities and in Municipal Council Towns	75.a
10.	Sanction of Building Plans / Revised Building Plans (Other than Residential) – in Municipal Corporation Cities and in Municipal Council Towns	75.b
11.	Issue of Completion / Occupation Certificate for Buildings (All Categories) – in Corporation Cities and Municipal Council Towns	76
12.	Sanction of Water Supply / Sewerage Connection in M.C. Towns	77, 78, 80
13.	Issue of Conveyance Deed in Municipal Corporations/Municipal committees	79
14.	Issuance/ Renewal of Trade License by Municipal Committees and Municipal Corporations	81
15.	<ul style="list-style-type: none"> <li>• Removal of Solid waste from streets/roads</li> <li>• Replacement of Street lights</li> <li>• Water pipes leakages/Sewerage/Blocked/Over flow</li> </ul>	82, 83, 84
16.	a. Change of Title in Water & Sewerage Bill b. Water & Sewerage Bill Amendment	85.a
17.	Approval of Water Disconnection/ Reconnection	85.b
18.	Approval of Sewage Disconnection/ Reconnection	85.c
19.	License for Slaughterhouse	86
20.	Approval of Additional Construction	87
21.	Sanction of Change of Land Use	88
22.	Issue of NOC for Fire Safety	89
23.	Issuance of conveying the assessment & Collection of property tax	90.a & 90.b
24.	Issue of Bus Pass (for buses operated by the ULB)	91
25.	Issuance of Possession Letters	92
26.	Issuance of Allotment Letters	93
27.	Approval for time extension for building plans	94

**Application No.**

**Simplified Proforma for Services under RTS Act. (67.a)**

**Part -1**

1	Name of Service	Sanction of Building Plans / Revised Building Plans (Residential)-in Improvement Trust Areas.
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Father's / Husband's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Improvement Trust	
3	Address of the Building/ Flat/ Plot	
4	Fees (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	No due certificate from the Improvement Trust	
2	Prescribed proformas and the building plan (4 copies) duly signed by the applicant and registered architect	
3	In case of Revised Building plan, copy of the previous sanctioned building plan and revised building plan	
4	In case of Basement a) Indemnity Bond b) NOC from neighbor (if necessary) c) Structure safety certificate of Architect.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (67.b)**

**Part -1**

1	Name of Service	Sanction of Building Plans / Revised Building Plans (Other than Residential) – in Improvement Trust Areas.
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Improvement Trust	
3	Details of the Building/Address:	
	a. Plot Area (Sq yards)	
	b. Constructed Area (Sq. yards)	
	c. Building Height (feet)	
	d. Specification of the Scheme	
4	Fees (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Allotment letter	
2	No due certificate from the Improvement Trust	
3	Prescribed proformas and the building plan ( 4 copies) duly signed by the applicant and registered architect	
4	In case of Revised Building plan Copy of the previous sanctioned building plan and revised building plan	
5	NOC from National Highway Authority/Fire Department/Airport Authority if applicable. NOC from Pollution Control Board/ Archeology Deptt.(for institutions only) ,	
6	In case of Basement a) NOC from neighbor (if necessary) b) Structure safety certificate of Architect.	
7	Indemnity Bond	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (68)**

**Part -1**

1	Name of Service	Issue of Completion / Occupation Certificate for Buildings (All Categories)
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Improvement Trust	
3	a) Name of Building	
	b) Address	
	c) Zone	
	d) Owner's Name	
4	Fees (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of the sanctioned building plan /Registry	
2	Completion Map (4 sets of plan duly signed by applicant and Registered Architect	
3	Copy of the sanctioned Letter	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (69 & 71)**

**Part -1**

1	Name of Service	c. Issue of No Objection Certificate / Duplicate Allotment / Re-allotment Letter d. Issue of No Due Certificate
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Improvement Trust	
3	Specify the reason for duplicate certificates	
4	a. Name of Building b. Address c. Zone d. Owner's Name	
5	Fees (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Affidavit (in case of Duplicate Allotment/Re-Allotment)	
2	Copy of the sanctioned building plan /Registry/Transfer Letter	
3	Original Allotment Letter (in case of re-allotment)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (70)**

**Part -1**

1	Name of Service	Issue of Conveyance Deed
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Improvement Trust	
3	Plot No.	
4	Name of the Area/Mohalla	
5	Department Fees .(cash/demand draft No.) & Date	
	Name of the bank	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of Agreement of sale(if any)	
2	Proof of water supply connection / sewerage connection/ electricity connection , if obtained (in case of constructed building)	
3	Life Certificate of Original Allottee (in case of GPA)	
4	2 photographs of applicant	
5	30 days public notice in case of G.P.A.	
6	Affidavit required about the court case and enhancement of land price	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided		
2	Service asked for		5.	Fees/Facilitation Charges, if any		
3.	Date of Application		6.	Signature of authorised official		

**Application No.**

**Simplified Proforma for Services under RTS Act. (72)**

**Part -1**

1	Name of Service	Transfer of property in case of sale
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of the Improvement Trust	
3	Property no.	
4	Permanent address (seller)	
5	Permanent address (buyer)	
6	Transfer fee (if any) including Public Notice fee under service No. 73	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of Sale deed	
2	Affidavit	
3	Permanent Address Proof of the Seller and buyers	
4	Original Allotment letter	
5	Life Certificate of Original Allottee (in case of GPA)	
6	2 photographs of applicant	
7	30 days public notice in case of G.P.A.	
8	Affidavit required about the court case and enhancement of land price	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (73)**

**Part -1**

1	Name of Service	Transfer of property in case of death (uncontested)
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Improvement Trust	
3	Plot No.	
4	Name of the Area/Mohalla	
5	Department Fees.(cash/demand draft No.) & Date including charges for public notice (if required)	
	Name of the bank	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Allotment letter, Sale Agreement, Power of Attorney (if any)	
2	Copy of Conveyance deed (if any)	
3	Succession Certificate or Legal Heir Certificate or any court decision or family settlement decision.	
4	Affidavit from all Legal heirs /( only if succession certificate is not issued)	
5	2 photographs	
6	No dues certificate	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (74)**

**Part -1**

1	Name of Service	Issue of permission for mortgage
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of the Improvement Trust	
3	Plot No.	
4	Name of the Area/Mohalla	
5	Department Fees.(cash/demand draft No.) & Date	
	Name of the bank	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Allotment letter	
2	Power of Attorney (if any)	
3	Copy of Conveyance deed	
4	Sanction letter of Loan	
5	Affidavit Loan repayment, if any	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (75.a)**

**Part -1**

1	Name of Service	Sanction of Building Plans / Revised Building Plans (Residential) – in Municipal Corporation Cities and in Municipal Council Towns
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/Municipal Council/Nagar Panchayat)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat	
3	<b>Fees :</b>	
	a) Building application fee	
	b) Malba fees	
	c) Malba security fee	
	d) Labour cess	
	e) Composition fee (if applicable)	
	f) Urban development cess(UDC)	
	g) External development Charges(EDC)	
4	<b>Detail of building/Address etc.</b>	
	a) plot area(sq yards)	
	b) Constructed Area(sqft)	
	c) Building Height (feet)	
	d) Type of use	
	e) Scheme	
	f) Is land use changed ?	YES/NO

**Documents Required****Submitted Tick (✓) / Yes**

<b>1</b>	Form A &Form B	
<b>2</b>	Copy of Allotment letter / Registry / T.S.-I /Affidavit/ copy of zamabandi, if land related to LalLakeer.	
<b>3</b>	No due certificate from the Municipal Corporation/Municipal Council/Nagar Panchayat.	
<b>4</b>	Prescribed proformas and the building plan or revised building plan ( 6 copies—2 copies on cloth and 4 copies on paper) duly signed by the applicant and registered architect .	
<b>5</b>	In case of Revised Building plan Copy of the previous sanctioned building plan	
<b>6</b>	In case of Basement c) Indemnity Bond d) NOC from neighbor (if necessary) e) Structure safety certificate of Architect.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (75.b)**

**Part -1**

1	Name of Service	Sanction of Building Plans / Revised Building Plans (Other than Residential) – in Municipal Corporation Cities and in Municipal Council Towns
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat	
3	<b>Fees :</b>	
	a) Building application fee	
	b) Malba fes	
	c) Malba security fee	
	d) Labour cess	
	e) Composition fee (if applicable)	
	f) Urban development cess(UDC)	
	g) External development Charges(EDC)	
4	<b>Detail of building/address etc.</b>	
	h) plot area(sq yards)	
	i) Constructed Area(sqft)	
	j) Type of use	
	k) Building Height (feet)	
	l) Scheme	
	m) Is land use changed ?	<b>YES / NO</b>

**Documents Required****Submitted Tick (✓) / Yes**

<b>1</b>	Form A and Form B	
<b>2</b>	Copy of Allotment letter / Registry / T.S.-I /Affidavit/ copy of zamabandi, if land related to LalLakeer.	
<b>3</b>	No due certificate from the Municipal Corporation /Municipal Council/Nagar Panchayat	
<b>4</b>	Prescribed proformas and the building plan ( 4 copies) duly signed by the applicant and registered architect	
<b>5</b>	In case of Revised Building plan Copy of the previous sanctioned building plan and revised building plan	
<b>6</b>	In case of Basement f) Indemnity Bond g) NOC from neighbor (if necessary) h) Structure safety certificate of Architect.	
<b>7</b>	Copy of CLU if applicable	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (76)**

**Part -1**

1	Name of Service	Issue of Completion / Occupation Certificate for Buildings (All Categories) – in Corporation Cities and Municipal Council Towns
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat	
3	Fees (if any)	
4	<b>Detail of building/address etc.</b>	
	n) Constructed Area(sqft)	
	o) Type of use	
	p) Building Height (feet)	
	q) Scheme	
	r) Is land use changed ?	YES / NO

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Form D & Form E	
2	Copy of Allotment letter / Registry / T.S.-I / Affidavit/ copy of zamabandi, if land related to Lal Lakeer.	
3	No due certificate from the Municipal Corporation /Municipal Council/Nagar Panchayat	
4	Copy of Sanctioned Building Plan	
5	NOC from Fire department (other than residential)	
6	NOC from National Highway Authority/Airport Authority if applicable. NOC from Pollution Control Board/ Archeology Deptt.(for institutions only),	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (77, 78, 80)**

**Part -1**

1	Name of Service	Sanction of Water Supply / Sewerage Connection in M.C. Towns
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/ Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation	
3	<b>For Water supply</b>	
	a) Name of the Plumber	
	b) Licence No.	
	c) Contact No. (Plumber)	
	d) Zone (If any)	
	e) Road Type	
	f) Plot area (sq.yrds.)	
	g) Type of use	
	h) Road cutting Charges	
	i) Connection fee	
	j) Composition fee	
	k) Size of Rule	
4	<b>New Sewage Connection</b>	
	a) Zone	
	b) Enter Sewage running feet	
	c) Sewage road type	
	d) Plot area (sq.yrds.)	
	e) Type of use	
	f) Connection fee	
	g) Road cutting Charges	
	h) Compromise fee	
	i) No. of seats	
	j) No.of Urinals	
5	TS-1/ House Tax No. / Property Tax No.	

**Documents Required****Submitted Tick (✓) / Yes**

<b>1</b>	Copy of Allotment letter / Registry / T.S.-I / Affidavit/ copy of zamabandi, if land related to Lallakeer.	
<b>2</b>	Self Declaration Form	
<b>3</b>	Residential Proof/ Identity Proof	
<b>4</b>	Copy of Sanctioned Building Plan for Fresh connection	
<b>5</b>	Road Cut Plan	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (79)**

**Part -1**

1	Name of Service	Issue of Conveyance Deed in Municipal Corporations/Municipal committees
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat	
3	Plot no.	
4	Name of Area/Mohalla	
5	Department fees(cash/demand draft)& Date	
	Name of bank	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Allotment letter	
2	Copy of Agreement of sale	
3	Proof of water supply connection/sewerage connection/electricity connection,( if applicable)	
4	No due Certificate from Municipal corporation/municipal council/nagarpanchayat	
5	Affidavit	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (81)**

**Part -1**

1	Name of Service	Issuance/ Renewal of Trade License by Municipal Committees and Municipal Corporations
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/Municipal Council/Nagar Panchayat)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat	
3	Department fees (cash/demand draft No) & date	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Attested Copy of the Old Trade License in case of Renewal.	
2	Ownership/ Rent Deed/ License Agreement/Lease Deed /	
3	No due certificate from Municipal Corporation/ Municipal Council / Nagar Panchayat	
4	Copy of License from concerned Department related to trade, if required.	
5	Photograph of Site/ Unit/ Shop	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (82, 83 and 84)**

**Part -1**

1	Name of Service	<ul style="list-style-type: none"><li>• Removal of Solid waste from streets/roads</li><li>• Replacement of Street lights</li><li>• Water pipes leakages/Sewerage/Blocked/Over flow</li></ul>
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Location of Street Light/ Pipe point	
	a) House no./Street	
	b) Mohalla / Area	
	c) Landmark	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	NIL	
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I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (85.a)**

**Part -1**

1	Name of Service	c. Change of Title in Water & Sewerage Bill d. Water & Sewerage Bill Amendment
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	<b>For Change of Title in Water &amp; Sewage</b>	
	a) Name of the Original Title Holder	
	b) Permanent address	
	c) Zone	
	d) Name of new title Holder	
	e) Permanent address	
	f) Fees (if any)	
4	<b>For change in billing</b>	
	a) A Title in which amendment is sought	
	b) Old particulars	
	c) New particular	
	d) Fees ( if any)	
5	TS-1 and House Tax No. / Property Tax No.	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of Allotment letter / Registry / Sale Deed /	
2	Self-Declaration Form	
3	Residential Proof and Identity Proof	
4	No Due Certificate	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (85.b)**

**Part -1**

1	Name of Service	Approval of Water Disconnection/ Reconnection
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Name of Original title Holder	
4	Permanent address	
5	Zone/Area	
6	Reason for disconnection/reconnection	
7	Fees (as required)	

**Documents Required**

**Submitted Tick (✓) / Yes**

<b>1</b>	<b>For Disconnection</b>	
	a) Ownership Proof	
	b) Copy of last paid bill/ receipt	
	c) No Due Certificate	
	d) Affidavit declaring reasons for disconnection	
<b>2</b>	<b>For Reconnection</b>	
	a) Ownership Proof	
	b) No Due Certificate	
	c) Plumber Certificate	
	d) Sanctioned Building Plan or Old water Bill	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (85.c)**

**Part -1**

1	Name of Service	Approval of Sewage Disconnection/ Reconnection
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Name of Original title Holder	
4	Permanent address	
5	Zone/Area	
	Reason for disconnection/reconnection	
	Fees (as required)	

**Documents Required**

**Submitted Tick (✓) / Yes**

<b>1</b>	<b>For Disconnection of Sewage</b>	
	e) Ownership Proof	
	f) Copy of the Sanctioned Building Plan /	
	g) No Due Certificate /	
	h) Sanction Letter of Water Connection /	
	i) Affidavit declaring reasons for disconnection	
<b>2</b>	<b>For Reconnection of sewage</b>	
	e) Ownership Proof	
	f) No Due Certificate	
	g) Plumber Certificate	
	h) Sanctioned Building Plan /	
	i) In case of Improvement Trusts Completion Certificate	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (86)**

**Part -1**

1	Name of Service	License for Slaughterhouse
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Nil	
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**Documents Required**

**Submitted Tick (✓) / Yes**

1	The application should be signed by the owner/ partner /director/managing trustee duly authorized for the purpose and a documentary evidence/power of attorney/copy of the resolution, as the case may be, must accompany the application.	
2	Copy of the building plan (three copies)	
3	Fees (if any)	
4	Proof of Identity and Address of owner	
5	Ownership Certificate of the Shop	
6	Receipt of the Property Tax /House Tax/Building Tax (if any)	
7	Environment Clearance	
8	No objection/clearance certificate from the Pollution Control Board	
9	Plumber Certificate	
10	Fire Safety NOC	
11	Approval of the Health Department	
12	Any other form mandatory under Abattoir Policy of GOP/GOI.	
13	Copy of the lease agreement in case the processing unit is being run on lease basis.	
14	Confidential reports issued by financial institutions/banks mentioning the financial status of the manufacture /exporters	
15	Copy of HACCP certificate / applicable quality safety system certificate.	

<b>16</b>	Copy of testing report of water used in processing & ETP from outside NABL accredited Lab.	
<b>17</b>	Proof of Ownership of land.	
<b>18</b>	Solid Waste Clearance Certificate	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (87)**

**Part -1**

1	Name of Service	Approval of Additional Construction
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service  
Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Name of the Building	
4	Address	
5	Zone	
6	Owner's name	
7	Additional Construction Area	
8	Building Height	
9	Type of Use	
10	Plot area	
11	D.C. Rate	
12	Name of the Scheme	

**Documents Required**

**Submitted Tick (√) / Yes**

1	Ownership Proof	
2	Copy of the Sanctioned Building Plan /Registry	
3	Prescribed proformas and the building plan duly signed by the applicant and registered architect (6 copies- 2 on cloth and 4 on paper)	
4	Completion Certificate (if any)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (88)**

**Part -1**

1	Name of Service	Sanction of Change of Land Use
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government (Municipal Corporation/Municipal Council/Nagar Panchayat)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**  
**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat	
3	Name of the Building	
4	Address	
5	Zone	
6	Owner's name	
7	Original purpose	
8	Changed purpose	
9	Fees (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Ownership Proof	
2	Location Plan of the site (3 copies)	
3	Allotment Letter/Registry	
4	No Due Certificate	
5	Following documents are not applicable in case of improvement Trust:	
	a) Report of Circle Revenue Officer	
	b) Khasra Plan	
	c) Report of Executive Officer concerned MC	
	d) NOC from National Highway Authority/Fire Department/Airport Authority if applicable. NOC from Pollution Control Board/ Archeology Deptt.(for institutions only) ,	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (89)**

**Part -1**

1	Name of Service	Issue of NOC for Fire Safety
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Application	
2	Copy of the building plan (one copy)	
3	Fees (if any)	
4	Copy of the earlier NOC (if any)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (90a & 90 b)**

**Part -1**

1	Name of Service	Issuance of conveying the assessment & Collection of property tax
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Zone	
4	Type of property	
5	Calculated tax	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Rent Deed (in case of Commercial and Industrial Property)	
2	Self Declaration form of Property Tax Calculation.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (91)**

**Part -1**

1	Name of Service	Issue of Bus Pass (for buses operated by the ULB)
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service  
Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
4	Relationship with applicant	
5	Senior Citizen/Handicap card no.	
6	Age	
7	Name of the College/school (in case of student pass)	

**Documents Required**

**Submitted Tick (✓) / Yes**

<b>1</b>	In case of Senior Citizens a) Senior Citizen ID card (if any) b) 2 photos c) Age proof (if Senior Citizen card is not issued) d) Residence Proof	
<b>2</b>	In case of School and college students a) School/College ID card b) 2 Photos Attested by Principal of school/college	
<b>3</b>	General a) Residence Proof b) 2 Photos	
<b>4</b>	Handicap a) Handicap card b) Residence Proof	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (92)**

**Part -1**

1	Name of Service	Issuance of Possession Letters
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	CorrespondencePhone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Name of the Building	
4	Address	
5	Zone	
6	Owner's name	
7	Fess (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Allotment Letter	
2	Sale agreement	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (93)**

**Part -1**

1	Name of Service	Issuance of Allotment Letters
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government(Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust)

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Name of the Building	
4	Address	
5	Zone	
6	Owner's name	
7	Fess (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of the Earnest Deposit Slip	
2	Copy of Sanction Letter /Letter of Intent (if any)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (94)**

**Part -1**

1	Name of Service	Approval for time extension for building plans
2	Name of Department/ Service Provider (Pre-filled into the system)	Local Government

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Date of Application	
2	Name of Municipal Corporation/Municipal Council/Nagar Panchayat/ Improvement Trust	
3	Name of the Building	
4	Address	
5	Zone	
6	Owner's name	
7	Fess (if any)	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Copy of the sanctioned building plan ( 2 copies)	
2	Ownership document (Registry/Allotment letter/Jamabandi)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

## 8. RURAL WATER SUPPLY AND SANITATION

Sr. No.	Service Name	Notification No.
1.	Sanction of Water Supply Connection	95

**Application No.**

**Simplified Proforma for Services under RTS Act. (95)**

**Part -1**

1	Name of the Service	Sanction of Water Supply Connection
2	Name of Department (Pre-filled into the system)	Rural Water Supply and Sanitation

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	House No.	
4	Street No.	
5	Name of Village	
6	Block	
7	District	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Residence Proof (Copy of Ration Card/ Voter Card )	
2	Self Declaration	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

## 9. SOCIAL SECURITY

Sr. No.	Service Name	Notification No.
1	Sanction of all social security benefits to old age/ handicapped / widow (Urban Areas)	96.a
2	Sanction of all social security benefits to old age/ handicapped / widow (Rural Areas)	96.b
3	Disbursement of old age/ handicapped / widow/ other pension and benefits <b>-<u>New Cases</u></b>	97
4	Issue of Identity Cards to all categories of Handicapped persons	98
5	Senior Citizen's I. Cards	99
6	Sanction of Scholarship to physically challenged	100
7	Disbursement of scholarship to physically challenged - <b><u>New Cases</u></b>	101
8	Sanction of financial assistance to Dependent Children (Urban) area	102
9	Sanction of financial assistance to Dependent Children (Rural Areas)	103
10	Sanction of National Family Benefit Scheme (Rural and Urban area)	104
	<b>Total</b>	<b>9/10</b>

**Application No.**

**Simplified Performa for Services under RTS Act. (96.a.b)**

Photo of  
Applicant

**Part -1**

1	Name of the Service	Old Age Pension (OAP) <i><b>Rural / Urban Area</b></i>
2	Name of Department (Pre-filled into the system)	Social Security and Women & Child Development.

**Part -2**

1	Name of Applicant				
2	Husband's / Father's / Mother's Name				
3	Permanent Address				
4	Correspondence Address				
5	Correspondence Phone No.				
6	Correspondence e-mail				
7	Adhaar Card No. (Attach Copy)				
8	Bank Detail	Name of Bank	Name of Branch	Account No.	IFSC Code

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Male/ Female	
4	BPL No.	
5	SC/BC/GEN	
6	Husband/Wife alive or not	
7	Age of applicant	
8	Monthly Income of husband and wife from all sources	
9	Agriculture land ( Chahi/baraaani)	

**Documents Required****Submitted Tick (✓) / Yes**

<b>1</b>	Report of Revenue Department (Patwari) for Agriculture land (Chahi / baraani)	
<b>2</b>	Voter Card or Voter List or Ration Card or Matriculation Certificate or Certificate from Registrar Birth & Death – As Age Proof (any one proof out of above)	
<b>3</b>	Self Declaration by Applicant	
<b>4</b>	Recommendation for Rural areas MLA or Two Member Panchayat & Sarpanch or Three Member Panchayat or Two Member Panchayat & one Numberdar In case of Urban Area- Recommendation of MLA or Municipal Commissioner (MC)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Performa for Services under RTS Act. (96.a.b.)**

Photo of  
Applicant

**Part -1**

1	Name of the Service	Financial Assistance Widow and Destitute Women <i>Rural/ Urban Areas</i>
2	Name of Department (Pre-filled into the system)	Social Security and Women & Child Development.

**Part -2**

1	Name of Applicant	
2	Husband / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Male/ Female	
4	BPL No.	
5	SC/BC/GEN	
6	Husband/Wife alive or not	
7	Age of applicant	
8	Widow/ Destitute	
9	Percentage of disability of husband in Case of destitute due to husband's disability	
10	Date of Death of Husband in case of widow	
11	Date of missing of husband in case of destitute due to missing of husband	
12	Monthly Income from all sources	
13	Agriculture land (Chahi / baraani)	

**Documents Required****Submitted Tick (✓) / Yes**

1	Death certificate of husband in case of widow or Disability Certificate of husband in case of destitute, or proof of missing of husband or proof of divorce.	
2	Voter Card or Voter List or Ration Card or Matriculation Certificate or Certificate from Registrar Birth & Death – As Age Proof (any one out of above)	
3	Self Declaration by Applicant	
4	Recommendation for Rural areas MLA or Two Member Panchayat & Sarpanch or Three Member Panchayat or Two Member Panchayat & one Numberdar In case of Urban Area- Recommendation of MLA or Municipal Commissioner (MC)	
5	Report of Revenue Department (Patwari) for Agricultural land (Chahi / baraani)	

I, hereby declare that all the information given above is true to best of my knowledge.  
If any information found wrong then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Performa for Services under RTS Act (96.a.b)**

Photo of  
Applicant

**Part -1**

1	Name of the Service	Financial Assistance to Disabled Person ( <i><b>Rural</b></i> / <i><b>Urban Areas</b></i> )
2	Name of Department (Pre-filled into the system)	Social Security and Women & Child Development.

**Part -2**

1	Name of Applicant				
2	Husband / Father's / Mother's Name				
3	Permanent Address				
4	Correspondence Address				
5	Correspondence Phone No.				
6	Correspondence e-mail				
7	Adhaar Card No. (Attach Copy)				
8	Particular of Children	Sr. No.	Name	DOB	Male/Female
	Bank Detail	Name of Bank	Name of Branch	Account No.	IFSC Code

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Aadhar No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	BPL No.	
4	SC/BC/GEN	
5	Male / Female	
6	Age of disabled Person (Applicant)	
7	Nature and Percentage of disability	
8	Monthly Income from all sources	
9	Agriculture land (Chahi / baraani)	

**Documents Required****Submitted Tick (✓) / Yes**

1	Voter Card or Voter List or Ration Card or Matriculation Certificate or Certificate from Registrar Birth & Death – As age Proof (any one proof out above)	
2	Disability Certificate	
3	Self Declaration by Applicant	
4	In case of Rural Area – Recommendation of MLA or Two Member Panchayat & Sarpanch or Three Member Panchayat or Two Member Panchayat & one Numberdar  In case of Urban Area – Recommendation of MLA or Municipal Commissioner (MC)	
5	Report of Revenue Department (Patwari) for Agriculture land (Chahi / baraani)	

I, hereby declare that all the information given above is true to best of my knowledge. If any information found wrong then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (97)**

**Part -1**

1	Name of the Service	Disbursement of old age/handicapped/widow/other pension and benefits – <b><u>New Cases</u></b>
2	Name of Department/Service Provider (Pre-filled into the system)	Social Security

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) /Yes**


I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma for Services under RTS Act. (98)****Part -1**

1	Name of the Service	Issue of Identity Cards to all Categories of Handicapped Persons
2	Name of Department (Pre-filled into the system)	Social Security

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3****Information / Documents required specific to the service****Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary, Attach Copy)	
2	Relationship with applicant	

**Document Required****Submitted Tick (✓) / Yes**

1	Disability Certificate (Disability should be more than 40% percent)	
2	Proof of residence (Any one of these - voter card or ration card or passport or driving licence)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (99)**

**Part -1**

1	Name of the Service	Senior Citizen's I. Card of Punjab
2	Name of Department/Service Provider (Pre-filled into the system)	Social Security

photo of  
applicant

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Age of beneficiary	

**Documents Required**

**Submitted Tick (✓) / Yes**

1	Residence Proof - Ration Card/ Voter Card/ Passport (any one )	
2	Date of Birth Proof – Voter Card/ Birth Certificate	
3	Two photographs of beneficiary (Not more than 3 months old)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (100)**

**Part -1**

1	Name of the Service	Sanction of Scholarship to physically challenged
2	Name of Department (Pre-filled into the system)	Social Security

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

1	Name of beneficiary , if not applicant. (Adhaar No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Disability Certificate (disability Should be more than 40%) Head / Sarpanch / MC/Self declaration	
2	One Residence Proof (Attested copy of Ration Card or Voter Card or Passport)	
	Proof of student from the educational institution	
3	Income Certificate (Income should not be more than 50,000/- per year ) given by Head master / Sarpanch / MC / Self declaration.	
4	Bank Name, Account Number and IFSC Code of the Bank	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



Application No.

## Simplified Proforma for Services under RTS Act. (101)

### Part -1

1	Name of the Service	Disbursement of scholarship to physically challenged – <b>New Cases</b>
2	Name of Department/Service Provider (Pre-filled into the system)	Social Security

### Part -2

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

### Part -3

#### Information / Documents required specific to the service

##### Information

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of School	
4	Class	
5	Regn. / Roll No.	

##### Documents Required

Submitted Tick (✓) / Yes

1	Sanction no. .... dated .....	
2	Amount .....	
3	Bank Transfer detail	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (102 and 103)**

Photo of  
Applicant

**Part -1**

1	Name of the Service	Financial Assistance to Dependent Children <b><i>Rural/Urban Areas</i></b>
2	Name of Department (Pre-filled into the system)	Social Security and Women & Child Development.

**Part -2**

1	Name of Applicant				
2	Age of Applicant				
3	Husband's / Father's / Mother's Name				
4	Permanent Address				
5	Correspondence Address				
6	Correspondence Phone No.				
7	Correspondence e-mail				
8	Adhaar Card No. (Attach Copy)				
9	Particulars of dependent children	Sr. No.	Name	Age	Male/female
		1			
		2			
10	Bank Detail	Name of Bank	Name of Branch	Account No.	IFSC Code

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Aadhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Widow/ Destitute	
4	Percentage of disability of husband (in case destitute due to husband's disability)	
5	Date of Death of Husband in case of Widow	
6	Date of disappearance of husband (in case	

	destitute due to disappearance of husband)	
7	Age of Applicant	
8	BPL No.	
9	SC/BC/GEN	
10	Monthly Income from all sources	
11	Agriculture land (Chahi /baraani)	

### Documents Required

Submitted Tick (✓) / Yes

Sr. No.	Document	Submitted
1	Death Certificate in case father of the child is no more. Medical Certificate from authorized authority to be enclosed in case father is handicapped and unable to earn a livelihood.	
2	Death certificate of husband in case of widow or Disability certificate of husband in case of destitution, or proof of missing of husband or proof of divorce.	
3	Residence proof, Voter Card or voter list or Ration card or Matriculation Certificate from Registrar birth & death, as age Proof (any one proof out of above).	
4	Copy of proof of birth of the two children for whom Financial Assistance is required be attached.	
5	Certificate from Registrar Birth & Death or Certificate from School Head – As Age Proof Dependent Children (any one out of above)	
6	Self Declaration by Applicant	
7	Recommendation for Rural areas MLA or Two Member Panchayat & Sarpanch or Three Member Panchayat or Two Member Panchayat & one Numberdar In case of Urban Area - Recommendation of MLA or Municipal Commissioner (MC)	
8	Report of Revenue Department (Patwari) for Agriculture land (Chahi / baraani)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (104)**

**Part -1**

1	Name of the Service	Sanction of National Family Benefit Scheme (Rural and Urban Area)
2	Name of Department/Service Provider (Pre-filled into the system)	Social Security

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Documents Required**

**Submitted Tick (✓) / Yes**

<b>1</b>		
<b>2</b>		
<b>3</b>		

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

## 10. WELFARE OF S.C.'S AND B.C.'S

Sr. No.	Service Name	Notification No.
1	Issue of various Certificates like Caste, OBC etc.	105
2	Sanction of stipends / Scholarship	106
3.	Sanction of Stipiend etc. - new cases	107 (a)
4.	Disbursement of Stipend etc. – new cases	107 (b)
5.	Supply of Text Books	108
6.	Term Loan to SC	109
7.	Term Loan to BC	110
8.	Shagun Scheme	111
	<b>Total</b>	<b>7/8</b>

**Application No.**

**Simplified Proforma for Services under RTS Act. (105)**

**Part-1**

1.	Name of Service	Issue of various Certificates like Caste, OBC etc.
2.	Name of Department/ Service Provider (Pre-filled into the system)	Welfare of Scheduled Castes and Backward Classes, Punjab

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address with Mobile Number/ e-mail	
5.	Aadhaar Card No. (Attach copy)	

**Part-3**

**Information/documents required specific to the service**  
**Information**

1.	Name of beneficiary, if not applicant (Aadhaar No. of beneficiary, attach copy)	
2.	Relation with applicant	
3.	Religion (mandatory)	
4.	Whether caste certificate has been issued to father. If yes, Attach copy.	
5.	State of origin (Attach copy)	

**Documents required**

**Submitted Tick (✓)/Yes**

1.	Prescribed application form with Report from Sarpanch /M.C./Nambardar Patwari concerned.	
2.	Self – declaration by the applicant regarding caste by birth	
3.	Attested copy of caste certificate of father	
4.	Attested copy of State of origin	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act (106)**

**Part-1**

1.	Name of Service	Sanction of stipends/Scholarship
2.	Name of Department/Service provider (Pre-filled into the system)	Welfare of S.C.'s and B.C.'s

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Adhaar Card No. (Attach copy)	

**Part-3**

**Information/Documents required specific to the service**

**Information**

1.	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary, Attach copy)	
2.	Relationship with applicant	
3.	Beneficiary's ID number if applied online	
4.	Caste (SC, BC or Minority)	
5.	Name of the scheme	
6.	Name of Educational Institution (School/College/University)	
7.	Class and Course	
8.	Year for which stipend is claimed	

**Documents required**

**Submitted Tick (✓) /Yes**

1.	Self declaration/regarding income limit (if the applicant is Govt./Private employee) then copy of salary certificate from employer may be attached.	
2.	Copy of birth certificate	
3.	Copy of Caste certificate issued by competent authority	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (107. a)**

**Part-1**

1.	Name of Service	Sanction of stipend etc.-new cases
2.	Name of Department/Service provider (Pre-filled into the system)	Welfare of S.C.'s and B.C.'s

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Adhaar Card No. (Attach copy)	

**Part-3**

**Information/Documents required specific to the service**

**Information**

1.	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary, Attach copy)	
2.	Relationship with applicant	
3.	Beneficiary's ID number if applied online	
4.	Caste (SC, BC or Minority)	
5.	Name of the scheme	
6.	Name of Educational Institution (School/College/University)	
7.	Class and Course	
8.	Year for which stipend is claimed	

**Documents required**

**Submitted Tick (✓) /Yes**

1.	Self declaration/regarding income limit (if the applicant is Govt./Private employee) then copy of salary certificate from employer may be attached.	
2.	Copy of birth certificate	
3.	Copy of Caste certificate issued by competent authority	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



Application No.

**Simplified Proforma for Services under RTS Act. (107. b)**

**Part-1**

1.	Name of Service	Disbursement of stipend etc. - new cases
2.	Name of Department/Service provider (Pre-filled into the system)	Welfare of S.C.'s and B.C.'s

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Adhaar Card No. (Attach copy)	

**Part-3**

**Information/Documents required specific to the service**

**Information**

1.	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary, Attach copy)	
2.	Relationship with applicant	
3.	Beneficiary's ID number if applied online	
4.	Caste (SC, BC or Minority)	
5.	Name of the scheme	
6.	Name of Educational Institution (School/College/University)	
7.	Class and Course	
8.	Year for which stipend is claimed	

**Documents required**

**Submitted Tick (✓) /Yes**

1.	Self declaration/regarding income limit (if the applicant is Govt./Private employee) then copy of salary certificate from the employer may be attached.	
2.	Copy of birth certificate	
3.	Copy of Caste certificate issued by competent authority	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

**Simplified Proforma for Services under RTS Act (108)**

**Part-1**

1.	Name of Service	Supply of Text Books
2.	Name of Department/Service provider (Pre-filled into the system)	Welfare of S.C.'s and B.C.'s

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Adhaar Card No. (Attach copy)	

**Part-3**

**Information/Documents required specific to the service**

**Information**

1.	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary, Attach copy)	
2.	Relationship with applicant	
3.	Caste	
4.	Name & Address of Educational Institution (School)	
5.	Class and Course	
6.	Year	

**Documents required**

**Submitted Tick (✓) /Yes**

1.	Copy of birth certificate	
2.	Copy of Caste certificate issued by competent authority	
3.	Copy of certificate issued by Headmaster/Principal regarding study	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma for Services under RTS Act.( 109)****Part-1**

1.	Name of Service	Term loan to SC	Photogaph
2.	Name of Department/Service provider (Pre-filled into the system)	Welfare of S.C.'s and B.C.'s	

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Adhaar Card No. (Attach copy)	

**Part-3****Information/Documents required specific to the service****Information**

1.	a) Name	
	b) Father's/Husband's Name	
	c) Grand Father's Name	
2	Age	
3	a) Mobile / Phone No.	
	b) Aadhaar Card No.	
4	Caste	
	a) If the applicant is a SC then specify caste.	
	b) If the applicant belongs to an SC de-notified tribe, the specify caste.	
5	a) Present Address Village ..... Post Office ..... Tehsil ..... Distt. ....	
	b) Permanent Address Village ..... Post Office ..... Tehsil ..... Distt. ....	
6	a) Present Occupation	
	b) Whether applicant is a Safai Karamchari	
	c) State if any member of the applicant's family possesses a yellow card	
	d) Family Annual Income	
7	Demand for loan Amount	
8	Purpose of loan	
9	a) Whether applicant or any member of his family has availed loan from the Corporation. If yes, how much loan was availed of and for which purpose and when.	
10	Whether applicant has applied for loan against immovable property.	

11	If he is availing loan against surety of any other person then his name and address	
12	State if the loan is applied for against the surety of any Govt. employee? If yes state his name designation, Date of appointment, date of retirement and detail of salary.	
13	Detail of immovable property	

### Documents required

Submitted Tick (✓) /Yes

1	Prescribed Form for Loan	
2	Three Photographs	
3	Copy of SC Certificate	
4	Income certificate or self declaration regarding income	
5	Copy of Aadhaar Card	
6	Residence Proof - Voter Card, Passport, Ration Card (any one)	
7	Project Report	
8	Copy of Passbook of Saving Bank Account linked with Aadhaar Card.	
9	Document for guarantee/surety	
	a) If loan is to be availed against own property	
	(i) Copy of Farad/Jamabandi for Land / Plot	
	(ii) Map of House/Plot	
	(iii) Copy of Collector Rate	
	(iv) Property ownership and valuation certificate	
	b) If loan is to be availed against the property of guarantor	
	(i) Copy Farad / Jamabandi for Land / Plot	
	(ii) Map of House / Plot	
	(iii) Copy of Collector Rate	
	(iv) Self declaration from guarantor regarding repayment of loan	
	(v) Property ownership and valuation certificate	
	c) If loan is to be availed against surety of govt. employee.	
	(i) Salary certificate	
	(ii) Certificate from DDO regarding entry in the service record.	
	(iii) Self declaration from guarantor regarding repayment of loan.	
10	Self declaration by applicant	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (110)**

**Part-1**

1.	Name of Service	Term loan to BC
2.	Name of Department ( Pre-filled into the system)	Welfare of SC's and BC's

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

**Part-3**

**Information/documents required specific to the service**

**Information**

1	Name of beneficiary, if not applicant (Aadhaar Card No. of beneficiary, Attach copy)	
2	Relationship with applicant	
3	Age	
4	Present occupation	
5	Income (Annual Family Income)	
6	Is the applicant Income Tax Payee (If so give PAN No.)	
7	Purpose of Loan	
8	Amount of Loan	
9	Whether the business will be run by the applicant (if not then by whom)	
10	Does the applicant have any experience	
11	Detail of Funds/sources available with applicant to start the business	
12	Whether the applicant or his/her family member has availed of any loan from Backfinco/any other financial institution, if yes then give details:- 1. Name of Institution/Department 2. Purpose 3. Amount 4. Guarantee given 5. Date 6. Balance outstanding today	

**Documents required****Submitted Tick (✓) Yes**

1.	If applicant wants loan against the guarantee of permanent Govt. employee (Yes or No) If yes Detail of employee	Name Designation Department Permanent Address Present Address
2.	If applicant wants loan against his / her own property / Land or guarantors Property /Land (If yes)	
3.	Previously loan taken against this building / Plot (If yes) Then loan amount outstanding	
4.	Two photographs	
5.	Copy of BC Certificate	
6.	Income certificate or self declaration regarding income	
7.	Copy of Aadhaar Card	
8.	Residence Proof –Voter Card, Passport, Ration Card (any one)	
9.	Project Report	
10.	Copy of Pass Book of saving bank linked with Aadhaar Card	
11.	Document for guarantee/surety a) If loan is to be availed of against own property (i) Copy of Furd / Jama Bandi for Land/Plot (ii) Map of House/Plot (iii) Copy of collector rate  b) If loan is to be availed of against the property of guarantor (i) Copy of Furd / Jama Bandi for Land/Plot (ii) Map of House/Plot (iii) Copy of collector rate (iv) Self declaration from guarantor regarding repayment of loan.  c) If loan is to be availed of against surety of Govt. Employee (i) Salary certificate (ii) Certificate from DDO regarding entry in the service record. (iii) Self declaration from guarantor regarding repayment of loan.	
12.	If the applicant is income tax payee then submit last year ITR	

I solemnly declare that the above information is correct and true to the best of my knowledge and guarantee given as land/building / plot /Machinery against loan is free from all encumbrances. I hereby declare that before repayment of **ownership of the property to be mortgages will not be transferred.**

I agree to obey the loan regulation and instructions thereof. I will obey if any other conditions are imposed.

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect I will be punishable as per law.

**Signature of Applicant****Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (111)**

**Part-1**

1.	Name of Service	Shagun Scheme
2.	Name of Department ( Pre-filled into the system)	Welfare of S.C.'s and B.C.'s, Punjab

**Part-2**

1.	Name of Applicant	
2.	Husband's/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

**Part-3**

**Information/documents required specific to the service**

**Information**

1	Name of girl beneficiary, if not applicant (Aadhaar Card No. of beneficiary attach copy)	
2	Relationship with applicant	
3	Category	
4	Occupation of applicant	
5.	Date of birth of girl beneficiary	
6.	Date of marriage	
7.	Total annual income	
8.	If benefit under this scheme is taken before, then name of girl beneficiary and date of marriage	
9.	In case of divorcee or widow, date of previous marriage and Name/Address of husband.	
10.	Particulars of bridegroom (name father's name and address)	

**Bank Details of applicant**

1.	Account No.	
2.	Name of Bank	
3.	Branch Address	
4.	IFSC Code	

**Documents required**

**Submitted Tick (✓) Yes**

1.	Income proof : BPL Card/Self Declaration in given proforma duly attested by Sarpanch/Nambardaar/ concerned Ward Councillor	
2.	Attestation declaration by Sarpanch/Nambardaar/concerned Ward Councillor (in self declaration)	

3.	Proof of age (Birth certificate, Voter ID).	
4.	Marriage certificate/card from bridegroom	
5.	Copy of bank passbook	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

**Signature of Applicant**

#### **Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



## 11. AGRICULTURE

Sr. No.	Service Name	Notification No.
1	Supply of soil sample Results	144
2	Issuance and renewal of license for sale of seeds / fertilizers / insecticides	154
3	Addition of Godown in seeds/ fertilizers / insecticides licenses	155
4	Issuance of Duplicate agricultural license of seeds / fertilizers / insecticides	156
5	Addition / amendment of item in license for Seeds / fertilizers/insecticides	157

**Application No.**

**Simplified Proforma for Services under RTS Act. (144)**

**Part -1**

<b>1</b>	Name of the Services	Supply of Soil Sample Results
<b>2</b>	Name of Department(Pre-Filled Into System	Agriculture

**Part-2**

<b>1</b>	Name of Applicant	
<b>2</b>	Husband's/Father's /Mother's Name	
<b>3</b>	Permanent Address	
<b>4</b>	Correspondence Address	
<b>5</b>	Correspondence Phone No.	
<b>6</b>	Correspondence E-mail	
<b>7</b>	Adhaar Card No.(Attach Copy)	

**Part-3**

**Information/Documents required specific to the service**

**Information**

<b>1</b>	Name of beneficiary , if not applicant (Adhaar Card No. of Beneficiary. Attach Copy)	
<b>2</b>	Relationship with applicant	
<b>3</b>		
<b>4</b>		

**Document Required**

**Submitted Tick (✓)/Yes**

<b>1</b>	Khasra number (if not available then identification/land mark of farm e.g. Neem wala khet)	
<b>2</b>		
<b>3</b>		
<b>4</b>		

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found wrong to be incorrect I will be punishable as per law.

**Signature of Applicant**

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be Provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (154)**

**Part-1**

1	Name of the Service	Issuance/ Renewal/of agriculture Licenses of <b>Seeds (As per Seed Act , 1966 and Seed Order, 1983)</b>
2	Name of Department (Pre-filled into the system)	Agriculture

**Part-2**

1	Name of Applicant	
2	Husband's/Father's/mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part-3**

**Information/ Documents required specific to the service**  
**Information**

1	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Document Required**

**Submitted Tick (✓)/Yes**

1	Application under Seed Act, 1966	
2	Map of shop or premises verified by the concerned Chief Agriculture Officer (with date and seal) and proof of ownership/Rent deed for that godown.	
3	Copy of Partnership Deed, Memorandum of Article of the company, Affidavit of sole Proprietor whichever is applicable	
4	List of Directors, if applicable	
5	Nomination, Resolution, Power of Attorney to sign and submit documents, responsible person to obtain license. where ever applicable	
6	Photograph of the applicant with residence proof	
7	Self declaration of applicant, if applicable	
8	Self declaration of responsible person, if applicable	
9	Source of Supply	
10	Prescribed fee	
11	Sale report for last three year, if applicable	

I hereby declare that all the information given above is true to best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

## Simplified Proforma for Services under RTS Act. (155)

### Part-1

1a	Name of the Service	Issuance/ Renewal/ of agriculture Licenses of <b>Fertilizer (As per Fertilizer Control order, 1985)</b>
2a	Name of Department (Pre-filled into the system)	Agriculture

### Part-2

1	Name of Applicant	
2	Husband's/Father's/mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

### Part-3

#### Information/ Documents required specific to the service Information

1	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

#### Document Required

#### Submitted Tick (✓)/Yes

1	Application under Fertilizer Control Order 1985	
2	Map of shop or premises verified by the concerned Chief Agriculture Officer (with date and seal) and proof of ownership/Rent deed for that godown.	
3	Copy of Partnership Deed, Memorandum of Article of the company, Affidavit of sole Proprietor whichever is applicable	
4	List of Directors if applicable	
5	Nomination, Resolution, Power of Attorney to sign and submit documents, responsible person to obtain license. where applicable	
6	Photograph of the applicant with residence proof	
7	Self declaration of applicant	
8	Self declaration of responsible person under section 24 of FCO 1985	
9	Source of Supply in Form 'O' and for importing : Bill of landing, source of origin, invoice, analysis report under FCO 1985	
10	Prescribed fee	
11	Sale report and quality performance report for last year if applicable	
12	Attested copy of RC issued by competent officer of the Agriculture Department/Small scale industry/Dist. Industry Centre.	
13	Proof of Qualification as per Govt. Notification No. S.O. 2776(E) dated 10.10.2015 if applicable	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

## Simplified Proforma for Services under RTS Act. (156)

### Part-1

1a	Name of the Service	Issuance/ Renewal/ of agriculture Licenses of <b>Insecticides</b> (As per Insecticides Act 1968 & Rules 1971)
2a	Name of Department (Pre-filled into the system)	Agriculture

### Part-2

1	Name of Applicant	
2	Husband's/Father's/mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

### Part-3

#### Information/ Documents required specific to the service

##### Information

1	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

#### Document Required

#### Submitted Tick (✓)/Yes

1	Application under Insecticides Act, 1968 & Rules 1971	
2	Map of shop or premises verified by the concerned Chief Agriculture Officer (with date and seal) and proof of ownership/Rent deed for that godown.	
3	Copy of Partnership Deed, Memorandum of Article of the company, Affidavit of sole Proprietor whichever is applicable	
4	List of Directors if applicable	
5	Nomination, Resolution, Power of Attorney to sign and submit documents, responsible person to obtain license. where applicable	
6	Photograph of the applicant with residence proof	
7	Self declaration of applicant	
8	Self declaration of responsible person under <b>Insecticides Act 1968 &amp; Rules 1971</b>	
9	Principal Certificate under <b>Insecticides Act 1968 &amp; Rules 1971</b>	
10	Prescribed fee	
11	Proof of Qualification as per Govt. Notification	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

#### Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (157)**

**Part-1**

1a	Name of the Service	Addition/Amendment of Item in license for <b>Seeds / Fertilizer / Insecticides</b>
2a	Name of Department (Pre-filled into the system)	Agriculture

**Part-2**

1	Name of Applicant	
2	Husband's/Father's/mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part-3**

**Information/ Documents required specific to the service  
Information**

1	Name of beneficiary, if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**PART I: LICENSE FOR SEEDS**

**Document Required-(only for License for Seeds)**

**Submitted Tick (✓)**

**Yes**

1	Application under Seed Control Order, 1983	
2	Map of shop or premises verified by the concerned Chief Agriculture Officer (with date and seal) and proof of ownership/Rent deed for that godown, if applicable	
3	Copy of Partnership Deed, Memorandum of Article of the company, Affidavit of sole Proprietor whichever is applicable	
4	List of Directors if applicable	
5	Nomination, Resolution, Power of Attorney to sign and submit documents, responsible person to obtain license, where applicable	
6	2 Photograph of the applicant with residence proof, if applicable	
7	Self-declaration of applicant, if applicable	
8	Self-declaration of responsible person, if applicable	
9	Source of Supply of Breeder Seed/Foundation Seed	
10	Prescribed fee	
11	Sale Report for last 3 years, if applicable	

## PART II: LICENSE FOR FERTILIZER

Document Required- (only for License for Fertilizer)		Submitted Tick (✓) Yes
1	Application under Fertilizer Control Order, 1985	
2	Map of shop or premises verified by the concerned Chief Agriculture Officer (with date and seal) and proof of ownership/Rent deed for that godown. if applicable	
3	Copy of Partnership Deed, Memorandum of Article of the company, Affidavit of sole Proprietor whichever is applicable	
4	List of Directors if applicable	
5	Nomination, Resolution, Power of Attorney to sign and submit documents, responsible person to obtain license where applicable	
6	Photograph of the applicant with residence proof if applicable	
7	Self declaration of applicant if applicable	
8	Self declaration of responsible person under section 24 of FCO 1985 if applicable	
9	Source of Supply in Form 'O' and for importing : Bill of landing, source of origin, invoice, analysis report under FCO 1985 if applicable	
10	Prescribed fee	
11	Sale Report and Quality Performance Report for last year, if applicable	
12	Attested copy of RC issued by competent officer of the Agriculture Department/Small scale industry/District Industry Centre, if applicable	
13	Proof of Qualification as per Govt. Notification No. S.O. 2776 (E) dated 10.10.2015, if applicable	

## Part III: License for Insecticides

Document Required- (only for License for Insecticides)		Submitted Tick (✓) Yes
1	Application under Insecticides Act, 1968 and Rules 1971	
2	Map of shop or premises verified by the concerned Chief Agriculture Officer (with date and seal) and proof of ownership/Rent deed for that godown. if applicable	
3	Copy of Partnership Deed, Memorandum of Article of the company, Affidavit of sole Proprietor whichever is applicable	
4	List of Directors if applicable	
5	Nomination, Resolution, Power of Attorney to sign and submit documents, <b>responsible person to obtain license. where applicable</b>	
6	Photograph of the applicant with residence proof, if applicable	
7	Self-declaration of applicant, if applicable	
8	Self-declaration of responsible person under Insecticides Act 1968 and Rules 1971, if applicable	
9	Principal Certificate under Insecticides Act 1968 and Rules 1971	
10	Prescribed fee	
11	Proof of Qualification as per Govt. notification	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

## Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

<b>12. MANDI BOARD</b>		
<b>Sr. No.</b>	<b>Service Name</b>	<b>Notification No.</b>
1	Issuance of NOC/ Duplicate Allotment/Re-allotment letter	145
2	Issuance of conveyance deed	146
3	issuance of No-Dues Certificate	147
4	Re-transfer of property in case of Sale	148
5	Re-transfer of property in case of death (uncontested)	149
6	Issue of N.O.C for Mortgage	150
7	Issue of J-form to farmers	151
8	Providing Financial Aid (Exgratia) to Cultivators for any injury or death during farming operations	152
9	Issue of Identity Card for participation in Apni Mandi	153



**Application No.**

**Simplified Proforma for Services under RTS Act. (145)**

**Part -1**

1	Name of the Service	Issuance of NOC/ Duplicate Allotment/Re-allotment letter
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's / Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Mandi	
4	Plot No, Plot Type And Size	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Application from original allottee	
2	Self declaration of the seller with photo	
3	Self declaration of the buyer with photo	
4	Identity proof of seller and buyer (Voter Card or Aadhaar Card or Passport or Driving license or Ration Card) (any one) (Self Attested)	
5	Certified Copy of registered conveyance deed or Sale deed	

I hereby declare that all the information given above is true to the best of my knowledge.

If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (146)**

**Part -1**

1	Name of the Service	Issuance conveyance deed
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's /Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**  
**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Mandi	
4	Plot No, Plot Type And Size	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Form-B issued to the allottee	
2	One copy of conveyance deed typed in Punjabi on stamp paper, signed by Municipal Councillor or Panch or Sarpanch along with photograph as witness	
3	Two copies on Non-Judicial paper (One must be signed by Municipal Councillor or Panch or Sarpanch as witness)	
4	Self declaration of the Seller with photo	
5	Self declaration of the Buyer with photo	
6	Self attested Identity proofs of seller and buyer (Voter Card or Aadhaar Card or Passport or Driving License or Ration Card) (any one)	
7	Photo of the allottee in front of the Plot of which the conveyance deed is to be issued, duly attested by the concerned Secretary Market Committee	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (147)**

**Part -1**

1	Name of the Service	Issuance of No-Dues Certificate
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's / Father's /Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Mandi	
4	Plot No, Plot Type And Size	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Prescribed Form from the original allottee	
2	Self attested identity proof (Voter Card or Aadhaar Card or Passport or Driving license or Ration Card) (any one)	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (148)**

**Part -1**

1	Name of the Service	Re-transfer of property in case of Sale
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's / Father's /Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Mandi	
4	Plot No, Plot Type And Size	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Prescribed form	
2	Copy of pre-approval for sale issued by the department	
3	Certified copy of the registered conveyance deed and Sale deed certified by Tehsildar.	
4	Self declaration from seller	
5	Self declaration from buyer	
6	Self attested identity proof (Voter Card or Aadhaar Card or Passport or Driving license or Ration Card) (any one)	
7	Proof of the shop that it is not divided into parts duly issued by Secretary Market Committee.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (149)**

**Part -1**

1	Name of the Service	Re-transfer of property in case of death (uncontested)
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's / Father's/ Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Mandi	
4	Plot No, Plot Type And Size	

**Document Required**

**Submitted Tick (✓) / Yes**

2	Prescribed Form	
2	Original death certificate of allottee	
3	Legal heir certificate duly attested by the concerned Tehsildar.	
4	Self declaration with photo and identity proof (Voter Card or Aadhaar Card or Passport or Driving license or Ration Card) (any one) of all legal heirs/ beneficiaries.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (150)**

**Part -1**

1	Name of the Service	Issue of N.O.C for Mortgage
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's / Father's/ Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Mandi	
4	Plot No, Plot Type And Size	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Copy of allotment letter or Re-allotment letter	
2	Approved plan of the building for construction	
3	Departmental loan Performa	
4	Self declaration with photo	
5	Certified copy of NOC	
6	Copy of approved Mortgage form	
7	Occupation Certificate	
8	Attached receipt of fees	
9	If conveyance deed has been issued, attach attested copy of registered/ conveyance deed.	
10	Consent letter from bank for loan.	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (151**

**Part -1**

1	Name of the Service	Issue of J-form to farmers
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's / Father's /Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	
8	Name of Mandi	
9	Name of Market Committee	
10	District	
11	Name of commission Agent/Buyer	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	
3	Name of Produce	
4	Weight	
5	Date of Sale	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Prescribed Form	
2	Income certificate	
3	Proof of sale	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Application No.**

**Simplified Proforma for Services under RTS Act. (152)**

**Part -1**

1	Name of the Service	Providing Financial Aid (Exgratia) to Cultivators for any injury or death during farming operations
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee

**Part -2**

1	Name of Applicant	
2	Husband's / Father's /Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Two passport size photographs	
2	Medical Certificate issued by M.B.B.S. Doctor	
3	Self Declaration Certificate according to Govt. Instructions	
4	Proof of permanent address	
5	Identity proof of Farmers/ Laborers which is to be attested by (Sarpanch or Municipal Councillor)	
6	Legal heir Certificate (in case of death)	
7	Inquiry Report of S.D.M. Regarding reasons of accident	
8	Death Certificate issued by Registrar (Birth & Death)	
9	Postmortem Report	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	



**Application No.**

**Simplified Proforma for Services under RTS Act. (153)**

**Part -1**

1	Name of the Service	Issue of Identity Card for participation in Apni Mandi
2	Name of Department (Pre-filled into the system)	Punjab Mandi Board/Market Committee
3	Name of District	
4	Name of Market Committee	

**Part -2**

1	Name of Applicant	
2	Husband's /Father's / Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
5	Adhaar Card No. (Attach Copy)	

**Part -3**

**Information / Documents required specific to the service**

**Information**

1	Name of beneficiary , if not applicant. (Adhaar Card No. of beneficiary. Attach Copy)	
2	Relationship with applicant	

**Document Required**

**Submitted Tick (✓) / Yes**

1	Self Declaration with full details of fruits & vegetables grown	
2	Original Jamabandi of the land in the name of applicant issued within last six months. If tenant, then the self declaration along with Jamabandi of the land owner issued within last six months along with registered rent agreement	
3	Two coloured photographs of applicant i.e. one Passport Size and other Dak Ticket Size.	
4	Attested photo copy of Residence proof of applicant either ( <b>Aadhaar Card</b> or Voter Card or Driving License or Passport) (any one).	

I hereby declare that all the information given above is true to the best of my knowledge. If any information is found to be incorrect then I will be punishable as per law.

Signature of Applicant

**Acknowledgement Receipt**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

