

3. Applicant's Contact Details

a	Mobile Number * (10 digits only)	<input type="text"/>	b	E-Mail	<input type="text"/>
----------	----------------------------------	----------------------	----------	--------	----------------------

c	Service Output Type *	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> eCopy (Softcopy will be sent to applicant's e-mail id)
----------	-----------------------	------------------------------------	--

4. Service Specific Information

4.1 Land Details: -

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

4.2 Owner(s) Details

Sl. No.	Owner Name & Address *	Owner Share *
1		
2		
3		
4		
5		

4.3 Plot Details *

Plot No.	Total Area	Classification	North Boundary	South Boundary	West Boundary	East Boundary	No. of Trees	Yes / No

5. Eligibility

a	Do you have 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
f	Do you consent to share your email id and mobile number with Rapid Assessment System (RAS) developed by Government of India for taking your feedback on the service?	<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				

6. 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