Post Office &

Police Station

REGISTRATION FORM (To be filled up by the Applicant)

TO,

THE SUB- REGISTRAR (HQ), IMPHAL WEST, LAMPHELPAT

Subject:

1. DEED DETAILS

| Transaction Type | Date of Execution of Deed | Consideration Value (Rs) |
|------------------|---------------------------|--------------------------|
| | | |

Whether fee is to be exempted (Y/N): If yes, give reason:

2. PLOT DETAILS

[Use extra page if space is not sufficient]

| Dag No | Patta No | District | Sub-Division | Circle | Village No. & Name | Land Type | Municipal | Clas | ss/Unit | Transaction |
|--------|----------|----------|--------------|--------|--------------------|-----------|-----------------------------|------|---------|-------------|
| | | | | | | | / Non-Municipal | | | Area |
| | | | | | | Inkhol | | ΑI | AII | ☐ Hectare |
| | | | | | | Aganphou | Municipal | BI | BII | |
| | | | | | | Touthabi | | CI | CII | □ Acre |
| | | | | | | Phourel | □ Non-Municipal | DI | DII | |
| | | | | | | Others | | None | | □ Sq.Ft |

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| 2 | | | | | |
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| 3 | | | | | |
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| 4. 5 | SALER / DONER / MO | RTGAGER / LEAS | ER ETC | ·• | | <u>[[</u> | Jse extra | page if space is no | t sufficient | <u> </u> | | |
|----------|--------------------|----------------|--------|-----|-----------------|-----------------------------|-----------|---------------------------------|---------------------------------------|---------------------------------------|------------------------------|------------------------------|
| Sl No | Surname | Name | M/F | | | Father / Husband Surname | | Father / Husband / Wife Name | | District, Sub-Division & Village Name | Locality/Leikai | Post Office & Police Station |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| | PRESENTANT DETAIL | | | | | | | page if space is no | | <u>l</u> | | |
| Sl No | | | | M/F | Occu- pation | Father / Hus Surname | sband | Father / Husband Name | District, Sub-Division & Village Name | Locality/Leikai | Post Office & Police Station | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| | DENTIFIER/WITNES | | | | | | | page if space is no | | | | |
| Sl No | Surname | Name | | M/F | Occu- pation | Father / Hus Surname | | Father / Husbar Name | | District, Sub-Division & Village Name | Locality/Leikai | Post Office & Police Station |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |