

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

Service Asked For:	(113) Sanction of Water Supply/ Sewerage Connection	(Stipulated Time-7 Days)

1	Date of Application							
2	Name of the Applicant							
3	Father's/ Husband's Name							
4	Address	City Villa	// age			P.O		
		Teh.				Distt.		
		Phone/Mobile No.		0.				
		e-mail id, if any						
5	Sanction of Water supply/ Sewerage	age a. Plot/ No Name of S b. Departmental Fees			Name of Sc	neme		
	Connection. ULBs Requirement				tal Fees			
		C.	Any c	ther				
		d.						
		e.						
6.	Document to be attached	1						
Sr.	(Service specific documents)					Checklist	Checklist(For	
No						Yes/No	Office Use only)	
i.	Allotment letter						Yes/No	
ii.	Copy of approved Building Plan						Yes/No	
iii.	A site plan of the plot on which it is intended to obtain Water Supply/ Sewer Connection.						Yes/No	
iv	Self Declaration regarding correctness of the information supplied						Yes/No	
V.	Proof of clearance of all dues issued by Improvement Trust					Yes/No	Yes/No	
8.	Signature of Applicant							
For (	Office use							
1	Acknowledgement Receipt No.		:	2	Date			
3	Date by Which Service to be provided		•	4	Fees/ Facilitation charg	es, if any		
5	Name of Designated officer		(	6	Designation			
7	Location : a. Office b. Suvidha Center		1	3	Signature of D.O./ Officer	Receiving		

## Acknowledgement Slip

1	Acknowledgment Receipt No.			2	Date				
3	Date by Which Service to be provided			4	Fees	s/ Facilit	ation charges, if any		
5	Service asked for	Sanction of Water Supply/ Sewerage Connection							
6 Documents to be attached			i. Allotment letter					Yes/No	Yes/No
	ii. Copy of approved Building Plan  iii. A site plan of the plot on which it is intended to obtain Water Supply/ Sewer Connection.			Yes/No	Yes/No				
			s intended to obtain	Yes/No	Yes/No				
		iv	Self Declara information su	ition r	on regarding correctness of the		Yes/No	Yes/No	
		٧.	Proof of clearance of all dues issued by Improvemer Trust				ed by Improvement	Yes/No	Yes/No
7(a)	Name of Designated officer					(b)	Designation		
(c)	Location :  (i) Office  (ii) Suvidha Center					(d)	Signature of Design	ated Office	r