



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

Service Asked For **Issue of conveyance deed** (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.	Plan of all the floors including Service Plain, elevations and typical cross-section of the building that he completed to erect or re-erect (Two copies on tracing film / cloth & Four sets of Ferro prints attached?)		
ii.	Whether Indemnity Bond attached?		
iii.	Dates of deposit of installments & other dues whether photo-state copy of receipts attached?		
iv.	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?		
v.	Date of execution of sale of agreement whether photo-state copy attached?		
vi.	Whether the conveyance deed of this property was executed earlier if executed whether copies attached? (wherever applicable)		
vii.	Whether the sale/ conveyance deed is to be executed for vacant plot whether indemnity Bond and a letter from bank approval for granting loan attached? (wherever applicable)		
viii.	Whether copy of Map attached?		
ix.	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)		
x.	Whether applicant is Allotte/ 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)		

7. Signature of Applicant _____

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	