



PUNJAB RIGHT TO SERVICE ACT 2011
LOCAL GOVERNMENT DEPARTMENT, PUNJAB
IMPROVEMENT TRUST MOGA
 FORM FOR SEEKING SERVICE

Service Asked For **Transfer of property in case of sale**

(Stipulated Time- 15 days)

1	Date of Application				
2	Name of the Applicant				
3	Father's/ Husband's Name				
4	Address	City / Village		Locality/ H.No.	
		Teh.		Distt.	
		Phone/Mobile No.			
		e-mail id, if any			
5	Service related field Improvement Trust Requirements	a.	B.A fees(if applicable)		
		b.	Any other		
		c.	Plot/ property No.....		
		d.	Name of Scheme.....		

6. Document to be attached

Sr. No	(Service specific documents)	Checklist	Checklist(For Office Use only)
i.	Dates of deposit of installments & other dues whether photo-state copy of receipts attached?	Yes	Yes
ii.	If allottee/ Transferee fails to construct building within time as per allotment letter whether non-construction fees have been deposited. if deposited whether dates of deposit mentioned and photo-state copies of receipts attached? (wherever applicable)	Yes/Na.	Yes/Na.
iii.	Date of execution of sale of agreement whether photo-state copy attached?	Yes	Yes
iv.	Whether affidavit regarding transfer of property from buyer & purchaser with attested photos attached?	Yes	Yes
v.	Whether Indemnity Bond attached?	Yes	Yes
vi.	Whether the property/ Plot is constructed or vacant, if constructed the proof of already constructed if submitted receipts of Water Supply Connection, Electricity Connection & Sewerage connection with sanctioned plan & completion plan attached? (wherever applicable)	Yes/Na.	Yes/Na.
vii.	Whether applicant is Allottee/ Transferee or having power attorney? if applicant is having power of attorney whether this attorney is registered through Sub-registrar whether certified copy of power of attorney attached? (wherever applicable)	Yes/Na.	Yes/Na.

7. Signature of Applicant _____

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For Office use

1	Acknowledgement Receipt No.		2	Date	
3	Date by Which Service to be provided		4	a. Departmental fees b. Facilitation charges, if any	
5	Name of Designated officer		6	Designation	
7	Location : a. Office b. Suvidha Center		8	Signature of D.O./ Receiving Officer	

Acknowledgement Slip

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7(a)	Name of Designated officer		(b)	Designation	
(c)	Location : (i) Office (ii) Suvidha Center		(d)	Signature of Designated Officer	