

To
The Sub – Divisional Magistrate

Sub: Prayer for **Land Valuation Certificate**

Sir,
I would like to avail the aforesaid service from your office. Required details are furnished hereunder

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

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)

<input type="checkbox"/> Widow / Widower	i Applicant's Caste * (tick the appropriate)	<input type="checkbox"/> ST	j Applicant's Religion *(tick the appropriate)	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Christianity
<input type="checkbox"/> Married		<input type="checkbox"/> SC		<input type="checkbox"/> Sikhism	<input type="checkbox"/> Islam
<input type="checkbox"/> Single		<input type="checkbox"/> OBC		<input type="checkbox"/> Buddhism	<input type="checkbox"/> Other
<input type="checkbox"/> Divorced		<input type="checkbox"/> Other		<input type="checkbox"/> Jainism	

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

District * Sub Division *

Location Type * Block Municipal Corporation Municipality Nagar Panchayat ADC

Name of Block / Municipal Corporation / Municipality / Nagar Panchayat / ADC

Name of Gram Panchayat / Ward / Village Council

Note: All fields with * mark are mandatory.

Name of Habitation / Area Name / House No

Name of Tehsil Police Station Post Office and Pin code *

3. Applicant's Contact Details

a Mobile Number * (10 digits only) **b** E-Mail

4. Service Specific Information

a	Area of Land (In Acres) *								
b	Cost of Total Land (in Rs) *								
c	Rate Of Land (in Rs / Kani) *								
d	Name of Revenue Mouja *								
e	Name of Tehsil *				f	Name of Revenue Circle			
g	Khatian No *				h	R.S Plot Number			
i	C.S (old) Plot Number				j	Service Output Type *		Hard Copy / e Copy	
k	Classification of Land		Bastu / Bhiti	Charra	Dokan	Lunga	Nal	Pukur	Tila

5. Eligibility

a	Do you have property in Tripura State? *	Yes	No
b	Do you have Latest (3 Month) Record of Right (ROR) Certified Copy? *	Yes	No
c	Do you want to upload any Other Supporting Document?	Yes	No

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

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

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