

To
The Sub-Divisional Forest Officer,

Affix Your Recent
Passport Size
Photograph here *

Sub: Prayer for **Registration of Trees under Jote Land**

Sir / Madam,

I would like to avail the aforesaid service from your office. Required details are furnished here under.

1. Applicant's Personal Details

a Applicant's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof.

b Applicant's First Name * Middle Name Last Name *

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c Guardian's Salutation * (tick the appropriate) Mr. Mrs. Ms. Er. CA Dr. Prof. Late

d Guardian's First Name * Guardian's Middle Name Guardian's Last Name *

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e Relation with Guardian * (tick the appropriate)

<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Niece	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Brother-in-law	<input type="checkbox"/> Grandson	<input type="checkbox"/> Daughter-in-law
<input type="checkbox"/> Mother	<input type="checkbox"/> Sister	<input type="checkbox"/> Sister-in-law	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Son-in-law
<input type="checkbox"/> Son	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Nephew	<input type="checkbox"/> Grandfather	

f Applicant's Date of Birth * (dd/mm/yyyy) **g** Applicant's Gender * (tick the appropriate) Male Female Transgender

h Marital Status (tick the appropriate) Married Single Divorced Widow / Widower

i Applicant's Caste (tick the appropriate) ST SC OBC Other

j Applicant's Religion (tick the appropriate) Hindu Sikhism Buddhism Jainism Christian Islam Other

k Applicant's Qualification (tick the appropriate)

<input type="checkbox"/> Illiterate	<input type="checkbox"/> Diploma or Equivalent
<input type="checkbox"/> Literate (without educational level)	<input type="checkbox"/> Graduation or Equivalent
<input type="checkbox"/> Primary Schooling (I - V)	<input type="checkbox"/> Post-Graduation or Equivalent
<input type="checkbox"/> Secondary Schooling (VI - VIII)	<input type="checkbox"/> Doctoral or Equivalent
<input type="checkbox"/> Senior Secondary Schooling (IX - X)	<input type="checkbox"/> Post-Doctoral or Equivalent
<input type="checkbox"/> Higher Secondary Schooling (XI - XII)	<input type="checkbox"/> Others

l Applicant's Economic Status (tick the appropriate) APL BPL **m** Applicant's Aadhaar Number

2. Applicant's Address Details

a District * **b** Sub-division *

c Location Type * Block Municipal Corporation Municipal Council Nagar Panchayat ADCBlock

d Name of Block/ Municipal Corporation/ Municipal Council/ Nagar Panchayat *

e Name of GP/ Ward/ VC *

f Name of Habitation/ Area/ House No. *

g Police Station * **h** Post Office * Pin Code *

3. Applicant's Contact Details

a	Mobile Number * (10 digits only)	<input type="text"/>	b	E-Mail	<input type="text"/>
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c	Service Output Type *	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> eCopy (Softcopy will be sent to applicant's e-mail id)
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4. Service Specific Information

a	District *	<input type="text"/>	b	Sub-division *	<input type="text"/>
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c	Revenue Circle *	<input type="text"/>	d	Tehsil *	<input type="text"/>
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e	Mouza*	<input type="text"/>	f	Khatian No *	<input type="text"/>
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5. Plot Details

Plot No. *	Total Area *	Classification *	North Boundary *	South Boundary *	West Boundary *	East Boundary *	No. of Tree *	(Yes/No)*

Add extra sheets if required

6. Eligibility

a	Do you have an Identity Proof? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b	Do you have Land Khatian ? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c	Do you have Land Map? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d	Do you have Notarized Power of Attorney (in case of undivided family) as "Proof of No-objection"? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e	Do you want to upload any other Supporting Document? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Note: Please upload filled and signed (scan) copy of this application form in Attach Annexure page!

Please provide details for the items you have selected "Yes" –

	Document Name	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				
e				

7. Consent for Sharing Contact Details

a	Do you consent to share your email Id and mobile number with Rapid Assessment System developed by Government of India for taking your feedback on the service? *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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8.	Preferred Payment Mode*	<input type="checkbox"/> online	<input type="checkbox"/> Offline
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9. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression