

Application for countersignature of Deputy Commissioner on documents

Name of applicant		
Father's name		
Address		
Document (s) to be countersigned	1	
	2	
	3	
	4	
	5	
Purpose of countersigning		

Signature of applicant

Dated

<i>Portion below for office use only</i>					
Signatures to be countersigned		Document	Officer whose signatures are to be countersigned	Officer's Name	Signatures verified
	1				
	2				
	3				
	4				
	5				
HRC		HRA	DRO	Not Signed	Signed DC