

ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT: ISSUE OF DISTANCE CERTIFICATE																				
Token Number (I																				
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								L	Date:-					1 1						
Citizen Identification Numb			er																	
(If Citizen Identific				n Nı	ımb	er is	s gi	ive	n, c	lo r	ot f	ill b	elo	w D	eta	ils))	ı		
Applicant's Details: Last Name/ Surname			Nama							Father/Husband's Name										
Last Name/ S	burname		Name							Father/ Husband's Name										
Details of Society (If Application from Society):																				
Name Of Society:																				
Designation																				
Address:																				
Head	NI									In	ıforı	nati	on							
House/Building/S																				
Flat/Block/Barrack No.:			Wing/Floor:																	
Road/Street/Lane:			Taluka:																	
Area/Locality/Town/City:												1 a	luka	:						
Pin code: Ward Committee No.: 1 [1[12[1 3	Г1	4 [1													
Electrol Panel No.:	10	ΤĹ	<u> </u>]]	<u>L J</u>	<u> </u>	1													
Telephone No. (if a	ephone No. (if any):			Contact Person:																
Email Address (if a	ny):																			
Information of Property:																				
Head Information																				
Type of Pro (Please Tick [✓] a		<i>a)</i>	[]	Lan	d			Вι	aildi	ing										
Area/Locality/Tow		-)										Та	ıluka	a:						
Survey No./Block N	Jo. /																			
Barrack No:																				
C.T.S. No.:																				
Part No./ Sheet No.:																				
Plot No./Unit No.:																				
Area of Land (sq.mtr.):																				
Road/Street/Lane:																				
Ward Committee No.: Property Number			1[] 2[] 3	<u> </u>	4 [_]					1			1			1	
(Computerized)																				
1																1		1	1	

	lecessary Parti	iculars about abo	ve service:		
Head			Particu	ılars	
1 Name of the station from					
distance certificate is re	equired.				
	Γ	eclaration			
I/We			sta	te on solemn affi	rmation
that the above inform	ation is true a	and correct with	the best of	my knowledge.	If the
information given is fou	nd wrong then	I/We shall be held	d legally liable	e for its conseque	nces.
Date:-	nt's Signature				
		()
The document may plant of 1. Self/Nominated Name of Nomin 2. By Post	Person []		, -)
a) U.P.C. [] 3. Courier []	b)	Register A.D. [1		
(Not to be filled if add Correspondence Addre		as above)			
Last Name/ Surname	1	Name	Fath	er/Husband Nam	ne
House/Building/Soc. Name	e:				
Flat/Block/Barrack No.:		W	/ing/Floor:		
Road/Street/Lane:					
Area/Locality/Town/City:			Ta	aluka:	

Pin code:

Email Address (if any):