

ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT:-	CANCELL	ATIO	N O	F L	.ICI	EN:	SE										
Token Number	(For Office Us	e)															
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Citizen Identification Numl		ber															
	Citizen Identii	fication	ı Nu	mbe	r is	give	en, d	lo n	ot fi	11 be	elow	Deta	ails)			
Applicant's Details: Last Name/ Surname		Namo						Father/Husband's Name									
Last Name/ Surname		Name					Father/Husband's Name										
Details of Societ	y (If Applicatio	n from	Soci	ety):													
Name Of Society	:																
Designation																	
Address:																	
Head								In	forn	natio	n						
House/Building/	'Soc. Name:																
Flat/Block/Barra	ck No.:	Wing/Floor:															
Road/Street/Lan	e:																
Area/Locality/To	own/City:									Talı	uka:						
Pin code:																	
Ward Committee		[] 2[] 3 [] 4	[]			•		•							
Electrol Panel No																	
Telephone No. (if any):		Contact Person:															
Email Address (if	any):																
		In	form	ation	ı of	Pro	nert	. 7•									
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Type of Property		[] Land [] Buildir															
(Please Tick [✓]	as applicable)			ı	1			1	1		Π	ı	1		1	1	
Property Number (Computerized)																	
(Computerized)	Nece	essary l	Partio	cular	s at	out	abo	ve	serv	ice:					<u> </u>		
	Head											icul	ars				
1 License Nui	mber																
2 Name of the	e License Hold	er															
2 Name of the	e Electise Hold	CI															
3 Name of the	e Business																

_	111 (11 7)											
4	Address of the Business											
			Pin									
5	Details of Business						1					
6	Reason for Cancellation	of License										
	•	sures related to above applic				s und	ler.					
	(If en	closed tick [✔] or not en	closed t	ick [X	([)							
Enclosures							Yes/No					
1	Original copy of License											
		Declaration										
	I/We				s	state	on	sole	mn			
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	consequences.											
Date:- Appli						cant's Signature						
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