

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

Service Asked For Issue of completion/occupation certificate for buildings (all categories) (Stipulated Time-15 days)

1	Date of Application									
2	Name of the Applicant									
3	Father's/ Husband's Name									
4	Address	Villa	City / Village							
			Teh.			Distt.				
		Pho	one/Mob	ile N	D.					
		e-m	nail id, if	any						
5		a.	B.A fe	es(if	applicable)					
		b.	Any ot	her						
		C.	Plot/pr	oper	y No					
		d.	Name	of So	heme					
6.	Document to be attached	l	<u> </u>							
Sr.	(Service specific documents)					Checklist	Checklist(For			
No i.	Copy of the sanctioned building plans? where	wor appli	cablo			Yes/Na.	Office Use only) Yes/Na.			
ii.	Plan of all the floors including Service Plair building that he completed to erect or re-ere sets of Ferro prints attached?)	Yes	Yes							
iii.	Whether Indemnity Bond attached?	Yes	Yes							
iv.	Dates of deposit of installments & other attached?	Yes	Yes							
V.	If allottee/ Transferee fails to construct buildinon-construction fees have been deposite mentioned and photo-state copies of receipts	Yes/Na.	Yes/Na.							
vi.	Date of execution of sale of agreement wheth	Yes	Yes							
vii.	Whether the property/ Plot is constructed or constructed whether receipts of Water Statement Sewerage connection with sanctioned platapplicable	Yes/Na.	Yes/Na.							
viii.	Whether applicant is Allotte/ Transferee or h power of attorney whether this attorney is certified copy of power of attorney attached?	Yes/Na.	Yes/Na.							
ix.	Structure Safety Certificate? Wherever applic	Yes/Na.	Yes/Na.							
X.	NOC regarding fire safety from the fire deptt.	Yes/Na.	Yes/Na.							
7.	Signature of Applicant									
<b>For (</b>	Office use Acknowledgement Receipt No.		2	<u> </u>	Date	T				
3	Date by Which Service to be		4		a. Departmental fees					
5	provided  Name of Designated officer		6	;	b. Facilitation charges, in Designation	acilitation charges, if any ignation				
7	Location:		8	<b>,</b>	Signature of D.O./	Receiving				
	a. Office b. Suvidha Center				Officer					

## Acknowledgement Slip

1	Acknowledgment Receipt No.			2	Date							
3	Date by Which Service to be provided			4	a. Departn							
						on charges, if any						
5	Service asked for	Issue	sue of completion/occupation certificate for buildings (all categories)									
6	Documents attached	i.	Copy of the applicable	Yes/Na.	Yes/Na.							
		ii.	Plan of all the and typical completed to film / cloth & Fe	Yes	Yes							
			i. Whether Indemnity Bond attached?					Yes				
		iv.	Dates of depo	Yes	Yes							
		V.	If allottee/ Tra time as per a fees have beed deposit mention attached? whe	Yes/Na.	Yes/Na.							
		vi.	Date of execu-	Yes	Yes							
		vii.	Whether the p constructed the receipts of Connection & plan & complete	Yes/Na.	Yes/Na.							
		viii.	Whether applic attorney? if a whether this at whether certifi (wherever app	Yes/Na.	Yes/Na.							
		ix.	Structure Safe	Yes/Na.	Yes/Na.							
		X.	NOC regarding applicable.	Yes/Na.	Yes/Na.							
7(a)	Name of Designated officer				(b)	Designation						
(c)	Location :  (i) Office  (ii) Suvidha Center				(d)	Signature of Designated Officer						