**APPLICATION FORM FOR PERMISSION TO STORE BUILDING MATERIAL**

**1. Name of owner**  ____________________________________

**2. House / Site No./ Sector & Plot area**  __________________________

**3. a) Period for permission is required**

indicating date/ month/ year  __________________________

**4. Area required for storage of material**

<table>
<thead>
<tr>
<th>CAT-A</th>
<th>CAT-B</th>
<th>CAT-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1000 Sft</td>
<td>More than 1000 sq.ft</td>
<td></td>
</tr>
</tbody>
</table>

(Tick the relevant)  

**5. Sketch plan of area required with**

Site plan measurement  : Attached / Non Attached  

(Tick the relevant)

**Date**  |  **Month**  |  **Year**  |  **Signature of the Applicant**

---

**FOR HOUSES**

**CAT-A**

<table>
<thead>
<tr>
<th>HOUSE No.</th>
<th>Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk way</td>
<td></td>
</tr>
</tbody>
</table>

**CAT-B**

<table>
<thead>
<tr>
<th>BACK LANE</th>
<th>Walk way</th>
</tr>
</thead>
</table>

**CAT-C**

| PARKING AREA | Space permitted on near by katcha space/road Berm, Open space |

---

**Note:**

i) Application is to be furnished in triplicate.

ii) The sketch plan of plot and the area to be used in front of plot for storage of material be attached with this application along with measurement for categories not covered above.

iii) Original copy after recording sanction will be returned to the applicant along with receipt of payment.

iv) The rates are as under

**For residential Buildings in the city.**

<table>
<thead>
<tr>
<th>S.no.</th>
<th>For new construction</th>
<th>For renovation / addition / alteration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For a space upto 1000 Sft</td>
<td>Rs. 4000/- for six months</td>
</tr>
<tr>
<td>2</td>
<td>For a space above 1000 Sft</td>
<td>Rs. 8000/- for six months</td>
</tr>
</tbody>
</table>

**For residential Buildings in the villages / re-habilitation colonies.**

<table>
<thead>
<tr>
<th>S.no.</th>
<th>For new construction</th>
<th>For renovation / addition / alteration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For a space upto 1000 Sft</td>
<td>Rs. 2000/- for six months</td>
</tr>
<tr>
<td>2</td>
<td>For a space above 1000 Sft</td>
<td>Rs. 4000/- for six months</td>
</tr>
</tbody>
</table>

**For Commercial Buildings like Booths / SCF’s / SCO’s in the city.**

<table>
<thead>
<tr>
<th>S.no.</th>
<th>For new construction</th>
<th>For renovation / addition / alteration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>For a space upto 1000 Sft</td>
<td>Rs. 8000/- for six months</td>
</tr>
<tr>
<td>2</td>
<td>For a space above 1000 Sft</td>
<td>Rs. 15000/- for six months</td>
</tr>
</tbody>
</table>

---

To be filled by office:

Rs. _________________ Received vide ________________Receipt No._____________ dtd.______________ for the period of ________________ to ________________

---

**Signature of Authorised official**

*(Full Name & Designation)*
**APPLICATION FORM FOR BOOKING OF WATER TANKER UNDER THE JURISDICTION OF U.T. CHANDIGARH**

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>DETAIL OF APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NAME OF APPLICANT</td>
</tr>
<tr>
<td>2</td>
<td>RESIDENTIAL ADDRESS</td>
</tr>
<tr>
<td>3</td>
<td>TELEPHONE/ MOBILE NO.</td>
</tr>
<tr>
<td>4</td>
<td>NUMBER OF WATER TANKERS REQUIRED</td>
</tr>
<tr>
<td>5</td>
<td>DATE AND TIME WHEN WATER TANKER IS REQUIRED</td>
</tr>
<tr>
<td>6</td>
<td>PLACE WHERE WATER TANKER REQUIRED IN DETAIL</td>
</tr>
</tbody>
</table>

**Note:** Rate per tanker is RS. 350/- (Rs. Three hundred and fifty only)

<table>
<thead>
<tr>
<th>DATE</th>
<th>SIGNATURE OF APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For office use only:

Received Rs. ____________ vide G.R.No. ___________ dated ________

On account of booking of __________ tankers.

(Signature of Authorized Official)
FORM NO. BB-03

MUNICIPAL CORPORATION, CHANDIGARH

APPLICATION FOR BOOKING OF COMMUNITY CENTERS/JANJ GHARS/CITY BANQUET AND OPEN PARKS/NEIGHBOURHOOD PARKS/ OPEN SPACES FOR SOCIAL FUNCTIONS

S.No. ................

1. Name of Applicant _____________________________________________

2. (a) Address__________________________________________________
   (Proof of residence to be attached)
   Document required (Adhaar card/ Voter card/ Ration Card/ Driving Licensee)
   (b) Telephone/Mobile No. :______________________________________

3. Detail of Accommodation to be booked in the Community Centers/City Banquet/Janj Ghar
   ______________________________________________________________
   ______________________________________________________________
   OR

   Location of open Space/Neighbourhood Park to be booked nearby House No./other Important Building
   ______________________________________________________________
   ______________________________________________________________

4. Date of Booking (from________________ to ___________________( days)

5. Purpose of Booking_____________________________________________

I Undertake as under :-

1. The information provided above is correct to the best of my knowledge.
2. Tentage will be erected and removed during the permitted period only. I undertake that in case area/facility is used before/after the permitted period, penal rates at double the normal rates will be leviable to me.
3. In case of any damage/loss to the Municipal property, damages can be recovered from me through Water Bills.
4. Permission for Loudspeaker/Liquor etc. shall be obtained by me at my own cost.
5. The arrangement of water/Electricity will be made at my own cost.
6. Proof of residence has been attached by me is correct.
7. I understand that the Booking Timing for 24 hrs. for the Community Centres/Open Space is from 9:00 A.M. of the booking date to 8:59 A.M. to next day.
8. I have seen the conditions of Community Centres/Open Spaces and fully satisfied with the conditions.

Signature of the Applicant
<table>
<thead>
<tr>
<th>Description of Space</th>
<th>Booking Rates Per Day</th>
<th>Cleaning Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>All M.C. Neighbourhood Parks except developed Parks</td>
<td>Rs. 1000/- Per Day</td>
<td>Rs. 500/-</td>
</tr>
</tbody>
</table>

**Community Centres Located in Various Sectors/Manimajra**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawn and Hall with A.C.</td>
<td>Rs. 10,000/- per day</td>
</tr>
<tr>
<td>Lawn and Hall (without A.C.)</td>
<td>Rs. 5000/- per day</td>
</tr>
<tr>
<td>Hall for Kitty Parties/Retirement Parties/Meetings/Birthday Parties etc. (up to 04 hours)</td>
<td>Rs. 1000/-</td>
</tr>
</tbody>
</table>

**Community Centres Located at Villages/Rehabilitation Colonies**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawn and Hall (without A.C.)</td>
<td>Rs. 2500/- per day</td>
</tr>
<tr>
<td>Hall for Kitty Parties/Retirement Parties/Meetings/Birthday Parties etc. (up to 04 hours)</td>
<td>Rs. 500/-</td>
</tr>
</tbody>
</table>

**City Banquet Sector 23, Chandigarh**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawn and Hall (without A.C.)</td>
<td>Rs. 5000/- per day</td>
</tr>
<tr>
<td>A.C. Rooms</td>
<td>Rs. 600/- per day</td>
</tr>
<tr>
<td>Non A.C. Rooms</td>
<td>Rs. 300 per day</td>
</tr>
</tbody>
</table>

**Community Centre Sector 47, Chandigarh.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set No. 1 : Front Lawn and Hall (without A.C.)</td>
<td>Rs. 5000/- per day</td>
</tr>
<tr>
<td>Set No. 2: Small Hall and Back Lawn</td>
<td>Rs. 2250/- per day</td>
</tr>
<tr>
<td>Rooms</td>
<td>Rs. 300/- per day</td>
</tr>
</tbody>
</table>

**Notes:**

1. *Service Tax shall be charged extra as per rules of Central Excise and Service Tax Department, Govt. of India.*

2. *Cleaning Charges @ Rs. 500/- per functions shall be deposited with the Supervisor of the Community Centre at the check in time.*
MUNICIPAL CORPORATION, CHANDIGARH  
BOOKING BRANCH

PERFORMA FOR CANCELLATION OF BOOKING OF COMMUNITY CENTRE/JANG GHAR/OPEN SPACES/UN DEVELOPED PARKS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of the applicant (As in Bank account)</td>
</tr>
<tr>
<td>2</td>
<td>Address</td>
</tr>
<tr>
<td>3</td>
<td>Pan Number</td>
</tr>
<tr>
<td>4</td>
<td>Bank Name</td>
</tr>
<tr>
<td>5</td>
<td>Branch Code</td>
</tr>
<tr>
<td>6</td>
<td>IFSC code</td>
</tr>
<tr>
<td>7</td>
<td>Account Number</td>
</tr>
<tr>
<td>8</td>
<td>Mobile No./Telephone No.</td>
</tr>
<tr>
<td>9</td>
<td>E-mail (Optional)</td>
</tr>
<tr>
<td>10</td>
<td>One cancelled Cheque</td>
</tr>
<tr>
<td>11</td>
<td>Booking slip in original</td>
</tr>
<tr>
<td>12</td>
<td>Reason of Cancellation</td>
</tr>
<tr>
<td>13</td>
<td>Date of Function</td>
</tr>
<tr>
<td>14</td>
<td>Detail of Venue booked for function</td>
</tr>
</tbody>
</table>

(Signature of applicant)
1. Date of application form received

2. Detail of Community Centre/Undeveloped park/open space

3. Entitlement for refund
   a) 50% of refund for cancellation if received one month in advance than the date of booking.
   b) 25% of refund for cancellation if received less than one month and more than 15 days in advance than the date of booking.
   c) Nil if the request for cancellation is received less than 15 days from the date of booking.

Detail of refund is as under:-

<table>
<thead>
<tr>
<th>Sr No.</th>
<th>Receipt No.</th>
<th>Date</th>
<th>Date of function</th>
<th>Amount Deposited</th>
<th>Total Amount to be refunded</th>
</tr>
</thead>
</table>

The officer on Special Duty-II, Municipal Corporation, Chandigarh is requested to kindly accord necessary sanction amounting to Rs. __________/- (Rs.________________________) for refund of Security/Rent deposited by the said applicant as calculated above.

1. Submitted for approval please.
2. Sanction is placed below for sign please.

(Signature of dealing hand)

Approved as per rules.

Officer on Special Duty-II, Municipal Corporation, Chandigarh.
1. Name of the applicant _______________________________________________________

2. (a) Address   _______________________________________________________________
    (proof of residence to be attached)

    Document required (Adhaar card/ Voter card/ Ration Card/ Driving Licensee)

    (b) Telephone/Mobile No. :_____________________________________________________
    c) Email id (optional)  :____________________________________________________

3. Detail of Ground to be booked: ______________________________________________

4. Date of permission required(from ____________to __________( ______ days)

5. Purpose for booking______________________________________________________

6. Detail of ground rent i.e. DD No. ________dt. ______Amount __________
    (Demand Draft in favour of Commissioner, Municipal Corporation, Chandigarh).

    I undertake as under:

    (1) The information provided above is correct to best of my knowledge.
    (2) Ground shall be used for the purpose for which the permission is being granted above
        and shall not be used for any other purpose.
    (3) No subletting of the ground to any other agency is made.
    (4) I undertake that in case of any damage/loss to Municipal property the damages can be
        recovered from me.
    (5) After the completion of function the site in question should be properly cleaned.
    (6) Permission from the District Magistrate and Police Authority of UT Chandigarh for Law &
        Order, Chief Fire Officer for ensuring fire safety norms will be obtained separately by me.
    (7) The arrangement of water/electricity will be made at my own cost.
    (8) The Municipal Corporation, Chandigarh reserves the right to cancel the booking of the
        ground in Public interest.
    (9) I understand that no cancellation/Change the date of booking is permissible in any case
        once the booking is made to me for the specific period.
    (10) Event / proposed activity / demolition and vacation of ground arrangements are to be
        carried out within the permitted period.
    (11) I undertake that Advertisement fees will be paid by me as per Chd. Advt. Control Order-
        1954 for display of advertisement banner, if any.
    (12) I have seen the conditions for booking of ground and fully satisfied with the conditions.

Signature of the Applicant
1) Rates for Booking (Commercial purpose)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Location/Sector</th>
<th>Rates (per day)</th>
<th>Govt./Semi Govt. (per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sector 17, Circus Ground, Chd</td>
<td>Rs. 18,750/-</td>
<td>Rs. 9,375/-</td>
</tr>
<tr>
<td>2</td>
<td>Sector 34, Exhibition Ground, Chd</td>
<td>Rs. 20,000/-</td>
<td>Rs. 10,000/-</td>
</tr>
<tr>
<td>3</td>
<td>Housing BoardsGround, Manimajra Chd</td>
<td>Rs. 18,750/-</td>
<td>Rs. 7,500/-</td>
</tr>
<tr>
<td></td>
<td>Circus Shows</td>
<td>Rs. 7,500/-</td>
<td></td>
</tr>
</tbody>
</table>

2) Rates for Booking (Religious purpose) only for sector 34, Ground.

“Exhibition Ground, Sector 34, (opp. Furniture Mkt.) Chandigarh will be booked for religious organizations @ Rs. 3,125/- per day for two days (i.e. one day for erection and one day for dismantling of tents), subsequently it will be Rs. 12,500/- per day.”

3) Rates for Booking (Marriage purpose) only for sector 17, Ground.

“Circus Ground, Sector 17, Chandigarh will be booked for Marriage purpose @ Rs. 5,000/- per day for three days (i.e. two days for erection and one day for dismantling of tents), subsequently it will be Rs. 20,000/- per day.”

NOTE:-
1. Service Tax shall be charged extra as per rules of Central Excise and Service Tax Department, Govt. of India.
2. The booking of Ground will be made after receiving the application in the office of OSD-II, MC, Chd on “First come First” Basis.
3. The 100% Ground rent+ Service Tax (as applicable) in shape of Demand Draft in the name of “Commissioner, Municipal Corporation, Chandigarh, shall be charged” in advance, which will be non-refundable.
MUNICIPAL CORPORATION, CHANDIGARH

PERMISION FOR PUTING OF ADVERTISMENT BANNERS/BALOONS AND BANNERS ON ELECTRIC POLES (ALLOWED FOR GOVT. DEPTTS/ORGANISATIONS ONLY) ETC. AS PER THE CHANDIGARH ADVERTISMENT CONTROL ORDER, 1954.

1. Name of the Applicant_____________________________________________________
2. Address: __________________________________________________________________
3. Mobile/Telephone No. _____________________________________________________
4. Email id if any ____________________________________________________________
5. Detail of Advertisement Banners with Size, No. of Banners and Locations: Annexure 1
6. Purpose : __________________________________________________________________
7. Total No. of Days : _______From _____________To_________________
   Demand Draft No.__________ Date _________Bank________________
   Total Amount with Service Tax (as applicable) in Rs.______________
   In Words____________________________________________________)

I UNDERTAKE AS UNDER :

1. The information provided as above is correct to the best of my knowledge.
2. I will remove the Banners/Balloons immediately after completion of permission period.
3. I will not put the banners along/across main roads in the City i.e. V-1, V-2 and V-3 roads.
4. No private sponsorer name/private advertiser name or their logo will be published on the displayed banners. (only applicable for Govt. Deptts./Organisations under the Chandigarh Administration).
5. If the private Sponsorer name/private advertiser name or their logo will be published on the displayed banners, the permission for free of cost shall be withdrawn then your Office/Deptt. is liable to pay the advertisement fee with penalty @ 25% as per the Section of Chandigarh Advertisement Control Order, 1954. (only applicable for Govt. Deptts./Organisations).
6. I undertake that in case of any damage/loss of Municipal Corporation property, the damages/loss can be recovered by me.
7. After completion the event/function the site in question should be properly cleaned.
8. I have seen the above said Terms and Conditions for permission to putting advertisement as per Chandigarh Advertisement Control Order, 1954 banners/balloons etc. and I am fully satisfied with all the same terms and conditions.

(SIGNATURE OF THE APPLICANT)

NOTE: The rates of Advertisement for putting Banners/Balloons etc. as per Chandigarh Advertisement Control Order, 1954 can be checked on the Web site of Municipal Corporation Chandigarh (www.mccchandigarh.gov.in).
### DETAIL OF BANNER(S)

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>LOCATION</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

TOTAL NUMBER OF BANNERS___________ OF SIZE___________
MUNICIPAL CORPORATION CHANDIGARH

Form Fee Rs.25

Application FORM BB 01

TO BE FILLED BY OFFICE

Diary NO. Dated.

APPLICATION FOR SANCTIONING OF BUILDING PLAN

To be filled by the applicant

Name of Applicant
Address
Mobile/E-Mail

New Deluxe Building
Sector-17 E, Chandigarh
Phone No. 0172-5021446
APPLICATION FOR D.P.C CERTIFICATE

To be filled by the applicant

Name of Applicant
Address
Mobile/E-Mail

New Deluxe Building
Sector-17 E, Chandigarh
Phone No. 0172-5021446
MUNICIPAL CORPORATION CHANDIGARH

APPLICATIN FORM  BD 03

TO BE FILLED BY OFFICE

Diary No.               Dated.  

APPLICATION FOR COMPLETION/OCCUPATION CERTIFICATE

To be filled by the applicant

Name of Applicant

Address

Mobile/E-Mail

New Deluxe Building
Sector-17 E, Chandigarh
Phone No. 0172-5021446
MUNICIPAL CORPORATION, CHANDIGARH
B&R BRANCH
APPLICATION FORM BR-01
(FOR PERMISSION OF ROAD CUT)

1. Name of the applicant
2. Address
3. Phone Number
4. E-mail
5. Purpose of road cut
6. Location where the road cut is required

7. Documents required
   I. Hand drawn sketch of the location
   II. Recommendation by PH/Electrical Wing or any other agency

Attached Y/N

Date: ____________________________
Signature of applicant

Executive Engineer
Road Division No. 1 / 2 / 3
M.C., Chandigarh

Note: The Detail of area under various Divisions given overleaf.

(For office use only) Endst. No__________ Dated__________

1. Sub division: ______________________
2. Name of J.E.: _____________________
3. Recommended by JE: (Y/N) Signature of JE
4. Cost involved: Rs._________________
5. Details (attached): (Y/N)
6. Recommended by SDE (Y/N) Signature of SDE

7. Approved/Recommended by E.E. (Y/N) Signature of EE
8. Recommended by S.E (Y/N) Signature of SE
9. Approved by C.E (Y/N) Signature of CE
### Executive Engineer, Road Division No.1, M.C., Chandigarh (Room No.38)

<table>
<thead>
<tr>
<th>Ward No.</th>
<th>Area Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Sector-16,17,22</td>
</tr>
<tr>
<td>13</td>
<td>Sector-49,51,52&amp;63</td>
</tr>
<tr>
<td>14</td>
<td>Sector-45 &amp; Village-Burail</td>
</tr>
<tr>
<td>15</td>
<td>Sector-34,35,&amp;44</td>
</tr>
<tr>
<td>16</td>
<td>Sector-20&amp;33</td>
</tr>
<tr>
<td>17</td>
<td>Sector-18,19&amp;21</td>
</tr>
<tr>
<td>22</td>
<td>Sector-31,47,48 &amp; Ind. Area Ph-II</td>
</tr>
<tr>
<td>23</td>
<td>Reh. Colony Ram Darbar, Village-Hallomajra and Fadian</td>
</tr>
</tbody>
</table>

### Executive Engineer, Road Division No.2, M.C., Chandigarh (Room No.22)

<table>
<thead>
<tr>
<th>Ward No.</th>
<th>Area Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Sector-27,28&amp;30</td>
</tr>
<tr>
<td>19</td>
<td>Sector-26 &amp; Bapu Dham Colony</td>
</tr>
<tr>
<td>20</td>
<td>Sector-29, Ind. Area Ph-I &amp; Colony No.4</td>
</tr>
<tr>
<td>21</td>
<td>Sector 32 &amp; 46</td>
</tr>
<tr>
<td>24</td>
<td>Shivalik Enclave, Rehabilitation Colony Mauli Complex, Vikas Nagar, Mauli Jagran</td>
</tr>
<tr>
<td>25</td>
<td>Modern Housing Complex, Mari Wala Town, Shanti Nagar, Gobindpura, Old Manimajra</td>
</tr>
<tr>
<td>26</td>
<td>Indira Colony, New &amp; Old Darshni Bagh, Subhash Nagar, Pipli Wala Town, Bank Colony &amp; Motor Market</td>
</tr>
</tbody>
</table>

### Executive Engineer, Road Division No.3, M.C., Chandigarh (Room No. B-25)

<table>
<thead>
<tr>
<th>Ward No.</th>
<th>Area Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sector-1 to 11</td>
</tr>
<tr>
<td>2</td>
<td>Sector-12,14,15, Khudda Lahora</td>
</tr>
<tr>
<td>4</td>
<td>Sector-23,24&amp;36</td>
</tr>
<tr>
<td>5</td>
<td>Sector-25 &amp; Rehabilitation Colony Dhanas</td>
</tr>
<tr>
<td>6</td>
<td>Village &amp; Colonies of Dadumajra and Shahpur Colony</td>
</tr>
<tr>
<td>7</td>
<td>Village &amp; Colonies of Maloya</td>
</tr>
<tr>
<td>8</td>
<td>Sector-37,38 &amp; 38 (West)</td>
</tr>
<tr>
<td>9</td>
<td>Sector-39&amp;40</td>
</tr>
<tr>
<td>10</td>
<td>Sector-41,42 Village-Butrela, Badheri &amp; Attawa</td>
</tr>
<tr>
<td>11</td>
<td>Sector 53,Indira Colony Kamal and Adrash Colony, Sector 56,Rehabilitation colony Palsora and Village Palsora</td>
</tr>
<tr>
<td>12</td>
<td>Sector 43, 52, EWS LIG colony, Sector 61 and Kajheri</td>
</tr>
</tbody>
</table>
MUNICIPAL CORPORATION, CHANDIGARH
Colony Branch

Application Form CB-01 for issuing of duplicate copy of Allotment Letter
issued by the Estate Office/Municipal Corporation, Chandigarh

1. Name of Allottee : _____________________________________

2. Father’s/Husband’s Name : _____________________________________

3. Present Correspondence Address : _____________________________________
   _____________________________________
   _____________________________________

4. Details of Transit Site : T. Site No. _________ Sector _________

5. Document required : Whether attached Yes/No

   i) Affidavit from the Applicant-Allottee.
   ii) Indemnity Bond from the Applicant-Allottee.
   iii) Original D.D.R. registered with the Police Station.
   iv) Non-traceable report of Police thereof on said D.D.R.
   v) Three specimen signature of the Applicant-Allottee duly attested by Executive Magistrate.
   vi) Details of payment & ID proof of Allottee duly attested by Gazetted Officer.
   vii) Publication charges for duplicate Allotment Letter

6. Mobile No. : _____________________________________

7. E-mail Address, if any : _____________________________________

Date: ________________________________

(Signature of allottee)
**Application Form CB-02 for transfer of Transit Site in favour of legal heir(s) on the death of the original allottee**

1. Name of the Claimant-Legal heir : _______________________________
2. Father’s/Husband’s Name : _______________________________
3. Correspondence Address : _______________________________
4. Relationship with the deceased allottee : _______________________________
5. Details of Transit Site : T. Site No. _________ Sector _______
6. Date of death of allottee : _______________________________
7. Names of all Class-I legal heirs and their relationship with the deceased allottee/transferee : ______________________________
8. Details of payments deposited with the Bank : Amount Name of Bank A/c No.

* (use separate sheet if the space is insufficient)

9. Whether the Transit Site stands mortgaged with any Organization? If so, give name of organization and the amount outstanding. Also furnish NOC from the said Organization.
10. Whether any litigation regarding rights/title/interest in the Transit Site is pending in any Court? If yes, furnish details thereof.
11. Document required : Whether attached Yes/No
   i) Affidavit from the Claimant
   ii) Affidavit from the remaining Legal Heirs for right relinquishment in favour of claimant
   iii) Three specimen signature of the applicant duly attested by Notary Public.
   iv) One attested photograph of remaining Legal Heirs–Attested by Notary Public.
   v) Death Certificate in original of the deceased.
   vi) Allotment letter, physical possession (if any)
   vii) Publication charges as may be applicable
   viii) Attested I.D. Proof of claimant and all other legal heirs.
   ix) One passport size photo of Deceased and one passport size photo of claimant(s) (staple on application form-do not paste)
   x) Self attested ID proof of all witnesses.
12. Mobile No. : _______________________________
13. E-mail Address, if any : _______________________________

Date: _______________________________

(Signature of the claimant)
Application Form CB-03 for permission to Mortgage

1. Name of Allottee : _____________________________________

2. Father’s/Husband’s Name : _____________________________________

3. Present Correspondence Address : _____________________________________

4. Details of Transit Site : T. Site No. _________ Sector ____________

5. Document required : Whether attached Yes/No

   i) Undertaking on prescribed performa.
   ii) Consent of the Bank for grant of loan against Transit Site.
   iii) Detail of payment.

6. Mobile No. : ______________________________

7. E-mail Address, if any : ________________________________________

Date: (Signature of allottee)
Application for No Objection Certificate for transfer of lease rights by way of sale/gift/family transfer deed/exchange deed

To be filled by the applicant

Name of Applicant__________________________________________
Address_________________________________________________________________
Mobile/E-Mail ________________________________________________

NEW DELUXE BUILDING
Sector-17-E, Chandigarh
Phone No. 0172-5021520, 5021521
CHECK LIST FOR SUBMISSION OF DOCUMENTS IN CASE OF GRANT OF PERMISSION/NOC FOR TRANSFER OF LEASE RIGHTS BY WAY OF SALE/GIFT/FAMILY TRANSFER DEED/EXCHANGE DEED

1. Application for the Grant of NOC
2. Indemnity Bond of Seller(s)/Donor(s)/Transferor(s)
3. Self attested photo identity proof of both the witnesses of Indemnity Bond
4. Affidavit from Seller(s)/Donor(s)/Transferor(s) that the property is free from all sorts of encumbrances i.e. litigations in any Court of law, lien, Mortgage, Stipulations etc.
5. Processing fee as applicable.
7. Liability affidavit of Purchaser(s)/Donee(s)/Transferee(s)
8. Self attested Photo identity Proof of Purchaser.
9. Detail of Legal heirs of the Purchaser and their photographs duly attested by Gazetted Officer/Magistrate.
10. Clearance against Loan/Mortgage, if any
   OR
   Proof of construction supported with a certificate from a Registered Architect on his/her Letter Head certifying that the building is constructed as per the Sanctioned Building Plans & there is no Building Violation at the site.
12. Undertaking by way of an Indemnity Bond (with photograph) from the Intending Purchaser/transferee/donee that He/She shall obtain the Occupation Certificate, immediately after the transfer of ownership/lease in the property in his/her/their favour. (If not obtained/issued earlier).
13. Affidavit of purchaser undertaking that they will not fragmentate/re-number the built up area in the case of multiplex.
14. Attested copy of partnership deed, authorization letter in favour of the authorized signatory/partner to apply for NOC and an affidavit that the property shall be used for the purpose, it has been allotted. (Application in case of Partnership Firm).
15. Copy of Memorandum of Articles and Association, copy of resolution in favour of authorized signatory/Director to apply for NOC and an affidavit that the property shall be used for the purpose it has been allotted. (Applicable in case of Company).
16. Clearance of property tax

Signature of Receipt Clerk
Name ____________________________
Dated _____________________________

Note: 1. Any document(s), if executed Abroad should be embossed in India.
2. All the above documents are attested by the Notary/Executive Magistrate.
Application

To

The Estate Officer,
Municipal Corporation
Chandigarh.

Sir/Madam,

I/We are the owner(s) of Site No.______________, Sector______________ Chandigarh. I/We wish to sell/transfer/gift the _______ % share of above mentioned property to ______________________ (Name of Intending Purchaser(s), resident of _________________________.

It is, therefore, requested that a No Objection Certificate of _______ % share to sell/transfer/gift the aforesaid property may please to be issued to me/us.

I am enclosing herewith all the required documents as per check list.

Date:__________________   (Signature)________________
Name & Address of Owner(s)

_________________________
_________________________
_________________________

Note: Transfer fee is not chargeable in case of transfer on the basis of family transfer fee.

Affix judicial stamp worth Rs. 15/-
INDEMNITY BOND

This indemnity Bond is made at ______________ on this ____________ day of ____________ by Sh./Ms. ____________________________________________

Son/daughter/wife of ___________________________________________________

Resident of __________________________________________________________

hereinafter called as the Executant(s).

Where the above said executant(s) of this Indemnity Bond has/have applied for issuance of NOC for sale/Gift/Transfer ownership of ________ % share in respect of ______________ No. ___________ Sector ___________, Chandigarh. File No. __________ in favour of Purchaser/Donee/Transferee namely __________________ S/o, D/o __________________ R/o ________________________________________.

Now this indemnity Bond witnessed as under:

1. The Executant(s) shall remain liable to indemnify the Municipal Corporation, U.T., Chandigarh and/or its employees for all such losses due to issue of No Objection Certificate, the executant shall be responsible to make the loss good.

2. That in case any legal heirs or other person agitate this transfer in any Court of law, then the litigation of the same will be defended by the executants only.

3. That in case any legal heirs or other persons shall make any claim regarding the above said property, the litigation of the same will be defended by the executant(s) and the loss suffered by the Estate office, Chandigarh or any of its employee will also be made good by the executant(s) in person and his/their properties.

In Witness whereof the executant(s) has/have set their hands, on this bond in the presence of the following witnesses, this Indemnity Bond is signed at ______________.

Witness No. 1 Witness No. 2 Executant (s)
Signature Signature
(Name & Address) (Name & Address)
AFFIDAVIT

I/We
Son/Wife/Daughter of__________________________________________________________
Resident of________________________________________________________________
do hereby solemnly affirm and declare as under:-

1. That the above said deponent(s) are the absolute and undisputed owner(s)
of ________% share of the property, details of which is given below:
   Plot No. _________________________
   Sector___________________________
   Built Upto ________________________

2. That I apply for the grant of NOC for sale/transfer/gift of _______% share of above
detailed property in favour of _______________________________________________
   R/o _______________________________________________________________.

3. That the property in question is free from all sorts of encumbrances i.e. mortgage, lien, gift,
sale etc. and there is no stipulation on transfer in any manner.

4. That there is no dispute/litigation pending in any court of law regard to the title of
ownership of above detailed property and there is no stay on sale/alteration of property.

5. That the building is complete upto _____________ storey. The occupation certificate has
been obtained and there is no building violations
   OR

6. That the building is complete upto _____________storey. However, the occupation
certificate has not been obtained but the sewerage connection stands issued by the Estate
office, vide No. ____________ dated__________ photocopy of the same is enclosed
   herewith.
   OR

   Proof of construction i.e. installation of Regular Electricity connection prior to 1/1993
   supported with a certificate issued by the Registered Architect on his Letter Head certifying
   that the building is constructed as per plan and there is no building violation.

Place: Chandigarh
Date:
Deponent(s)

Verification:

I/We, the above named deponent do hereby verify that the application is correct to the best
of my/our knowledge and belief and nothing has been concealed therein. In case of any
concealment of misrepresentation in the aforesaid affidavit is found at any stage then legal
action may be taken against me/us under Section 182 IPC, Section 415 read with Section 417
& 420, as the case may be.

Place: Chandigarh
Date:
Deponent(s)
LIABILITY AFFIDAVIT(S)
(To be furnished by the purchaser/transferee)

I/We____________________________________________________________________
Son/Wife/Daughter of__________________________________________________________
Resident of________________________________________________________________
do hereby solemnly affirm and declare as under:-

1. That I/We have agreed to purchase/agreed to transfer/gift of ________% share of the
   following property from its owner namely
   Sh./Smt___.______________________________________________________________
   R/o_____________________________________________________________________
   Plot No. _________________________
   Sector ___________________________
   Built Upto ________________________

2. That I/We hereby undertake to pay all sums due to the Estate Office, U.T., Chandigarh in
   connection with the above said property and to abide by the provisions of the Capital of
   Punjab Development & Regulation Act, 1952 and rules framed thereunder. I/We also abide
   by the conditions mentions in the allotment letter as well.

3. That the property is constructed upto ___________ floor and there is no building violation.

4. That I/We will not make the fragmentation in the site/property.

5. That I shall not re-number of the built-up area in case of multiples.

6. That my/our specimen signatures are as under:

   _______________ ________________  ________________

   _______________ ________________  ________________

   Place: Chandigarh
   Date:                 Deponent(s)

Verification:
I/We, the above named deponent do hereby verify that the application is correct to
the best of my/our knowledge and belief and nothing has been concealed therein. In case of
any concealment of misrepresentation in the aforesaid affidavit is found at any stage then legal
action may be taken against me/us under Section 182 IPC, Section 415 read with Section 417
& 420, as the case may be.

Place: Chandigarh
Date:       Deponent(s)
Indemnity Bond/Undertaking
(To be furnished by purchaser/transferee)

This indemnity Bond is made at _____________ on this _____________ day of _____________ by Sh./Ms. ____________________________________________
Son/daughter/wife of __________________________________________________________
Resident of ____________________________________________________________
hereinafter called as the Executant(s).

Where the above said executant(s) of this Indemnity Bond has/have agreed to purchase/transfer of ownership of _______% share in respect of ________________ No. ___________ Sector ___________, Chandigarh. File No. ___________ from its owner/lessee__________, who has applied for issuance of NOC in favour of executant (s) of this indemnity bond.

And whereas the Executant(s) shall be personally liable for settling all the Court cases and dues so levied by the Administration for settling the past liabilities.

And whereas the Executant(s) shall obtain the statutory completion/occupation certificate, if not obtained earlier by the previous owner and remove the building violation/misuse, if any.

And whereas the Executant(s) will execute the Redemption Deed of loan, if not executed earlier, wherever applicable.

Now this indemnity Bond witnessed as under:

1. The Executant(s) shall remain liable to indemnify the Municipal Corporation, U.T., Chandigarh and/or its employees for all such losses, damages and claims on account of transfer of this property.

2. That if any person will make any claim regarding said property, then the litigation of the same shall be defended by the Executant(s) and the loss suffered by the Municipal Corporation, shall also be made good by the Executant(s) and his/her/their properties.

3. That the said property is free from all sort of encumbrances and it is not charged, mortgaged or alienated in any manner and no underhand sale is involved in respect of the said property.

In Witness whereof the executant(s) has/have set their hands, on this bond in the presence of the following witnesses, this Indemnity Bond is signed at ______________.

Witness No. 1   Witness No. 2   Executant(s)
Signature       Signature       Signature
(Name & Address) (Name & Address) (Name & Address)
APPLICATION FORM

APPLICATION FOR TRANSFER OF OWNERSHIP ON THE BASIS OF REGISTERED SALE/GIFT/ EXCHANGE/ FAMILY TRANSFER DEED

To be filled by the applicant

Name of Applicant___________________________________

Address___________________________________________

Mobile/E-Mail ______________________________________

NEW DELUXE BUILDING
Sector-17-E, Chandigarh
Phone No. 0172-5021520, 5021521
Check-list for submission of documents in case of transfer of ownership on the basis of registered sale/Gift/Exchange/Family transfer deed.

1. Application for transfer of ownership/lease Rights (signed by the application(s)).
2. Certified copy of lease rights transfer deed by way of sale/Gift/Exchange/Family transfer deed issued by the office of Sub-Registrar, U.T Chandigarh (In case of leasehold properties).
4. Self Attested photo identity proof of intending Transferee(s)/applicant(s)
5. Indemnity bond of transferee(s)/applicant(s)
6. Self Attested photo Identity proofs of witnesses of Indemnity Bond.
7. Clearance of previous mortgage/Loan/redemption deed if any. (original/attested).
8. Sewerage connection/Occupation certificate(duly attested).
9. If Sewerage connection/Occupation certificate is not issued/obtained then furnish proof of construction supported with a certificate issued by the Registered Architect on letter head certifying that the building is constructed as per sanctioned plan and there is no building violation at site/House.
10. An undertaking by way of an Indemnity Bond with regard to:-
(a) Settling of all types of Court cases, if any
(b) Execution of Redemption Deed of loan, if taken from the Estate Office (if not executed earlier).
(c) Obtaining of the occupation certificate if not obtained earlier.
(d) Removal, regularization of building violation(s)/misuse at the site/house, if any.
11. Notarized copy of GPA/SPA in case Sale/Gift/Transfer Deed as executed through GPA/SPA.
12. Affidavit regarding validity of GPA/SPA.
13. Affidavit to the effect that no under hand sale is involved between seller and purchaser and the GPA/SPA has not been executed to circumvent the provisions of Indian Stamp Act. (Applicable in case of sale/gift deed.).
14. Attested copy of partnership deed, authorization letter in favour of authorized signatory/ partner to apply for transfer and an affidavit that the property shall be used for the purpose it has been allotted. (Application in case of Partnership Firm).
15. Copy of Memorandum of Articles and Association, copy of resolution in favour of authorized signatory/Director to apply for transfer and an affidavit that the property shall be used for the purpose it has been allotted. (Applicable in case of Company).
17. Transfer fee as applicable.

Signature of Receipt Clerk
Name
Dated

Note: 1. Any document(s) if executed Abroad should be embossed in India.
2. All the above documents are attested by the Notary/Executive Magistrate.
Application

To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Transfer of property bearing No._______Sector
__________ (______% share), Chandigarh on the basis of
Sale/Gift/Transfer Deed.

Sir/Madam,

The applicant has purchased/accepted the transfer of
property_______% share bearing H.No./SCF/SCO/Booth
No._______________Sector_______, Chandigarh from its owner
namely Sh./Smt. _______________ Son/wife of
Sh. _________________ resident of _______________________ on
the basis of Sale/Gift/Transfer Deed registered in the office of Sub-
Registrar, U.T., Chandigarh _________________ at Sr. No.
_______________ Book No. ________________ Volume No.
_______________ Page No. ________________ Dated ___________

A copy of the same is enclosed herewith. I/we are also
enclosing herewith an indemnity bond (Duly attested). You are requested
to transfer the Ownership/Lease rights in the above said property in
my/our name(s).

Thanking you

Your faithfully,

(Signature)

Name & Address
INDEMNITY BOND

This indemnity Bond is made at_________________________________ on this _______________________ day of ________________________________ by Sh./Ms.____________________________________________________________ Son/daughter/wife of _________________________________________________ Resident of ____________ hereinafter called as the Executant(s).

Where the above said executant(s) have purchased/accepted lease/ Free hold Plot No._______________ Sector__________________ Chandigarh, measuring___________________sq yards ____________________________ from Sh.__________________________________________________________ at Sr. No. ____________ Book No.____________ Volume No. ___________ Page No.________ dated __________with full Proprietary rights. The Executant(S) of this Indemnity Bond hereby applying for the transfer of the property.

And where the Executant(s) is/are desirous of getting the above property transferred in his/her/their name on the basis of Sale/Gift/Transfer Deed and the Joint Commissioner/Additional Commissioner/Secretary, Municipal Corporation, U.T., Chandigarh has asked the executants to indemnify them by way of this Indemnity Bond.

Now this Indemnity Bond witnesseseth as under:

1. That in case the Municipal Corporation, U.T., Chandigarh or any of its employees would suffer any loss on account of transfer of said ____________% share, then the executants and he/she/them shall be liable to make good the loss which may be sustained by Municipal Corporation or its employees on account of this transfer. The Executants shall remain liable to indemnify the Municipal Corporation, U.T. Chandigarh and or its employees for all such losses, damages and claims.

2. That if any person will make any claim regarding said property, then the litigation of the same shall be defended by the executants and the loss suffered by the Municipal Corporation, Chandigarh shall also be made good by the executants and his/her properties.

3. That the said property is free from all sorts of encumbrances and it is not charged, mortgaged or alienated in any manner and no underhand sale is involved in respect of the said property.

In witness where of the executant(s) has/ have set their hands, on this bond in the presence of the following witnesses, this Indemnity Bond is signed at __________________.

Witness No.1   Witness No.2   Executants(s)

Signature    Signature
(Name & Address) (Name & Address)
INDEMNITY BOND

This indemnity Bond is made at __________________ on this __________________ day of ___________________________________ by Sh./Ms.____________________________________________________________ Son/daughter/wife of_________________________________________________ Resident of _________________________________________________ hereinafter called as the Executant(s).

Where the above said executants (s) of this Indemnity Bond has/have applied for transfer of ownership of _________ % share in respect of __________No. ________, Sector_________ Chandigarh. File No. _____________ on the basis of Sale/Gift /Family Transfer Deed dated _____________.

And where the Executant(s) shall be personally liable for settling all the Court cases and dues so levied by the Administration for settling the past liabilities.

And where the Executant(s) shall obtain the statutory completion/ occupation certificate, if not obtained earlier by the previous owner and remove the building violation/ misuse, if any.

And Whereas the Executant(s) will execute the Redemption Deed of loan if not executed earlier, wherever applicable.

Now this Indemnity Bond witnesseseth as under:

1. The Executant (s) shall remain liable to indemnify the Estate Officer, MC, Chandigarh and/ or its employees for all such losses, damages and claims on account of transfer to this property.

2. That if any person will make any claim regarding said property, then the litigation of the same shall be defended by the executants and the loss suffered by the Municipal Corporation, Chandigarh shall also be made good by the executants and his/her/their properties.

3. That the said property is free from all sorts of encumbrances and it is not charged, mortgaged or alienated in any manner and no underhand sale is involved in respect of the said property.

In witness where of the executant(s) has/ have set their hands, on this bond in the presence of the following witnesses, this Indemnity Bond is signed at _________________.

Witness No.1     Witness No.2   Executant(s)

Signature    Signature    Signature
(Name & Address) (Name & Address) (Name & Address)
APPLICATION FOR TRANSFER ON THE BASIS OF REGISTERED WILL

To be filled by the applicant

Name of Applicant______________________________

Address_____________________________________

_____________________________________________

Mobile/E-Mail _________________________________

NEW DELUXE BUILDING
Sector-17-E, Chandigarh
Phone No. 0172-5021520, 5021521
CHECK LIST FOR TRANSFER ON THE BASIS OF REGISTERED WILL

1. Application for transfer
2. Certified copy of Will duly issued by the Sub-Registrar where the Will has been registered.
3. Translated copy of will in English, if it is other language.
4. If the will executed is in a floor wise manner, then furnish the following documents:-
   (a) Certificate of Registered Architect on his/her letter head certifying the share of each beneficiaries of the Will in share percentage.
   (b) Joint consent/acceptance of the beneficiaries of the Will in respect of above and shall not claim any more share in future as worked out by the Architect ________________________________________________________________________
       (Name of Architect) vide Certificate dated ____________________.
5. Liability affidavit of beneficiaries of Will clearly mentioning the latest address of all legal heirs.
6. Indemnity bond from the beneficiaries of Will individually.
7. Self attested photo identity proof of both the witnesses to Indemnity bond
8. Self attested photo identity proof of the applicant(s).
10. In case of death of any legal heir(s) of the deceased owner/Beneficiary(s) of the Will, attached his/her original Death Certificate.
11. Translated copy of death certificate of English language, if is in other language(duly attested by Notary)
12. Clearance of previous mortgage/bank loan/financial institution/redemption deed (duly attested)
14. If Sewerage connection/Occupation Certificate; is not issued/obtained then furnish proof of construction supported with a certificate issued by the Registered Architect on his/her letter head certifying that the building is constructed as per sanctioned plan and there is no building violations at site/house, copy of electricity bill prior to 22.01.1993.
15. An undertaking by way of an Indemnity bond with regard to: -
   (a) Settling of all types of court cases, if any
   (b) Execution of conveyance deed/Redemption deed of loan, if taken from the Municipal Corporation, Chandigarh
   (c) Obtaining of occupation certificate if no obtained earlier
   (d) Removal, regularization of building violation(s)/misuse of the site/house if any
16. If applicant is GPA/SPA holder then furnish: -
   a) Certified copy of GPA/SPA if registered
   b) Notarized copy of GPA/SPA if un-registered
   c) Affidavit regarding validity of GPA//SPA
17. Agreement to sell if any in case of Regd. Will (outside family) in lease hold property to check under hand sale.

18. An Undertaking by way of affidavit to the effect that there is no stay/restraining order passed by any Hon’ble Court of Law in India regarding transfer of ownership of property along with the present status of the case/next date of hearing (applicable in case of pending dispute/litigation in any court of law)

19. Affidavit of the witness of the registered Will along with ID proof (if transfer outside family)

20. Transfer fee as applicable.

21. Clearance against property tax.

Signature of Receipt Clerk:
Name_________________
Date__________________

Note: (1) Any document(s) if executed abroad should be embossed in India

(2) All the above documents are attested by the Notary/Executive Magistrate.
APPLICATION

To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Transfer of ________________% share of Site No. ____________________________, Sector/Manimajra _____________, Chandigarh on the basis of Registered Will.

Sir/Madam,

I/We/am/are the beneficiary of Will of Late Sh./Smt ____________________________, Son/Wife of Sh. ____________________________, executed by the deceased owner on ____________________________, in respect of H.No/SCO/SCF/Booth/Indl.Plot No. ____________________________, Sector/Manimajra _____________, Chandigarh in my/our favour.

I/we am/are enclosing all the requisite documents as per checklist in the booklet for your kind consideration, record and necessary action at your end.

You are, therefore, requested to transfer the above said property on the basis of Unregistered Will, at the earliest.

Thanking you

Your faithfully,

(Signatures)
Name & Address
___________________________
___________________________
___________________________
LIABILITY AFFIDAVIT(S) OF
BENEFICIARIES OF WILL

I/We ___________________________________________________
Son/wife/daughter of __________________________ do hereby solemnly affirm and
declare as under:-

1. That Sh./Smt. ___________________________________ owned
site No. _________Sector/Manimajra _____________ at Chandigarh
vide allotment letter No. __________________ dated
__________________.

2. That Sh./Smt. ________________________________ expired on
__________________leaving behind the following legal heirs:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of legal heir(s)</th>
<th>Age</th>
<th>Relation with deceased</th>
<th>Latest address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>6</td>
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</tr>
</tbody>
</table>

3. That the name of all the legal heirs of the deceased have been
mentioned above and no other legal heir(s) have been left out and
their address(es) indicated above are also true and correct.

4. That the said deceased had executed a Registered will dated
_____________ in which he/she had bequeathed the said
property/plot/house in favour of __________________________. It is
the last will of the deceased. The will has neither been superceded
nor cancelled till date and I/We shall comply with the stipulation of
will, if any.

5. That I hereby undertake to pay all sums due in connection with the
above said property mentioned above and to abide by the provisions
of the Capital of Punjab (Development & Regulation) Act, 1952, rules
framed there-under. I shall also be abide by the conditions
mentioned in the allotment letter as well.

6. That the building is complete upto _________________. The
Occupation certificate has been obtained and there is no building
violation.

7. That the mother of the deceased is ______________________
(Alive/pre-deceased/Deceased).

8. That there is no litigation pending in any Court of law regarding this
property.

9. That no fragmentation shall be made in the site.
10. That the property is free from all sorts of encumbrances i.e. sale/transfer/Gift/mortgage/lien/charges of Bank(s)/Financial institutions.

My/our specimen signatures are as under:-

________________    _________________ _____________

________________    _________________ _____________

Place:            
Date:             Deponent(s)

Verification:-

I/We, the above named deponent do hereby verify that the application is correct to the best of my/our knowledge and belief and nothing has been concealed therein. In case of any concealment or misrepresentation in the aforesaid affidavit is found at any stage then legal action may be taken against me/us under Section 182 IPC, Section 415 read with Section 417 & 420, as the case may be.

Place:            
Date:             Deponent(s)
INDEMNITY BOND(S) OF BENEFICIARY(IES) OF WILL

This indemnity Bond is executed at________________ on this day__________________of__________________, by________________________
Son/Wife of_____________________________,
Resident of______________________________
(hereinafter to be called as the executants).

Whereas the said executants(s) has/have applied for transfer of ownership of _____%age share in residential/Commercial/Industrial Site No. ________________, Sector/Manimajra_____________ Chandigarh in his/her their name(s) on the basis of Registered Will of _____________________________. I/we hereby indemnify the Municipal Corporation, U.T., Chandigarh as under:-

1. That in case the Municipal Corporation, U.T., Chandigarh would suffer any loss on account of this transfer in the name of said executants(s), then the executants(s), his/their property and he/they in person and/or their legal heirs shall be liable to make good the loss, which may be sustained by the Municipal Corporation or any of its employees.

2. That in case any legal heir(s) or other person(s) make any claim against the transfer of the above said property, then the litigation of the same will be defended by the executant(s) only.

In witness there of, the said executant(s) has/have set his/her/ their hands, on this _________________ day of__________________ in the presence of the following witnesses.

Witness No.1   Witness No.2   Executants(s)
Signatures   Signatures  
(Name & Address)  (Name & Address)
INDEMNITY BOND

This indemnity Bond is made at ________________________, on this day __________________ of ________________________ by
Sh/Ms. ____________________________________________
Son/daughter/Wife of ____________________________________
Resident of __________________________________________
(hereinafter to be called as the executants).

Whereas the said executants(s) of the indemnity bond has/have applied for transfer of ownership of _______ %age share in respect of ______ Sector___________ Chandigarh. File No. ________ on the basis of Registered Will of _________________(name of deceased).

And whereas the Executant(s) shall be personally liable for settling all the Court cases and dues so levied by the Administration for settling the past liabilities.
And whereas, the Executant(s) shall obtain the statutory completion/occupation certificate, if not obtained earlier by the previous owner and remove the building violation/misuse, if any.
And whereas the Executant(s) will execute the Redemption deed of loan if not executed earlier, wherever applicable.

Now this indemnity bond witnessed as under -
1. The Executant(s) shall remain liable to indemnify the Municipal Corporation, Chandigarh or its employees for all such losses, damages and claims on account to transfer of this property.
2. That if any person will make any claim regarding said property, then the litigation of the same shall be defended by the Executant(s) and the loss suffered by the Municipal Corporation, Chandigarh shall also be made good by the Executant(S) and his/her/their properties.
3. That the said property is free from all sorts of encumbrances and it is not charges, mortgaged or alienated in any manner and no underhand sale is involved in respect of the said property.

In witness whereof, the said Executant(s) has/have set their hands, on this bond in the presence of the following witnesses, this Indemnity bond is signed at ______________________________.

Witness No.1    Witness No.2               Executants (s)
Signatures     Signatures
(Name & Address)    (Name & Address)
AFFIDAVIT OF WITNESS TO WILL
(1ST WITNESS)

I ___________________________ S/o________________________
resident of _________________________________________do hereby
solemnly declare and affirm as under:-

1. That I was one of the witnesses to the Registered will dated
   ___________ of Late Sh. _______________________who died
   on ___________.

2. That the Registered Will dated ___________was signed in my
   presence and the executant was having sound and healthy mind at
   the time of executing Will and without any influence from any quarter.

3. That the property bearing i.e __________________________, in
   Chandigarh has been bequeathed in favour of
   Sh/Smt__________________________
   leaving the other legal heirs namely ____________________________

4. The other witness Sh. ____________________________ had also
   signed on the Will in my presence.

Place:
Dated:                   Deponent

Verification :-
Verified that the above statement of mine is true and correct to the best of
my knowledge and belief and nothing has been concealed therein.

Place:
Dated:                   Deponent
AFFIDAVIT OF WITNESS TO WILL
(2nd WITNESS)

I ___________________________ S/o________________________
resident of _________________________________________ do hereby
solemnly declare and affirm as under:-

1. That I was one of the witnesses to the Registered will dated
   ___________ of Late Sh. _______________________ who died
   on ___________.

2. That the Registered Will dated ____________ was signed in my
   presence and the executant was having sound and healthy mind at
   the time of executing Will and without any influence from any quarter.

3. That the property bearing i.e __________________________, in
   Chandigarh has been bequeathed in favour of
   Sh/Smt_________________________________________________
   leaving the other legal heirs namely _________________________

4. The other witness Sh. ____________________________ had also
   signed on the Will in my presence.

Place:
Dated:                      Deponent

Verification :-

Verified that the above statement of mine is true and correct to the best of
my knowledge and belief and nothing has been concealed therein.

Place:
Dated:                      Deponent
TO BE FILLED BY OFFICE

Diary No. __________ Date ____________

APPLICATION FOR TRANSFER ON THE BASIS OF UN-REGISTERED WILL

To be filled by the applicant

Name of Applicant

Address

Mobile/E-Mail

NEW DELUXE BUILDING

Sector-17-E, Chandigarh

Phone No. 0172-5021520, 5021521
CHECK LIST FOR SUBMISSION OF APPLICATION FOR TRANSFER ON THE BASIS OF UN-REGISTERED WILL

1. Application for transfer
2. Notarized copy of Will along with its original copy
3. Translated copy of will in English, if it is other language.
4. If the will executed is in a floor wise manner, then furnish the following documents:-
   (a) Certificate of Registered Architect on his/her letter hand certifying the share of each beneficiaries of the Will in share percentage.
   (b) Joint consent/acceptance of the beneficiaries of the Will in respect of above and shall not claim any more share in future as worked out by the Architect______________________________
      (Name of Architect) vide Certificate dated ____________________
5. Liability affidavit of beneficiaries of Will clearly mentioning the latest address of all legal heirs.
6. Indemnity bond from the beneficiaries of Will individually.
7. Self attested photo identity proof of both the witnesses to Indemnity bond
8. Self attested photo identity proof of the applicant(s).
10. In case of death of any legal heir(s) of the deceased owner/Beneficiary(s) of the Will, attached his/her original Death Certificate.
11. Translated copy of death certificate of English language, if is in other language (duly attested by Notary).
12. No objection certificate of all the left-out/ignored legal heirs of the deceased owner, if the property is bequeathed in favour of one of the legal heirs or outside the family.
13. Self attested ID-proofs of left out/ignored legal heirs
14. Affidavits of attesting witnesses of will
15. Self attested ID proof of both the attesting witnesses of will
16. Clearance of previous mortgage/bank loan/financial institution/redemption deed (duly attested)
17. Sewerage connection/occupation certificate.
18. If Sewerage connection/Occupation Certificate; is not issued/obtained then furnish proof of construction supported with a certificate issued by the Registered Architect on his/her letter head certifying that the building is constructed as per sanctioned plan and there is no building violations at site/house.
19. An undertaking by way of an Indemnity bond with regard to:
   (a) Settling of all types of court cases, if any
   (b) Execution of conveyance deed/Redemption deed of loan, if taken from the Municipal Corporation, Chandigarh
   (c) Obtaining of occupation certificate if no obtained earlier
   (d) Removal, regularization of building violation(s)/misuse of the site/house if any
20. If applicant is GPA/SPA holder then furnish:
   a) Certified copy of GPA/SPA if registered
   b) Notarized copy of GPA/SPA if un-registered
   c) Affidavit regarding validity of GPA//SPA
21. Agreement to sell if any in case of Regd. Will (outside family) in lease hold property to check under hand sale.
22. An Undertaking by way of affidavit to the effect that there is no stay/restraining order passed by any Hon'ble Court of Law in India regarding transfer of ownership of property alongwith the present status of the case/next date of hearing(applicable in case of pending dispute/litigation in any court of law).
23. Transfer fee as applicable.
24. Clearance against property tax.

Signature of Receipt Clerk:
Name ______________________
Date_____________________

Note: (1) Any document(s) if executed abroad should be embossed in India.
(2) All the above documents are attested by the Notary/Executive Magistrate.
APPLICATION

To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Transfer of____% share of Site
No._________________Sector/Manimajra___________,
Chandigarh on the basis of Un-Registered Will.

Sir/Madam,

I/We/am/are the beneficiary of Will of Late
Sh./Smt_____________________Son/Wife of _________________,
executed by the deceased owner on _________________________in
respect of H.No./SCO/SCF/Booth/ No. _____________________
Sector/Manimajra_____________ Chandigarh in my/our favour.

I/we am/are enclosing all the requisite documents as per
checklist in the booklet for your kind consideration, record and
necessary action at your end.

You are, therefore, requested to transfer the above said
property on the basis of Unregistered Will, at the earliest.

Thanking you

Your faithfully,

(Signatures)

Name & Address
____________________________________
____________________________________
____________________________________
LIABILITY AFFIDAVIT(S) OF BENEFICIARIES OF WILL

I/We ____________________________ do hereby solemnly affirm and declare as under:

1. That Sh./Smt. _______________________ owned site No. ___________________ at Chandigarh vide allotment letter No. ___________________ dated _________________.

2. That Sh./Smt. _______________________ expired on ____________________ leaving behind the following legal heirs:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of legal heir(s)</th>
<th>Age</th>
<th>Relation with deceased</th>
<th>Latest address</th>
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3. That the name of all the legal heirs of the deceased have been mentioned above and no other legal heir (s) have been left out and their address(es) indicated above are also true and correct.

4. That the said deceased had executed a Un-registered will dated ________________ in which he/she had bequeathed the said property/plot/house in favour of _____________________________. It is the last will of the deceased. The will has neither been superseded nor cancelled till date and I/We shall comply with the stipulation of will, if any.

5. That I hereby undertake to pay all sums due in connection with the above said property mentioned above and to abide by the provisions of the Capital of Punjab (Development & Regulation) Act, 1952, rules framed there-under. I shall also abide by the conditions mentioned in the allotment letter as well.

6. That the building is complete upto _________________. The Occupation certificate has been obtained and there is no building violation.

7. That the mother of the deceased is ____________________________ (Alive/pre-deceased/Deceased).

8. That there is no litigation pending in any Court of law regarding this property.

9. That no fragmentation shall be made in the site.

10. That the property is free from all sorts of encumbrances i.e. sale/transfer/Gift/mortgage/lien/charges of Bank(s)/Financial institutions.
My/our specimen signatures are as under:-

_________________    _________________     ________________
_________________  _________________     ________________

Place:                           Date:                           Deponent(s)
Verification:-

I/We, the above named deponent do hereby verify that the application is correct to the best of my/our knowledge and belief and nothing has been concealed therein. In case of any concealment or misrepresentation in the aforesaid affidavit is found at any stage then legal action may be taken against me/us under Section 182 IPC, Section 415 read with Section 417 & 420, as the case may be.

Place:                           Date:                           Deponent(s)
INDEMNITY BOND(S) OF BENEFICARY(IES) OF WILL

This indemnity Bond is executed at __________________________ on this day ______________ of ____________________, by ____________________, Son/Wife of _____________________________________________________________
Resident of ________________________________________________

(hereinafter to be called as the executants).

Whereas the said executants(s) has/have applied for transfer of ownership of _____%age share in residential/Commercial/ Industrial Site No.__________________ Sector/Manimajra__________Chandigarh in his/her their name(s) on the basis of Un-registered Will of ___________________________. I/we hereby indemnify the Municipal Corporation, U.T., Chandigarh as under:

1. That in case the Municipal Corporation, U.T., Chandigarh would suffer any loss on account of this transfer in the name of said executants(s), then the executants(s), his/their property and he/they in person and/or their legal heirs shall be liable to make good the loss, which may be sustained by the Municipal Corporation or any of its employees.

2. That in case any legal heir(s) or other person(s) make any claim against the transfer of the above said property, then the litigation of the same will be defended by the executant(s) only.

In witness whereof, the said executant(s) has/have set his/her/ their hands, on this _________________day of_____________ in the presence of the following witnesses.

Witness No.1   Witness No.2   Executants (s)

Signatures   Signatures

(Name & Address)   (Name & Address)
INDEMNITY BOND

This indemnity Bond is made at__________________________, on this day____________of_________________,bySh/Ms___________________
Son/daughter/Wifeof__________________________________________
Resident of ________________________________________________
(hereinafter to be called as the executants).

Whereas the said executants(s) of the indemnity bond has/have applied
for transfer of ownership of _______ %age share in respect of
__________No.____________Sector___________ Chandigarh. File
No. ________ on the basis of Un-registered Will of
___________________________________(name of deceased).

And whereas the Executant(s) shall be personally liable for settling
all the Court cases and dues so levied by the Administration for settling
the past liabilities.
And whereas, the Executant(s) shall obtain the statutory
completion/occupation certificate, if not obtained earlier by the previous
owner and remove the building violation/misuse, if any.
And whereas the Executant(s) will execute the Redemption deed
of loan if not executed earlier, wherever applicable.

Now this indemnity bond witnessed as under: -

1. The Executant(s) shall remain liable to indemnify the Municipal
Corporation, Chandigarh or its employees for all such losses,
damages and claims on account to transfer of this property.
2. That if any person will make any claim regarding said property,
then the litigation of the same shall be defended by the
Executant(s) and the loss suffered by the Municipal Corporation,
Chandigarh shall also be made good by the Executant(S) and
his/her/their properties.
3. That the said property is free from all sorts of encumbrances and it
is not charges, mortgaged or alienated in any manner and no
underhand sale is involved in respect of the said property.

In witness whereof, the said Executive(s) has/have set their
hands, on this bond in the presence of the following
witnesses, this Indemnity bond is signed at

Witness No.1 Witness No.2 Executive(s)
Signatures Signatures (Name & Address) (Name & Address)
Affidavit

(No objection of the legal heirs other than the beneficiaries in the case of un-registered will)

I,_____________________________________________________
Son/Wife/Daughter of_____________________________________
Resident of  __________________________________________
do hereby solemnly affirm and declare as under:-

1. That Sh/Smt _______________________________________
son/wife of ____________________________________ who was
my ____________________________(relationship) (hereinafter
referred to as the deceased) died on ________________
at ____________

2. That the deceased was the sole, absolute and undisputed
owner in respect of ________% share of
____________residential/commercial site No. __________
Sector_____________Chandigarh and executed an un-registered
will dated _______________bequeathing the above said property
in favour of Sh/Smt_____________________________________

3. That I being legal heir and _____________________
(relation) of the deceased owner have no interest in the above
said property and hence, do not have any objection if the
aforesaid property is transferred in the name of aforesaid
beneficiary namely ________________________________as per
the wishes of the deceased, vide unregistered will
dated _____________

4. That this transfer of property by your office in favour of the
aforesaid beneficiary would bear binding on me. I also undertake
to bind myself and my heirs not to interfere in this declaration

Place:
Date:                      Deponent

Verification:

Verified that the above statement of mine is true and correct to the
best of my knowledge and belief and nothing has been concealed
therein

Place:
Date:                                  Deponent
AFFIDAVIT OF WITNESS TO WILL
(1ST WITNESS)

I ________________________ S/o____________________________
resident of ______________________________________________________ do hereby solemnly declare and affirm as under:-

1. That I was one of the witnesses to the Unregistered will dated _______ of Late Sh. _________________________ who died on ___________.

2. That the Unregistered Will dated ____________ was signed in my presence and the executant was having sound and healthy mind at the time of executing Will and without any influence from any quarter.

3. That the property bearing i.e __________________________________ in Chandigarh has been bequeathed in favour of Sh/Smt________________________ leaving the other legal heirs namely ____________________________________

4. The other witness Sh. ____________________________ had also signed on the Will in my presence.

Place:
Dated:                    DEPONENT

Verification :-
Verified that the above statement of mine is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Place:
Dated:                    DEPONENT
AFFIDAVIT OF WITNESS TO WILL
(2nd WITNESS)

I ___________________________________ S/o _______________________________________
resident of _______________________________________________________ do hereby solemnly declare and affirm as under:-

1. That I was one of the witnesses to the Unregistered will dated __________ of Late Sh. _______________________________ who died on __________.

2. That the Unregistered Will dated __________ was signed in my presence and the executant was having sound and healthy mind at the time of executing Will and without any influence from any quarter.

3. That the property bearing i.e __________________________________ in Chandigarh has been bequeathed in favour of Sh/Smt_____________________________ leaving the other legal heirs namely _____________________________________________

4. The other witness Sh. _______________________________ had also signed on the Will in my presence.

Place:_________________________________________________
Dated:_________________________________________________
DEPONENT

Verification: -
Verified that the above statement of mine is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Place:_________________________________________________
Dated:_________________________________________________
DEPONENT
APPLICATION FORM  EB 05

TO BE FILLED BY OFFICE

Diary No.__________ Date_____________

APPLICATION FOR TRANSFER OF
OWNERSHIP ON THE BASIS OF
INTESTATE DEATH
(WITHOUT WILL)

To be filled by the applicant

Name of Applicant______________________________________

Address_______________________________________________

Mobile/E-Mail __________________________________________

NEW DELUXE BUILDING

Sector-17-E, Chandigarh

Phone No. 0172-5021520, 5021521
CHECK LIST FOR SUBMISSION OF DOCUMENTS IN CASE OF INTESTATE DEATH (WITHOUT ANY WILL)

1. Application for transfer duly signed by the legal heirs of the deceased owner
2. Self attested photo identity proof of all the legal heirs/applicants(s).
3. Original Death certificate of deceased, alongwith its translation in English language, if it is in other language.
4. Indemnity bond(with photograph) of all the legal heirs.
5. Self attested photo identity proof of both the witnesses to indemnity bond.
6. Liability affidavit of all the legal heirs (with photograph).
7. Clearance of previous mortgage of bank/other financial institution, if any (duly attested)
8. Sewerage connection/occupation certificate (duly attested)
9. If sewerage connection/occupation certificate is not issued/obtained then furnish proof of construction supported with a certificate issued by the Registered Architect on his/her letter head certifying that the building is constructed as per sanctioned plan and there is no building violations of Site/House.
10. An undertaking by way of an indemnity bond with regard to:-
   (a) Setting of all types of Court cases, if any.
   (b) Execution of Redemption Deed of loan taken from Municipal Corporation (if not executed earlier).
   (c) Obtaining of the occupation certificate if not obtained earlier.
   (d) Removal, regularization of building violation(s)/misuse at the site/house if any.
   (e) Execution of lease deed/conveyance deed if not executed earlier.
11. If the application is made through GPA/SPA, then submit an attested copy of GPA/SPA, supported with an affidavit regarding its validity.
12. An undertaking by way of affidavit to the effect that there is no stay/restraining order passed by any Hon'ble Court of Law in India regarding transfer of ownership of property alongwith present status of case/Next date of hearing/whether Municipal Corporation is party or not. (Applicable in case of pending/litigation in any Court of Law).
13. Clearance certificate of property tax.
14. Transfer fee as applicable.

Signature of Receipt Clerk
Name________________
Dated________________

Note: (1) Any document(s) if executed Abroad should be embossed in India.
(2) All the above documents are attested by the Notary/Executive Magistrate
APPLICATION

To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Transfer of ____% share of Site No.________________________
Sector/Manimajra________________, Chandigarh on the basis of intestate death.

Sir/Madam,

It is intimated that Sh./Smt______________________________s/o______________________________was the sole absolute and undisputed owner of lease/free hold house/SCF/SCO/booth site_________. He/she died on _______________intestate. He/she never executed any WILL during his/her lifetime and the above-said property is to be transferred in the name of all the left out legal heirs of the deceased. I/we have enclosed all the required documents as per the check list.

It is, therefore, requested that the above captioned property may be transferred in my/our favour.

We are the following legal heirs (s) of the aforesaid deceased.

<table>
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<tr>
<th>S.No.</th>
<th>Name of legal heir(s)</th>
<th>Age</th>
<th>Relation with deceased (mother/Wife)Husband</th>
<th>Son(s) &amp; Daughter(s)</th>
<th>Latest address</th>
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Dated________     (Signatures)

Name of the applicants
INDEMNITY BOND

This indemnity bond is made at____________________________, on this _______day of________________by Sh./Ms__________________________
Son/Wife/Daughter of______________________________________________, Resident of  ______________________________, Chandigarh. (hereinafter to be called as the executant).

Whereas the said executant(s) of this Indemnity bond has have applied for transfer of ownership of _____% share in respect of _______No.______Sector _____Chandigarh. File No.______on the basis of intestate Death_____________________________________(name of deceased).

Now this indemnity bond witnessed as under:
1. The Executant(s) shall remain liable to indemnify the Municipal Corporation, Chandigarh and/or its employees for all such losses, damages and claims on account of transfer of this property.
2. That in case any Legal heirs or other person agitate this transfer in any court of law, then the litigation of the same will be defended by the executant(s) only and the loss suffered by Municipal Corporation, Chandigarh shall be made good by the Executant(s) and his/her properties.

In witness whereof, the said executant(s) has/have set their hands, on this bond in the presence of the following witnesses, this Indemnity bond is signed at ___________________.

<table>
<thead>
<tr>
<th>Witness No.1</th>
<th>Witness No.2</th>
<th>Executants (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signatures</td>
<td>Signatures</td>
<td>(Name &amp; Address)</td>
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<tr>
<td>(Name &amp; Address)</td>
<td>(Name &amp; Address)</td>
<td></td>
</tr>
</tbody>
</table>
LIABILITY AFFIDAVIT

I/We __________________________________________________________
Son/wife/daughter of __________________________________________
resident of _________________________ do hereby solemnly affirm and
declare as under:-
1. That Sh./Smt. ___________________________________ owned site
   No. _________________________________________ Sector/Manimajra
   ___________________________ at Chandigarh vide allotment letter
   No. ______________________________ dated __________________.
2. That Sh./Smt. _______________ expired on __________________leaving
   behind the following legal heirs:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of legal heir(s)</th>
<th>Age</th>
<th>Relation with deceased (Mother/wife/Husband son(s) &amp; daughter(s))</th>
<th>Latest address</th>
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</tbody>
</table>

3. That the name of all the legal heirs have been mentioned above and no other legal heirs have been left out and their address(es) indicated above are also true and correct.
4. That the said deceased had not executed a WILL in respect of the above-said property.
5. That I hereby undertake to pay all sums due in connection with the above said property mentioned above and to abide by the provisions of the Capital of Punjab (Development & Regulation) Act, 1952, rules framed there-under. I shall also abide by the conditions mentioned in the allotment letter as well.
6. That the mother of the deceased is _____________________________________
   (Alive/predeceased/deceased).
7. That there is no litigation pending in any Court of law regarding this property.
8. That no fragmentation shall be made in the site.
9. That the property is free from all sorts of encumbrances i.e. Sale/transfer/gift/mortgage/lien/charge of bank(s)/Financial institutions.
My/our specimen signatures are as under:-

________________   ___________________  ________________
________________   ___________________  ________________

Place:               Date:               Deponent(s)

Verification:
I/We, the above named deponent do hereby verify that the application is correct to the best of my/our knowledge and belief and nothing has been concealed therein. In case of any concealment or misrepresentation in the aforesaid affidavit is found at any stage then legal action may be taken against me/us under Section 182 IPC, Section 415 read with Section 417 & 420, as the case may be.

Place:               Date:               Deponent(s)
This indemnity Bond is made at________________________, on this
day____________________ of_______________________________,
by Sh/Ms____________________ ________________________ Son/
daughter/ Wife of__________________________________________
Resident of_______________________________________________
(hereinafter to be called as the executants).

Whereas the said executants(s) of the indemnity bond has/have
applied for transfer of ownership of _______ % share in respect of
_______No.__________Sector___________Chandigarh. File
No. _____________________ on the basis of Intestate death of
___________________________________(name of deceased).

And whereas the Executant(s) shall be personally liable for settling all
the Court cases and dues so levied by the Administration for settling
the past liabilities.

And whereas, the Executant(s) shall obtain the statutory
completion/occupation certificate, if not obtained earlier by the
previous owner and remove the building violation/misuse, if any.

And whereas the Executant(s) will execute the Redemption deed of
loan if not executed earlier, wherever applicable.

Now this indemnity bond witnessed as under: -

1. The Executant(s) shall remain liable to indemnify the Municipal
Corporation, Chandigarh or its employees for all such losses,
damages and claims on account to transfer of this property.

2. That if any person will make any claim regarding said property,
then the litigation of the same shall be defended by the
Executant(s) and the loss suffered by the Municipal Corporation,
Chandigarh shall also be made good by the Executant(S) and
his/her/their properties.

3. That the said property is free from all sorts of encumbrances and
it is not charges, mortgaged or alienated in any manner and no
underhand sale is involved in respect of the said property.

In witness whereof, the said Executant(s) has/have set their
hands, on this bond in the presence of the following
witnesses, this Indemnity bond is signed at
______________________________.

Witness No.1                Witness No.2                Executant(s)
Signatures                  Signatures
(Name & Address)            (Name & Address)
MUNICIPAL CORPORATION, CHANDIGARH

TO BE FILLED BY OFFICE

Diary No.__________ Date_____________

APPLICATION FORM EB 06

APPLICATION FOR PERMISSION TO MORTGAGE

To be filled by the applicant

Name of Applicant___________________________________

Address____________________________________________

___________________________________________________

Mobile/E-Mail ______________________________________

NEW DELUXE BUILDING

Sector-17-E, Chandigarh

Phone No. 0172-5021520, 5021521
CHECK-LIST FOR SUBMISSION OF DOCUMENTS IN CASE OF GRANT OF PERMISSION TO MORTGAGE

1) Application for mortgage indicating the name of bank/Financial Institution and purpose of loan.
2) Self attested Photo identity proof of the applicants(s).
3) Affidavit with photograph to the effect that the property is free from all sorts of encumbrances/dispute/litigation mortgage/lien etc.
4) Indemnity Bond of the owner(s) applicant(s).
5) Self-attested photo identity proof of both the witnesses to Indemnity Bond.
6) NDC/Redemption Deed of the previous loan of Bank(s)/Financial Institution, if any.
7) Copy of Sewerage connection/Occupation certificate.
8) If Sewerage connection/Occupation certificate is not obtained then furnish proof of construction i.e. regular Electricity Bill or Certificate issued by the concerned Electricity Sub-Division regarding release of Permanent Electricity Connection along with a certificate from the registered Architect certifying that the building constructed as per sanctioned building plan and there is no building violations at the premises.
10) Attested Copy of partnership deed, authorization letter in favour of authorized signatory/partner to apply for Permission to Mortgage. (Application in case of Partnership Firm)
11) Copy of Memorandum of Articles and Association, copy of resolution in favour of authorized signatory/Director to apply for Permission to Mortgage. (Application in case of Company)
12) Clearance of all dues in respect of property
13) Clearance of property tax
14) Processing Fee as applicable

Signature of Receipt Clerk
Name________________
Dated________________

Note: (1) Any document(s) if executed Aboard should be embossed in India.
(2) All the above documents are attested by the Notary/Executive Magistrate.
Application

To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Permission to mortgage SCF/SCO/Booth/House No. _____ Manimajra/Sector_______, Chandigarh.

Sir/Madam

I/We are the owner(s) of SCF/SCO/Booth/House No. ___________Sector/Phase___________, Chandigarh. It is being a Residential /Commercial/Industrial Property bearing File No. ___________, on lease hold basis. I/ We seek permission to Mortgage the above mentioned property in favour of _____________________(Name of Bank) for ______________purpose. I /We am/are enclosing herewith all the requisite documents as per the checklist.

It is requested that necessary permission to mortgage the aforesaid property may kindly be issued to me/us.

Date:                    (Signature)_____________
Name & Address of owner(s)
____________________________
____________________________
____________________________
Affidavit

I/We_____________________________________ Son/Wife/Daughter of
_________________________Resident of ____________________________do hereby
solemnly affirm and declare as under:-

1. That the above said deponents (s) are the absolute and undisputed
owner(s) of _________% share of the property, details of which is given
below:

   Plot No.___________________________
   Sector.____________________________
   Built Upto_________________________

2. That the property in question is free from all sorts of encumbrances i.e.
mortgage, lien, gift, sale etc. and there is no stipulation on transfer in any
manner.

3. That there is no dispute/Litigation pending in any court of law regard to the
title of ownership of above detailed property and there is no stay on
sale/alteration of property.

4. That my/ our specimen signatures are as under:-

   __________________   __________________   _____________

   __________________   __________________   _____________

Place: Chandigarh
Date:                          Deponent(s)

Verification:-

I, We, the above named deponent do hereby verify that the application is
correct to the best of my/our knowledge and belief and nothing has been
concealed therein.

Place: Chandigarh
Date:                          Deponents(s)
INDEMNITY BOND

This indemnity Bond is made at ___________________________ on this __________ day of _______________ by Sh./Ms.____________________ Son/daughter/wife of _______________________________ Resident of ______________ hereinafter called as the Executant(s).

Where the above said executant(s) of this Indemnity Bond being undisputed owner of the property in question is/are applying for permission to mortgage in favour of ______________ (Name of Bank) for __________________(purpose of loan). The detail of aforesaid property is as under:-

Plot No. _____________
Sector_______________
Built Upto____________

And where the Municipal Corporation, Chandigarh has asked to executants to indemnify them by way of this Indemnity Bond.

Now this Indemnity Bond witnesses as under:

1. That the executants (s) has/have applied for permission to mortgage the aforesaid property in favour of ______________(name of Bank) and in case, the MCC or any of its employee(s) are to suffer any loss on account of this permission to mortgage, the executants shall be responsible for the same.

2. That in case any legal heirs or other person agitate this transfer in any court of law, then the litigation of the same will be defended by the executants only.

3. That is case any legal heirs or other persons shall make any claim regarding the above said property, the litigation of the same will be defended by the executants (s) and the loss suffered by MCC or any of its employees will also be made good by the executants(s) in person and his/their properties.

In witness where of the executant(s) has/ have set their hands, on this bond in the presence of the following witnesses, this Indemnity Bond is signed at __________________.

Witness No.1    Witness No.2    Executant(s)

Signature     Signature
(Name & Address)         (Name & Address)
APPLICATION FORM   EB 07

MUNICIPAL CORPORATION, CHANDIGARH

Form fee: Rs. 25/-

APPLICATION FOR
NO DUES CERTIFICATE

To be filled by the applicant

Name of Applicant___________________________________

Address____________________________________________

Mobile/E-Mail ______________________________________

NEW DELUXE BUILDING
Sector-17-E, Chandigarh
Phone No. 0172-5021520, 5021521
To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Request for issuance of No Due certificate in respect of
SCF/SCO/Booth/ House No. ____ Manimajra/Sector ____,
Chandigarh.

Sir/Madam

I/We are the owner(s) of SCF/SCO/Booth/House
No. __________ Manimajra/Sector___________, Chandigarh. It is being
a Residential /Commercial/Industrial Property, on lease/free hold basis.

It is requested that necessary No Due Certificate in
respect of the aforesaid property may kindly be issued to me/us.

Date: ____________________________

(Signature)

Name & Address of owner(s)

__________________________

__________________________

__________________________
CHECK-LIST FOR SUBMISSION OF DOCUMENTS FOR NO DUE CERTIFICATE

1. Application from the owner/GPA.
2. In case application through GPA, Notarized copy of GPA, and an affidavit that GPA is still valid and alive.

Certified that I have checked and found the documents in order.

Signature of Receipt Clerk
Name________________
Dated________________

Note: (1) Any document(s) if executed Aboard should be embossed in India.
(2) All the above documents are attested by the Notary/Executive Magistrate.
AFFIDAVIT

I _____________________________ S/o ____________________________
resident of _________________________________________________
GPA holder of Shri/Smt _________________________________ do
hereby solemnly declare and affirm as under:-

1. That the executant of the GPA namely Shri/Smt ________________

   Son/Daugther of ________________ is still alive.

2. That the said GPA has not been revoked/cancelled and there is no

   underhand sale and GPA not executed to circumvent the stamp duty.

3. That I have not executed any Sub GPA.

Place:

Dated:                 DEPONENT

Verification :-

Verified that the above statement of mine is true and correct to the best of
my knowledge and belief and nothing has been concealed therein.

Place:

Dated:                 DEPONENT
MUNICIPAL CORPORATION, CHANDIGARH

Form fee: Rs. 25/-  APPLICATION FORM  EB 08

TO BE FILLED BY OFFICE

Diary No.__________ Date_____________

APPLICATION FOR EXECUTION OF LEASE DEED/DEED OF CONVEYANCE

To be filled by the applicant

Name of Applicant______________________________________

Address_______________________________________________
____________________________________________________
Mobile/E-Mail __________________________________________

NEW DELUXE BUILDING
Sector-17-E, Chandigarh
Phone No. 0172-5021520, 5021521
To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Request for Execution of Lease deed/deed of conveyance in respect of SCF/SCO/Booth/ House No. __________ Manimajra/Sector _____, Chandigarh.

Sir/Madam

I/We are the owner(s) of SCF/SCO/Booth/House No. ___________ Manimajra/Sector__________, Chandigarh. It is being a Residential /Commercial/Industrial Property, on lease hold basis.

It is requested that Lease deed/deed of conveyance in respect of SCF/SCO/Booth/ House No. __________ Manimajra/Sector _____, Chandigarh may be executed.

Date: ____________________________

(Signature)________________________

Name & Address of owner(s)

________________________________

________________________________

________________________________

________________________________
CHECK-LIST FOR SUBMISSION OF DOCUMENTS FOR EXECUTION OF LEASE DEED/DEED OF CONVEYANCE

1. Application from the owner/GPA.
2. Lease deed
3. In case application through GPA, Notarized copy of GPA, and an affidavit that GPA is still valid and alive.

Certified that I have checked and found the documents in order.

Signature of Receipt Clerk
Name________________
Dated________________

Note: (1) Any document(s) if executed Aboard should be embossed in India.
(2) All the above documents are attested by the Notary/Executive Magistrate.
AFFIDAVIT

I _____________________________ S/o _____________________________
resident of _________________________________________________
GPA holder of Shri/Smt _________________________________do hereby solemnly declare and affirm as under:-

1. That the executant of the GPA namely Shri/Smt ________________________________
   Son/Daugther of ___________________________ is still alive.

2. That the said GPA has not been revoked/cancelled and there is no underhand sale and GPA not executed to circumvent the stamp duty.

3. That I have not executed any Sub GPA.

Place:________________________________________________________
Dated:_______________________________________________________
DEPONENT

Verification :-

Verified that the above statement of mine is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Place:_______________________________________________________
Dated:_______________________________________________________
DEPONENT
APPLICATION FORM EB 09

TO BE FILLED BY OFFICE

Diary No.__________ Date__________

APPLICATION FOR TRANSFER OF PROPERTY ON THE BASIS OF PARTNERSHIP DEED/DISSOLUTION DEED/CHANGE OF DIRECTOR IN CASE OF PRIVATE LIMITED COMPANY

To be filled by the applicant

Name of Applicant_________________________________

Address__________________________________________

__________________________________________________

Mobile/E-Mail______________________________________

NEW DELUXE BUILDING

Sector-17-E, Chandigarh

Phone No. 0172-5021520, 5021521
Check list for submission of documents in case of transfer of property in case of Partnership Deed/Dissolution Deed/Change of Directors in case of Pvt. Ltd. Company


2. Certified copy/notarized copy of partnership Deed/Dissolution Deed (registered or un-registered).

3. Liability affidavit (with photograph) of applicants/intending/partners/Director(s) in case of change of Directors/Partnership Deed.

4. Self attested photo identity proof of intending partners/Directors.

5. Indemnity bond (with photograph) of intending partners/Directors.


7. Clearance of previous mortgage/loan/redemption deed if any. (duly attested).

8. Sewerage connection/Occupation Certificate (duly attested)

9. If sewerage connection/occupation certificate is not issued/obtained then furnish proof of construction supported with a certificate issued by the Registered Architect on his/her letter head certifying that the building is constructed as per sanctioned plan and there is no building violation at site/House, copy of Electricity Bill prior to 01.01.1993.

10. An undertaking by way of an indemnity bond with regard to :-
   (a) Settling of all types of court cases, if any
   (b) Execution of Redemption Deed of loan, if taken from the Estate Office (if not executed earlier).
   (c) Obtaining of the occupation certificate if not obtained earlier.
   (d) Removal, regularisation of building violation(s)/misuse at the site/house, if any.

11. In case of partnership Deed then furnish an affidavit to the effect that there is no underhand sale involved and there is no evasion of stamp duty.

12. Affidavits of attesting witness to partnership Deed along with their photo identity proofs.

13. In case of change of partners in partnership deed on the basis of death:- (i) Original Death Certificate (ii) NOC from other legal heirs of Deceased Partner along with photograph and identity proof.

14. In case of change of Directors in company:- (i) Resolution of Directors for authorisation. (ii) Form No. 32, Tin No./Pin no. (iii) Certificate of Registrar of company and Certificate of C.A
15. Clearance of Property Tax

16. Transfer fee as applicable.

Signature of Receipt Clerk

Name ____________________
Dated____________________

Note: 1. Any document(s), if executed Abroad should be embossed in India.
2. All the above documents are attested by the Notary/Executive Magistrate
Application

To

The Estate Officer,
Municipal Corporation,
Chandigarh.

Subject: Transfer of property bearing No.________Sector
________ (______% share), Chandigarh on the
basis of Partnership deed/dissolution deed/change
of Directors in case of PVT. Ltd. Company.

Sir/Madam,

I/we have purchased_____% share of SCF/SCO/Booth
No._______________Sector_______, Chandigarh from its
owner namely Sh./Smt. _______________ Son/wife of
Sh. ___________________ resident of
_______________________ on the basis of Partnership
deed/dissolution deed/change of Directors in case of PVT.
Ltd. Company.

A copy of the same is enclosed herewith. I/we are also
enclosing herewith an indemnity bond (Duly attested). You
are requested to transfer the Ownership/Lease rights in the
above said property in my/our name(s).

Thanking you

Your faithfully,

(Signature)

Name & Address
INDEMNITY BOND

This indemnity Bond is executed at ______________________________, on this day ______ of __________________, by Sh/Ms. ____________________, Son/daughter/Wife of ___________________________________ R/o _______________________________ (hereinafter to be called as the executants).

Whereas the executants(s) of this indemnity bond has/have applied for transfer of ownership of ______ %age share of __________No._____________Sector___________Chandigarh. File No. ______ on the basis of Partnership deed/Dissolution Deed/Change of Director in case of Pvt Ltd comapny of ________________________________

And whereas the Executant(s) shall be personally liable for settling all the Court cases and dues so levied by the Administration for settling the past liabilities.

And whereas, the Executant(s) shall obtain the statutory completion/occupation certificate, if not obtained earlier by the previous owner and remove the building violation/misuse, if any.

And whereas the Executant(s) will execute the Redemption deed of loan if not executed earlier, wherever applicable.

Now this indemnity bond witnessed as under: -

1. The Executant(s) shall remain liable to indemnify the Municipal Corporation, Chandigarh or its employees for all such losses, damages and claims on account to transfer of this property.
2. That if any person will make any claim regarding said property, then the litigation of the same shall be defended by the Executant(s) and the loss suffered by the Municipal Corporation, Chandigarh shall also be made good by the Executant(S) and his/her/their properties.
3. That the said property is free from all sorts of encumbrances and it is not charges, mortgaged or alienated in any manner and no underhand sale is involved in respect of the said property.

In witness whereof, the said Executant(s) has/have set their hands, on this bond in the presence of the following witnesses, this Indemnity bond is signed at ______________________________.

Witness No.1    Witness No.2    Executants (s)
Signatures    Signatures
(Name & Address)    (Name & Address)

PHOTOGRAPH

Affix judicial Stamp worth Rs. 15/-
MUNICIPAL CORPORATION, CHANDIGARH

Form fee: Rs. 25/-

APPLICATION FORM EB 10

TO BE FILLED BY OFFICE

Diary No.__________ Date_____________

APPLICATION FOR TRANSFER OF PROPERTY ON THE BASIS OF COURT DECREE/FAMILY SETTLEMENT

To be filled by the applicant

Name of Applicant___________________________________

Address____________________________________________

___________________________________________________

Mobile/E-Mail ______________________________________

NEW DELUXE BUILDING
Sector-17-E, Chandigarh
Phone No. 0172-5021520, 5021521
Check-list for submission of documents in case of transfer of property on the basis of court Decree/Family settlement.

1. Application for transfer of ownership/lease Rights (signed by the applicant(s)).
2. Liability affidavit (with photograph) of applicant(s)/intending transferee(s).
3. Indemnity bond (with photograph) of transferee(s).
4. An undertaking by way of an Indemnity Bond with regard to:
   (a) Settling of all types of court cases, if any
   (b) Execution of Redemption Deed of Loan, if taken from the Municipal Corporation, Chandigarh (if not executed earlier).
   (c) Obtaining of the occupation certificate if not obtained earlier.
   (d) Removal, regularization of building violation(s)/misuse at the site/house, if any.
5. Affidavits of attesting witness to family settlement Deed (If unregistered) along with their photo identity proofs.
6. No objection affidavit other parties to the un-registered family settlement.
7. Certified copy of court Decree/family settlement issued by the office of Sub-Registrar, U.T., Chandigarh. (If Registered)
8. Notarized copy of court Decree/Family Settlement. (If Registered)
9. Attested copy of Civil Suit, on the basis of which Decree has been passed by the Hon'ble court.
10. Self Attested photo identity proof of intending Transferee(s)/applicant(s).
11. Self Attested photo Identity proofs of witnesses of Indemnity Bond.
12. Sewerage connection/Occupation certificate(duly attested).
13. Clearance of previous mortgage/Loan/redemption deed if any. (duly attested).
14. If sewerage connection/Occupation certificate is not issued/obtained then furnish proof of construction supported with a certificate issued by the Registered Architect on his/her letter head certifying that the building is constructed as per sanctioned plan and there is no building violations at site/House.
15. Clearance certificate of property tax
16. Transfer fee as applicable.

Signature of Receipt Clerk  
Name________________  
Dated________________  

Note: (1) Any document(s) if executed Aboard should be embossed in India.  
(2) All the above documents are attested by the Notary/Executive Magistrate.
Application

To

The Estate Officer,
Municipal Corporation,
UT., Chandigarh

Subject  Transfer of ownership in respect of
________________% share of ____________, Sector
______________________, Chandigarh on the basis of
Family Settlement/court orders/decree.

Sir,

With due respect, it is submitted that I/we have been
declared owner(s) of ______share in the above said property i.e
________, sector ______. Chandigarh by virtue of Family
Settlement/court orders/decree dated ________ passed by the
court of __________________________ passed by the
court of __________________________ in civil
Suit titled as __________________________.

Now, I/We are fully entitled to get the ownership
transferred in my/our name(s) on the basis of Family
Settlement/Court Decree/Court orders.

I/We are also enclosing herewith all the required
documents as per check list in the booklet.

It is, therefore, requested that the ownership
of __________________% share of the above said property may kindly
be transferred in my/our name(s) on the basis of above said Family
settlement/Court orders/Court decree.

Thanking you,

Yours faithfully,

Dated

(Signatures)

Name

Address
LIABILITY AFFIDAVIT

I/We ____________________________________________________do hereby solemnly affirm and declare as under:-

1. That I/we hereby accept the transfer of ____________% share of property i.e. ___________________Sector___________ Chandigarh, file no._____________ on the basis of family Settlement/court Decree/orders/dated ____________ passed by the court of ________________________________________________ in Civil Suit No. _________ dated__________ titled as ____________________________________________.

2. That I/we hereby undertake to pay all sums due to the Govt./Municipal Corporation, Chandigarh in connection with the said property and shall also abide by the provision of Capital of Punjab (Development and regulation) Act., 1952 and the rules framed there under as amended from time to time. I/we shall also abide by the conditions mentioned in the letter of allotment as well.

3. That the building is completed upto ___________ storey and there is no miss use/ building violation in the above said site/building.

4. That the said property is free from all sorts of encumbrances/lien/charges/sale etc. and no litigation is pending in any court of law against the said property.

5. That the above said family settlement/Court Decree dated ____________ has not been challenged in any court of law by any person/party to family settlement/Court Decree. It has attained the finality and there is no stay orders passed by any Hon'ble Court of law for implementing the family settlement /Court Decree dated ____________.

6. That no fragmentation shall be made in the above said House & it shall remain as one unit.
7. That my/our specimen signatures are as under:-

________________   ______________  ______________
________________   ______________  ______________

Chandigarh:  
Dated  
Deponent(s)

Verification:-

Verified that the above said statement of mine/us is true and correct to the best of my/our knowledge and belief and nothing has been concealed therein. In case of any concealment or misrepresentation in the 182 IPC, Section 415 read with Section 417 and 420 as the case may be.

Chandigarh:  
Dated  
Deponent(s)
Indemnity Bond

That this Indemnity Bond is made at Chandigarh, on this ______________ day of ___________ 20__, by _____________________________ (hereinafter referred to as executants(s)).

Whereas the above named executants(S) has/have applied for the transfer of ownership of % share of property bearing No. Sector, Chandigarh in my/our name(s), on the basis of Court orders/Decree dated passed by the court of  

In Civil suit No. titled as

And whereas the executants(s) of this Indemnity Bond, hereby indemnity the Municipal Corporation, UT., Chandigarh as under:-

1. That we shall be personally liable for settling all the court cases and dues so levied by the Chandigarh Administration for settling the past liabilities.
2. That we shall also obtain statutory completion Certificate/Occupation Certificate of the above said property after the transfer of ownership in my/our names. If not obtained earlier by the previous owner and remove the building violation/misuse, if any after the transfer of ownership in my/our names and shall also be liable to pay the violations/misuse charges, if any.
3. That i/we shall also executed the Redemption deed of loan in respect of above mentioned property after its transfer in my/our names.

In witness whereof the executants(s) has/have signed this Indemnity Bond at Chandigarh in presence of the following witnesses.

Witness No. 1        Executant (s)
Signature_______________
Name__________________
Address________________

Witness No. 2
Signature_______________
Name__________________
Address________________
Indemnity Bond

That this Indemnity Bond is made at Chandigarh, on this __________ day of __________ 20___ by ___________________________(hereinafter referred to as executants(s)).

Whereas the above named executants(S) has/have applied for the transfer of ownership of ________% share of property bearing________________________ No. __________ Sector___________________, Chandigarh in my/our name(s), on the basis of Court orders/Decree dated ________________________ passed by the court of______________________________.

In Civil suit No._______________________________________ titled as__________________________________________________________

And whereas the executants(s) of this Indemnity Bond, hereby indemnity the Municipal Corporation, UT., Chandigarh as under:-

Now this deed further witneseth as under:-

1. That in case the Municipal Corporation, U.T., Chandigarh would suffer any loss on account of this transfer in the name of the said executants, then the executants, his/her/their property and he/she/they in person and his/her/their legal heirs shall be liable to make good the loss, which may sustained by the Municipal Corporation, Chandigarh or any of its employees.

2. That in case any legal heir (s) or any other person shall make any claim against the transfer of the ownership of above said property, then the litigation of the same will be defended by executant only and the loss suffered by Municipal Corporation, U.T., Chandigarh or any of its employees will also be made good by the executant(s) in person and his/her/their properties.

In witness whereof the executants(s) has/have signed this Indemnity Bond at Chandigarh in presence of the following witnesses.

Witness No. 1
Signature__________________
Name__________________
Address__________________

Witness No. 2
Signature__________________
Name__________________
Address__________________

Executant(s)
AFFIDAVIT OF WITNESS TO UN-REGISTERED FAMILY SETTLEMENT

(1st Witness)

I/We __________________________________________ Son/wife of
__________________ resident of________________________________
_______________________________________
do hereby solemnly affirm and declare as under:-

1. That I was one of the witnesses to the unregistered family settlement Deed dated _____ which was ___________ executed/signed by Sh./Smt._________________________ _______ _______(party No.1 to _____)

2. That the unregistered family settlement dated ____________ was signed by all the parties in my presence and the executants(s) were having sound and healthy mind at the time of executing(s) the family settlement and without any influence from any quarter.

3. That the property i.e. ____________ sector ____________ in Chandigarh has been agreed by all the parties, henceforth to be owned by Sh./Smt. ________________ party No.____ to the family settlement.

4. The other witness Sh./Smt. ___________________ S/o, W/o ___________________ has also signed in the family settlement in my presence.

Place:
Date: Deponent

Verification:-

Verified that the above statement of mine is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Place:
Date: Deponent
AFFIDAVIT OF WITNESS TO UN-REGISTERED FAMILY SETTLEMENT
(2\textsuperscript{nd} Witness)

I/We ________________________________________ Son/wife of
_______________________________________resident of___________________________
do hereby solemnly affirm and declare as under:-

1. That I was one of the witnesses to the unregistered family settlement Deed dated _____ which was ___________ executed/signed by Sh./Smt.___________________(party No.1 to _____).

2. That the unregistered family settlement dated ____________ was signed by all the parties in my presence and the executants(s) were having sound and healthy mind at the time of executing(s) the family settlement and without any influence from any quarter.

3. That the property i.e ____________ sector ____________ in Chandigarh has been agreed by all the parties, henceforth to be owned by Sh./Smt. ________________ party No.____ to the family settlement.

4. The other witness Sh./Smt. ___________________ S/o, W/o __________________ has also signed in the family settlement in my presence.

Place: 
Date:          Deponent

Verification:-

Verified that the above statement of mine is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Place: 
Date:          Deponent
AFFIDAVIT

(No objection of other party(s) to un-registered Family settlement deed)

I/We ____________________________________________________do hereby solemnly affirm and declare as under:-

1. That a family settlement deed dated ___________ was executed between the deponent i.e party No. _______ and other party Nos. __________ to the above said settlement for division of certain properties owned by them.

2. That the deponent is the party No. _____ to the un-registered family settlement deed dated _______ who was the sole and absolute owner of _________ % share in respect of _________, sector ___________, Chandigarh.

3. That as per above said family settlement the property i.e ______________ sector _________, Chandigarh, has been agreed to be owned by Sh. ____________ S/o Sh. ______________ R/o ____________________.

4. That as per family settlement dated ____________ the deponent/party no. _______ have no interest in the above said property, hence, do not have any objection if _% share in the aforesaid property is transferred in the name of Sh. ____________ S/o Sh. ______________ party No.___________ to the above un-registered family settlement deed dated ______________.

5. That this transfer of the property by your office in favour of the beneficiary/party No. __________ would bear binding upon me. I also undertake to bind myself and my heirs not to interfere in this declaration.

Place : 
Date:          Deponent

Verification:-

Verified that the above said statement of mine/us is true and correct to the best of my/our knowledge and belief and nothing has been concealed therein. In case of any concealment or misrepresentation in the 182 IPC, Section 415 read with Section 417 and 420 as the case may be.

Place : 
Dated          Deponent
APPLICATION FORM

TO BE FILLED BY OFFICE

Diary No.__________ Date_____________

APPLICATION FOR CONVERSION FROM LEASEHOLD TO FREEHOLD

To be filled by the applicant

Name of Applicant________________________________________

Address__________________________________________________

_________________________________________________________

Mobile/E-Mail ____________________________________________

NEW DELUXE BUILDING
Sector-17-E, Chandigarh
Phone No. 0172-5021520, 5021521
CHECK LIST FOR CONVERSION FROM LEASEHOLD TO FREEHOLD PROPERTY

1. Application form
2. Affidavit on the prescribed proforma duly attested by the Executive Magistrate regarding building violation and misuse.
3. Demand draft of conversion fee as per the calculation sheet.
4. Attested copy of the GPA/sub GPA, if any
5. Agreement to sell, if any
6. NOC from the Mortgagee, if the plot stands mortgaged to any Bank/Corporation/Department/Financial Institutions etc.
7. Occupation Certificate of the building
8. NDC issued by the Chandigarh Housing Board
9. Three recent passport size photographs of the applicant duly attested by the Gazetted Officer.
Affidavit

I_______________________________________aged __________ years, S/o/ D/o/ W/o _________________ resident of _________________ solemnly declare as under:-

1. That I am lessee/GPA of lessee of site No. __________
   Sector_______, Chandigarh.
2. That there is no unauthorized construction, in the site which is not compoundable/sanctioned by the Chandigarh Administration as per plan approved by the Chandigarh Administration.
   OR
   That there is unauthorized construction which is not covered by the Building Plans sanctioned by the Chandigarh Administration and the extent of unauthorized construction is approx. ________sq. Mtrs.
3. That the site is not being misused.
4. That the contents of the above affidavit are true and no portion of it is false and the said affidavit conceals nothing which is relevant to the above matter

Deponent

Verification:

I, the above named deponent do hereby solemnly affirm and declare that the above statement of mine true to the best of my knowledge and belief and nothing has been concealed therein.

Place: Chandigarh
Date: Deponent
# APPLICATION TO REQUEST FOR ISSUE OF FIRE REPORT

(Please fill the form in **BLOCK LETTERS** only. All fields marked * are mandatory)  
Application Date (dd-mm-yyyy) _________________

## 1. DETAILS OF THE APPLICANT

<table>
<thead>
<tr>
<th>Name of the applicant *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address *</td>
<td></td>
</tr>
<tr>
<td>Contact/Mobile number *</td>
<td></td>
</tr>
<tr>
<td>Email ID</td>
<td></td>
</tr>
<tr>
<td>Name of Owner of the property *</td>
<td></td>
</tr>
<tr>
<td>Date &amp; Time of Fire Incident *</td>
<td>(Affix photographs)</td>
</tr>
<tr>
<td>Applicant’s Signature *</td>
<td></td>
</tr>
</tbody>
</table>

## Office Use

---

## 2. INSPECTION REPORT

<table>
<thead>
<tr>
<th>Fire Call Report No.</th>
<th>Proforma Attached.</th>
<th>Dated:</th>
<th>Fire Station _________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of the Station Fire Officer
Remarks/Recommendation of Station Fire Officer
Signature of Station Fire Officer

## 3. APPROVALS

Signatures of Chief Fire Officer
**APPLICATION FOR OBTAINING OR RENEWAL OF FIRE SAFETY NOC**

(Please fill the form in **BLOCK LETTERS** only. All fields marked * are mandatory)  
**Application Date (dd-mm-yyyy) __________________**

<table>
<thead>
<tr>
<th><strong>1. DETAILS OF THE APPLICANT</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the applicant *</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Contact/Mobile number *</td>
<td></td>
</tr>
<tr>
<td>Email ID</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. DETAILS OF BUILDING</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Owner of Building</td>
<td></td>
</tr>
<tr>
<td>Name of Building</td>
<td></td>
</tr>
<tr>
<td>Type of Building</td>
<td>☐ Residential ☐ SCO ☐ SCF ☐ Booth ☐ Institutional ☐ Industrial ☐ others</td>
</tr>
<tr>
<td>Plot Area (in Sq. m)</td>
<td></td>
</tr>
<tr>
<td>Covered Area (At Ground Level) (in Sq. m)</td>
<td></td>
</tr>
<tr>
<td>Over all Height (From ground level to parapet) in meter</td>
<td></td>
</tr>
<tr>
<td>Height upto the highest occupied floor (in meters)</td>
<td></td>
</tr>
<tr>
<td>Motorable road/space provided all around the building.</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>Number of basements (Please indicate level below ground)</td>
<td></td>
</tr>
<tr>
<td>Area of Basement (in Sq. m)</td>
<td></td>
</tr>
<tr>
<td>Height of each floor (in meters)</td>
<td></td>
</tr>
<tr>
<td>Nos. of inhabitants/occupants</td>
<td></td>
</tr>
<tr>
<td>Number of Floors (including ground floor)</td>
<td></td>
</tr>
<tr>
<td>Please indicate floors to which NOC is required.</td>
<td></td>
</tr>
<tr>
<td>Signatures of Applicant</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. DOCUMENTS TO BE ATTACHED</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Approved Fire Safety layout plan (except residential building having height less than 15 metre and booth’s/SCO’s/SCF’s)</td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4. INSPECTION REPORT</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Station Fire Officer</td>
<td></td>
</tr>
<tr>
<td>Date of inspection (DD-MM-YYYY)</td>
<td></td>
</tr>
<tr>
<td>Whether norms of National Building Code of India 2005,Part-IV (FIRE) complied with</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>Inspection Report Attached</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>Fire NOC Recommended</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td>If Fire NOC is not recommended then please mention the shortcomings</td>
<td></td>
</tr>
<tr>
<td>Signature of Station Fire Officer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>5. APPROVALS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Chief Fire Officer</td>
<td></td>
</tr>
</tbody>
</table>
### A-1 DETAIL OF APPLICANT/BUILDING

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name, Address, Contact No. and Email ID of the Applicant</td>
</tr>
<tr>
<td>2.</td>
<td>Name, Address, Contact No. and Email ID of the Building Owner</td>
</tr>
<tr>
<td>3.</td>
<td>Name of Building Premises (Location and Address)</td>
</tr>
<tr>
<td>4.</td>
<td>Whether Fresh or Revised Building Plan?</td>
</tr>
<tr>
<td>5.</td>
<td>Type of Building</td>
</tr>
<tr>
<td>6.</td>
<td>Plot Area (in Sq. Meters)</td>
</tr>
<tr>
<td>7.</td>
<td>Total covered area at ground level (in Sq. Meters)</td>
</tr>
<tr>
<td>8.</td>
<td>Over all Height (From Ground Level to Parapet) in Meters</td>
</tr>
<tr>
<td>9.</td>
<td>Height upto terrace of last livable floor (in Meters).</td>
</tr>
<tr>
<td>10.</td>
<td>Number of Floors (including Ground Floor)</td>
</tr>
<tr>
<td>11.</td>
<td>Motorable road/space provided all around the building as required in NBC for the applied Occupancy</td>
</tr>
<tr>
<td>12.</td>
<td>Number of Basement (please indicate level below ground)</td>
</tr>
<tr>
<td>13.</td>
<td>Area of Basement</td>
</tr>
<tr>
<td>14.</td>
<td>Signature of Applicant</td>
</tr>
<tr>
<td>15.</td>
<td>Signature of Registered Architect as provided in the Architect Act, 1972 with the council of Architect and Competent as per A-2.1.1 part 2 of NBC 2016</td>
</tr>
<tr>
<td>16.</td>
<td>Signature of Structural Engineer having qualification as per A-2.3 part 2 of NBC 2016</td>
</tr>
</tbody>
</table>

### A-2 DOCUMENTS TO BE ATTACHED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Two Sets of Complete Plan i.e. Elevation, Site, Floor Wise, and Section Plan showing/complying as per 12.2.5 and 12.2.5.1 part-2 of NBC 2016</td>
</tr>
</tbody>
</table>

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### A-3 INSPECTION REPORT/RECOMMENDATION

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of Station Fire Officer</td>
</tr>
<tr>
<td>2.</td>
<td>Date of Inspection (DD-MM-YYYY)</td>
</tr>
<tr>
<td>3.</td>
<td>Whether norms of National Building Code of India as applicable to UT Chandigarh is complied with?</td>
</tr>
<tr>
<td>4.</td>
<td>Fire Safety Building Plan recommended for approval</td>
</tr>
<tr>
<td>5.</td>
<td>Mention the Shortcomings, If Fire Safety Building Plan is not recommended for approval.</td>
</tr>
<tr>
<td>6.</td>
<td>Signature of Station Fire Officer (Member Plan Approval Committee) alongwith Stamp</td>
</tr>
<tr>
<td>7.</td>
<td>Signature of Chief Fire Officer M.C.C.</td>
</tr>
</tbody>
</table>
APPLICATION FORM HR-01
For Cutting/Pruning of trees / Removal of dead / dangerous / overgrown trees.
(To be submitted in the office of concerned SDE)

1. Name of the applicant:
2. Address:
3. Contact Number:
4. Email (if any):
5. No. of trees for cutting/pruning/removal:
6. Reason for cutting/pruning/removal:
7. **Documents Required**  
   Attached
   Photograph of the trees to be cut/pruned/removed  
   Yes / No

Date of Submission:  
Signature of applicant

---

**For Office Use**

**Site inspection report of J.E.**

1. Name of Junior Engineer
2. Name of Sub Division
3. Date of inspection

**Recommendations for Removal/Pruning/Heavy pruning & reason for rejection**  
Yes/No  
Signature of J.E.

**Recommendations by S.D.E. for Removal/Pruning/Heavy pruning**  
Yes/No  
Signature of S.D.E.

**Recommendations by E.E. for Removal/Pruning/Heavy pruning**  
Yes/No  
Signature of E.E.

S.E.B&R

C.E.M.C

CMC

A.A.
**Application Form LB-01 for issuance of New Registration Certificate/Renewal of Registration of Pedal Cycle Rickshaw/Loading Rehri**

1. Name of the owner: _______________________________
2. Father’s /Husband’s name: _______________________________
3. Occupation: _______________________________
4. Full address: ________________________________________
   ________________________________________
5. Period for which Licence is required: 5 Years/10 Years/15 Years
6. Details of Licence fee deposited: 
   Amount: _______________________________
   Receipt No.: _______________________________
   Date: _______________________________
7. Documents required: 
   Whether attached: Yes/No
   i) Proof of address and bonafide resident of Chandigarh
   ii) Proof of age
   iii) Rickshaw/Rehri bill
   iv) Four passport size photographs
8. Mobile No.: _______________________________
9. E-mail Address, if any: _______________________________

Date: _______________________________  
Signature or thumb-impression of the applicant

(FOR OFFICE USE ONLY)

Report of the Licence Clerk

1. Specifications checked and found fit for Licence
   Date: _______________________________  
   Licence Clerk: _______________________________
2. I have checked the cash receipt and found the information as at column 6 above to be correct.
   Date: _______________________________  
   Superintendent Licencing: _______________________________
3. Licence is granted.
   Licencing Officer,  
   M.C., Chandigarh.
# Application Form LB-02 for issuance of Driving Licence of Pedal Cycle Rickshaw/Loading Rehri

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name: _____________________________</td>
</tr>
<tr>
<td>2.</td>
<td>Father’s/Husband’s name: _____________________________</td>
</tr>
<tr>
<td>3.</td>
<td>Occupation: _____________________________</td>
</tr>
<tr>
<td>4.</td>
<td>Full address: ____________________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Age: _____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Details of Licence fee deposited: Amount: _______________</td>
</tr>
<tr>
<td></td>
<td>Receipt No.: _______________</td>
</tr>
<tr>
<td></td>
<td>Date: _______________</td>
</tr>
<tr>
<td>7.</td>
<td>Documents required: Whether attached: Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>Proof of address and bonafide resident of Chandigarh</td>
</tr>
<tr>
<td>ii)</td>
<td>Proof of age</td>
</tr>
<tr>
<td>iii)</td>
<td>Three passport size photographs</td>
</tr>
<tr>
<td>iv)</td>
<td>Medical Fitness Certificate as per prescribed performa</td>
</tr>
<tr>
<td>v)</td>
<td>Proof of payment of Licence fee of Registration Certificate</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Mobile No.: _____________________________</td>
</tr>
<tr>
<td>9.</td>
<td>E-mail Address, if any: _____________________________</td>
</tr>
</tbody>
</table>

Date: _____________________________

Signature or thumb-impression of the applicant

I have checked the cash receipt and found the information as at column 6 above are correct.

Date: _______________

License Clerk: _______________

Superintendent Licencing: _______________

Licence be granted

Licensing Officer, Municipal Corporation, Chandigarh.
PERFORMA FOR MEDICAL FITNESS CERTIFICATE FOR ISSUANCE OF DRIVING LICENCE FOR RICKSHAW/LOADING REHRI PULLERS

1. Name ___________________________________________

2. Father’s/Husband’ Name ___________________________

3. Permanent Address __________________________________

4. Present Address ____________________________________

5. Date of Birth ______________________________________

6. Identification Mark, if any
   1. ______________________
   2. ______________________

Date ____________________ Signature or thumb-impression of the applicant

Report of the Medical Officer

(i) Whether the applicant is subject to epilepsy, vertigo or any mental ailment likely to affect pulling the Rickshaw/Rehri efficiently? Yes/No

(ii) Whether the applicant readily distinguishes the pigmentary colours: Red and Green? Yes/No

(iii) Whether the applicant distinguishes a vehicle with each eye at a distance of 25 meters in good day light? Yes/No

(iv) Whether the applicant suffers from deafness which would prevent him hearing ordinary sound signals? Yes/No

(v) Whether the applicant suffers from night blindness? Yes/No

(vi) Whether the applicant suffers from any other disease or disability likely to cause his pulling a rickshaw/lehri a source of danger to the public? Yes/No

I certify that I have personally examined Sh. ________________________ and the above mentioned report is found on the examination of the applicant. I also certify that while examining the applicant I have directed special attention to the distant vision and hearing ability, the condition of the arms, leg, hand and joints of both extremities of the applicant and he is medically fit to hold a Licence for pulling of Rickshaw/Rehri.

Signature
Medical Officer/Name & Designation
# APPLICATION FORM LB-03 FOR ALLOTMENT OF A PATRA IN DHOBI GHAT

1. Name
2. Father’s/Husband’s name
3. Present Address
4. Age
5. Trade
6. Particulars of the area required for washing clothes
7. Documents required
   i) Three passport size attested photographs
   ii) Proof of address and bonafide resident of Chandigarh
   iii) Affidavit duly attested by the Magistrate as per Annexure A
   iv) Proof of age
   v) Performa for application and Medical Fitness Certificate
8. Mobile No
9. E-mail Address, if any

Date
Signature or thumb-impression of the applicant
PERFORMA FOR MEDICAL FITNESS CERTIFICATE FOR ISSUANCE OF LICENCE TO WASHERMAN

1. Name

2. Father’s/Husband’ Name

3. Permanent Address

4. Present Address

5. Date of Birth

6. Identification Mark, if any
   1. 
   2. 

Date       Signature or thumb-impression of the applicant

**Report of the Medical Officer**

(i) Whether the applicant is subject to epilepsy, vertigo or any mental ailment? Yes/No

(ii) Whether the applicant suffers from any loathsome infection or contagious disease? Yes/No

I certify that I have personally examined Sh. ________________________ and the above mentioned report is found on the examination of the applicant and he is medically fit to undertake the job of washerman.

Signature
Medical Officer/Name & Designation
Affidavit

I ____________ S/o ___________, R/o __________ do hereby solemnly affirm and declare as under:-

1) That I am in the business of washing clothes for last ____ years in the U.T. Chandigarh.

2) That I or my family members do not have/hold any other licence in my name or in the name of any member of the family dependent upon me in U.T. Chandigarh.

3) That I or my family members also do not own Commercial/Industrial property nor have any other trade or business nor employed anywhere in Government/Semi Government service, etc. in U.T. Chandigarh.


Date:-

DEPONENT

Verification:-

I declare that the particulars mentioned above are true to the best of my knowledge and nothing has been concealed.

Date:-

DEPONENT
# Application Form for Hand Cart Licence

**MUNICIPAL CORPORATION, CHANDIGARH**  
**Licencing Branch**

## Application Form LB-05 for Hand Cart Licence

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name ______________________________</td>
</tr>
<tr>
<td>2.</td>
<td>Father’s/Husband name _____________________________</td>
</tr>
<tr>
<td>3.</td>
<td>Full address ______________________________</td>
</tr>
<tr>
<td>4.</td>
<td>Age _____________________________</td>
</tr>
<tr>
<td>5.</td>
<td>Description of property held by applicant with his family members _____________________________</td>
</tr>
<tr>
<td>6.</td>
<td>Whether employed any where if so, details thereof _____________________________</td>
</tr>
<tr>
<td>7.</td>
<td>Total family income _____________________________</td>
</tr>
<tr>
<td>8.</td>
<td>Trade for which Licence is required _____________________________</td>
</tr>
<tr>
<td>9.</td>
<td>Last year Token No. in case renewal of the licence _____________________________</td>
</tr>
<tr>
<td>10.</td>
<td>Documents required Whether attached Yes/No</td>
</tr>
<tr>
<td></td>
<td>i) Proof of age</td>
</tr>
<tr>
<td></td>
<td>ii) Two passport size photographs</td>
</tr>
<tr>
<td></td>
<td>iii) Affidavit regarding un-employment</td>
</tr>
<tr>
<td></td>
<td>iv) Proof of Income (Income Tax Return, if available)</td>
</tr>
<tr>
<td></td>
<td>v) Performa for application and Medical Fitness Certificate</td>
</tr>
<tr>
<td></td>
<td>vi) Affidavit that No Commercial Site is owned</td>
</tr>
<tr>
<td></td>
<td>vii) Proof of address and bonafide resident of Chandigarh</td>
</tr>
<tr>
<td>11.</td>
<td>Mobile No _____________________________</td>
</tr>
<tr>
<td>12.</td>
<td>E-mail Address, if any ______________________________</td>
</tr>
</tbody>
</table>

**Self declaration :-**

I solemnly declare that the above particulars furnished by me are correct. In case at any stage the information furnished by me is found incorrect, I will be responsible. I shall abide by the rules and regulations for issuance of Hand Cart Licence.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Signature or thumb-impression of the applicant</td>
</tr>
</tbody>
</table>

---

**FOR OFFICE USE**

1. (a) Specification of the hand-Cart checked and found fit for the use of licence cashier to please accept a sum of Rs.___________ as fee and charges for token plate.  

   Licence Clerk _____________

2. Received a sum of Rs.________ only vide receipt No. _____________ Book No _____________ dated _____________.

   Cashier. _____________

3. Licence be issued.

   Superintendent Licencing _____________  

4. Received Licence and token for my Hand-Cart.

   Licencing Officer,  
   Municipal Corporation,  
   Chandigarh.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature or thumb-impression of the applicant</th>
</tr>
</thead>
</table>

Please affix latest photograph of the applicant
PERFORMA FOR MEDICAL FITNESS CERTIFICATE FOR ISSUANCE OF LICENCE FOR HAND CARTS

1. Name _______________________________

2. Father’s/Husband’ Name _______________________________

3. Permanent Address _____________________________________
   _____________________________________
   _____________________________________

4. Present Address _________________________________________
   _____________________________________
   _____________________________________

5. Date of Birth ___________________________________________

6. Identification Mark, if any
   1. _______________________________
   2. _______________________________

Date _______________________________ Signature or thumb-impression of the applicant

Report of the Medical Officer

(i) Whether the applicant is subject to epilepsy, vertigo or any mental ailment? Yes/No

(ii) Whether the applicant suffers from any loathsome infection or contagious disease? Yes/No

I certify that I have personally examined Sh. ______________________ and the above mentioned report is found on the examination of the applicant and he is medically fit.

Signature
Medical Officer/Name & Designation
APPLICATION FORM LB-06 FOR TRANSFER OF LICENCES IN DEATH CASE OF HAND CART LICENCE

1. Name ______________________________
2. Father’s/Husband name _____________________________
3. Full address _____________________________
4. Age _____________________________
5. Description of property held by applicant with his family members _____________________________
6. Whether employed any where if so, details thereof _____________________________
7. Total family income _____________________________
8. Trade for which Licence is required _____________________________
9. Last year Token No. in case renewal of the licence _____________________________
10. Documents required Whether attached Yes/No
   i) Original Death Certificate
   ii) Proof of age
   iii) Two passport size photographs
   iv) Affidavit regarding un-employment
   v) Proof of Income (Income Tax Return, if available)
   vi) Performa for application and Medical Fitness Certificate
   vii) Affidavit that No Commercial Site is owned
   viii) Proof of address and bonafide resident of Chandigarh
   ix) Original previous Licence
11. Mobile No _____________________________
12. E-mail Address, if any _____________________________

Self declaration :-
I solemnly declare that the above particulars furnished by me are correct. In case at any stage the information furnished by me is found incorrect, I will be responsible. I shall abide by the rules and regulations for issuance of Hand Cart Licence.

FOR OFFICE USE
1. (a) Specification of the hand-Cart checked and found fit for the use of licence cashier to please accept a sum of Rs.________ as fee and charges for token plate.
   Licence Clerk _____________________________
2. Received a sum of Rs.________ only vide receipt No. ____________ Book No ____________ dated ____________.
   Cashier. Superintendent Licencing ____________
3. Licence be issued.
   Licencing Officer, Municipal Corporation, Chandigarh.
4. Received Licence and token for my Hand-Cart.
   Date _____________________________

Please affix latest photograph of the applicant
PERFORMA FOR MEDICAL FITNESS CERTIFICATE FOR TRANSFER OF LICENCES IN DEATH CASE OF HAND CART LICENCEE

1. Name ________________________________

2. Father’s/Husband’ Name ________________________________

3. Permanent Address ________________________________

4. Present Address ________________________________

5. Date of Birth ________________________________

6. Identification Mark, if any 1. ________________________________
   2. ________________________________

Date ________________________________ Signature or thumb-impression of the applicant

Report of the Medical Officer

(i) Whether the applicant is subject to epilepsy, vertigo or any mental ailment? Yes/No

(ii) Whether the applicant suffers from any loathsome infection or contagious disease? Yes/No

I certify that I have personally examined Sh. ________________________________ and the above mentioned report is found on the examination of the applicant and he is medically fit.

Signature
Medical Officer/Name & Designation
MUNICIPAL CORPORATION, CHANDIGARH.
SUB OFFICE, MANIMAJRA.

Application form for Entry of H.No/ Shop No. _________________________

Mohalla ____________________________________________________________

Manimajra, area____________ Sq.Yds./Sq. Ft. on the basis of Sale Deed/ Gift
Deed/ Transfer Deed/ Exchange Deed.

1. Name of the applicant: _________________________________________

2. Father’s/Husband Name                                      _________________________

3. Full Address.                                              _______________________________________

4. Mobile No. / Phone No.                                     _________________________

5. E-Mail, if any                                             _________________________

Documents: -

2. Indemnity Bond duly attested and witnessed by two persons.
4. No Due Certificate from the SDE, P.H., Sub Div. No. 8, Manimajra
5. No Due Certificate from the Property Tax Branch, M.C., Chandigarh in case of shop.
6. Site Plan duly signed by the applicant and countersigned by the Area Councillor
7. Original Intqal in case of un-acquired / exempted land.
8. Identification of applicant.
10. Attested copy of GPA.
11. Affidavit to the effect that “GPA is still alive and GPA has not been cancelled/ revoked.
12. Ownership proof of the property.
13. Specimen signatures of seller and purchaser in shape of affidavit.
14. Declaration from the seller/purchaser
15. Affidavit regarding conversion of house into shop.
16. Entry fees and other charges will taken after the approval of competent authority as applicable.

Date: (Signatures of the applicant)
Application form for Entry of H.No/ Shop No. _________________________

Mohalla __________________________________________________

Manimajra, area____________________Sq.Yds./Sq. Ft. on the basis of Intestate Death.

1. Name of the applicant: ___________________________________

2. Father’s/Husband Name           ___________________________________

3. Full Address.                       ____________________________________

4. Mobile No. / Phone No.          ____________________________________

5. E-Mail, if any                   ____________________________________

Documents: -

2. Indemnity Bond duly attested and witnessed by two persons.
4. No Due Certificate from the SDE, P.H., Sub Div. No. 8, Manimajra
5. No Due Certificate from the Property Tax Branch, M.C., Chandigarh in case of shop.
6. Site Plan duly signed by the applicant and countersigned by the Area Councillor
7. Original Intqal in case of un- acquired /exempted land.
8. Identification of applicant.
10. Original death certificate of the mother of the owner, if pre- deceased.
11. Ownership proof of the property.
12. Legal Heirs Certificate issued by the Area Lamberdar / Halqa Patwari.
13. Attested photographs of the applicant.
15. Entry fees and other charges will taken after the approval of competent authority as applicable.

Date:      (Signatures of the applicant)
Application form for Entry of H.No/ Shop No. _________________________

Mohalla __________________________________________________,
Manimajra, area_____________Sq.Yds./Sq. Ft. on the basis of Regd./Un-
Regd.WILL.

1. Name of the applicant: ___________________________________

2. Father’s/Husband Name           ___________________________________

3. Full Address.                       ____________________________________

4. Mobile No. / Phone No.          ____________________________________

5. E-Mail, if any                   ____________________________________

Documents: -

2. Indemnity Bond duly attested and witnessed by two persons.
4. No Due Certificate from the SDE, P.H., Sub Div. No. 8, Manimajra
5. No Due Certificate from the Property Tax Branch, M.C., Chandigarh in case of shop.
6. Site Plan duly signed by the applicant and countersigned by the Area Councillor
7. Original Intqal in case of un- acquired/exempted land.
8. Identification of applicant.
9. Identification of legal heirs (in case unregd. WILL)
10. Attested copy of regd/ Unregd. WILL
11. Original death certificate of the owner.
12. Original death certificate of the mother of the owner, if pre- deceased (in case of unregd.
    WILL).
13. Ownership proof of the property.
14. Legal Heirs Certificate issued by the Area Lamberdar/ Halqa Patwari.
15. Attested photographs of the applicants.
16. Attested photographs of legal heirs (in case of unregd. WILL)
17. Liability affidavit.
18. No Objection from the non-beneficiary and witness of the un-regd.will during personal
    hearing.
19. Entry fees and other charges will taken after the approval of competent authority as
    applicable.

Date:      (Signatures of the applicant)
Application form for Entry of H.No/ Shop No. _________________________

Mohalla ____________________________________________________________

Manimajra, area___________Sq.Yds./Sq. Ft. on the basis of Court Decree/Family Settlement/Partition Deed.

1. Name of the applicant: ________________________________________
2. Father’s/Husband Name                                      ______________________
3. Full Address.                                               ____________________________________
4. Mobile No. / Phone No.                                      ______________________
5. E-Mail, if any                                               ____________________________________

Documents: -

2. Indemnity Bond duly attested and witnessed by two persons.
4. No Due Certificate from the SDE, P.H., Sub Div. No. 8, Manimajra
5. No Due Certificate from the Property Tax Branch, M.C., Chandigarh in case of shop.
6. Site Plan duly signed by the applicant and countersigned by the Area Councillor
7. Original Intqal in case of un-acquired/exempted land.
8. Identification of applicant.
9. Attested copy of court decree/family settlement/partition deed.
10. Death certificate of the owner.
11. Ownership proof of the property.
12. Entry fees and other charges will taken after the approval of competent authority as applicable.

Date:   (Signatures of the applicant)
Application form for conversion of House No. ______________________
Mohalla __________________________________________________, Manimajra,
area___________Sq.Yds./Sq. Ft. into Shop.

1. Name of the applicant: ___________________________________
2. Father’s/Husband Name           ___________________________________
3. Full Address.                       ____________________________________
   ______________________________________
4. Mobile No. / Phone No.          ____________________________________
5. E-Mail, if any                   ____________________________________

Documents: -
1. Application
3. Indemnity Bond duly attested and witnessed by two persons.
5. Site Plan duly signed by the applicant and countersigned by the Area Councillor
6. Identification of applicant.
7. No Due Certificate from the SDE, P.H., Sub Div. No. 8, Manimajra
8. No Due Certificate from the Property Tax Branch, M.C., Chandigarh in case of shop.
10. Ownership proof of the property
11. Affidavit regarding conversion into shop.
12. Conversion fees and other charges will taken after the approval of competent authority as applicable

Date:      (Signatures of the applicant)
MUNICIPAL CORPORATION, CHANDIGARH.
SUB OFFICE, MANIMAJRA.

Application form for allotment of New House No./Shop No. ________________

Mohalla ____________________________, Manimajra, area ___________Sq.Yds./Sq. Ft.

1. Name of the applicant: ___________________________________
2. Father’s/Husband Name _________________________________
3. Full Address. _________________________________________

4. Mobile No. / Phone No. _________________________________
5. E-Mail, if any _________________________________________

Documents: -
2. Indemnity Bond duly attested and witnessed by two persons.
4. No Due Certificate from the SDE, P.H., Sub Div. No. 8, Manimajra
5. No Due Certificate from the Property Tax Branch, M.C., Chandigarh in case of shop.
6. Site Plan duly signed by the applicant and countersigned by the Area Councillor
7. Original Intqal in case of un-acquired /exempted land.
10. Ownership proof of the property.
11. Specimen signatures of seller /purchaser in shape of affidavit.
12. Declaration from seller/purchaser.
13. Allotment of New House/ Shop No. fees and other charges will taken after the approval
   of competent authority as applicable.

Date: ____________________________

(Signatures of the applicant)
Application form for No Objection Certificate for Water/Sewerage and Electricity Connection or No Dues Certificate or Ownership Certificate in respect of House/Shop No. ___________ Mohalla ________________________________ __________________________, Manimajra, area ____________ Sq.Yds./Sq. Ft.

1. Name of the applicant: ________________________________

2. Father's/Husband Name ________________________________

3. Full Address: ________________________________________

4. Mobile No. / Phone No. ________________________________

5. E-Mail, if any _________________________________________

Documents:

2. Indemnity Bond duly attested and witnessed by two persons.
4. No Due Certificate from the SDE, P.H., Sub Div. No. 8, Manimajra
5. No Due Certificate from the Property Tax Branch, M.C., Chandigarh in case of shop.
6. Site Plan duly signed by the applicant and countersigned by the Area Councillor
7. Original Intqal in case of un-acquired/exempted land.
8. Identification of applicant.
9. Ownership proof of the property.
10. Required fees and other charges will taken after the approval of competent authority as applicable.

Date: ________________________________ (Signatures of the applicant)
APPLICATION FOR ADDITION OF CHILD NAME IN BIRTH RECORD

Form No. MOH-01

Issue of Birth Certificate

1. Date of Birth (dd/mm/yyyy)__________________
2. Sex: Male/Female/Transgender (Tick any one)
3. Place of Birth (Complete Address__________________________________
_____________________________________________________________
4. Father’s name:_________________________________________________
5. Mother’s name:________________________________________________
6. Grand Father’s Name:___________________________________________
7. Permanent Address of Parents____________________________________
_____________________________________________________________
8. Address of parents at the time of birth of child:_______________________
_____________________________________________________________
9. Relation of Applicant with child(Father/Mother/Relative)_______________
10. Registration Number (if applicant knows):___________________________
11. Registration Date (if applicant knows):______________________________
12. Name of child:_________________________________________________

Kindly issue me _____________Copy(s) of Birth Certificate.

Signature of applicant :___________________________
Address of applicant:_____________________________

______________________________________________________
Mobile No._______________________________________________
Email Id__________________________________________

FOR OFFICE USE ONLY
Corrected Particulars with the date of correction

Child Name (if any):____________________________________________________________________
Name of Father:_______________________________________________________________________
Name of Mother:______________________________________________________________________
Sex:_____________________Address of the Parents_________________________________________
Date of Birth_____/_____/_______   (DOC:________/__________/_____________)
Place of Birth__________________   (DOC:________/__________/_____________)
APPLICATION FOR ADDITION OF CHILD NAME IN BIRTH RECORD

Form No. MOH-02

Issue of Death Certificate

1. Date of Death (dd/mm/yyyy)__________________
2. Sex: Male/Female/Transgender (Tick any one)
3. Place of Death (Complete Address__________________________________________
4. Full name of the deceased_____________________________________________________
5. Father’s/Husband’s name of the Deceased________________________________________
6. Name of Mother of the Deceased________________________________________________
7. Residential Address at the time of Death_________________________________________
8. Permanent Address at the time of Death__________________________________________
9. Place of Cremation:____________________________________________________________
10. C.R. No. if the deceased was admitted in the Hospital:___________________________
11. Relation of the applicant with deceased(Father/Mother/Relative)_________________
12. Registration Number (if applicant knows):_______________________________________
13. Registration Date (if applicant knows):___________________________________________

Kindly issue me _____________Copy(s) of Birth Certificate.

Signature of applicant: ____________________
Address of applicant:____________________________
Mobile No._______________________________________
Email Id_________________________________________

FOR OFFICE USE ONLY
Corrected Particulars with the date of correction

Name of Deceased:___________________________________________________________
Sex________________________________________
Date of Death_______/______/_______
Permanent Address at the time of Death_________________________________________
Father’s/Husband’s Name_____________________________________________________
Name of Mother’s Name_______________________________________________________
Place of Death__________________________________________________ (DOC:_______/______/__________)
## 1. BIRTH DETAILS

<table>
<thead>
<tr>
<th>Certificate Details</th>
<th>Registration No.</th>
<th>Registration Date</th>
</tr>
</thead>
</table>

### Date of Birth *

- Gender:
  - □ Male
  - □ Female
  - □ Transgender

### Child’s name *

### Place of Birth *

### Father name *

### Mother name *

### Grandfather name *

### Permanent Address *

### Add. of parents at the time of birth *

## 2. PERSONAL DETAILS OF THE APPLICANT

<table>
<thead>
<tr>
<th>Name *</th>
</tr>
</thead>
</table>

### Relationship with the born *(tick one)*

- □ Father
- □ Mother
- □ Grand-father
- □ Grand-mother
- □ Self

### Email Address

### Contact No.

### Address *

## 3. DETAILS

### Documents required *

- □ Education certificate (In case of name addition after 15 years)
- □ Name of the child cannot be changed or altered in any way in future and no request in this regard will be entertained by the Registration authority (B&D) Chandigarh as per provisions under Registration of RBD Act 1969.
- □ Any other ___________________________

## 4. SELF UNDERTAKING

I _________________________________ S/o, D/o, W/o, F/o, M/o of Sh. ________________, aged _______ years, resident of ________________, verify that the above contents and supporting documents are correct to the best of my knowledge and belief and nothing has been concealed therein. I am aware that in case the information above is found to be incorrect, I shall be liable for prosecution under section 177&191 of Indian Penal Code, which stipulates imprisonment and fine.

Date ___________________
Place ___________________
Applicant’s Signature ___________________________

### Office Use

Date of Receipt of the application (dd-mm-yyyy) ___________________

Institution / Hospital name

I have carefully verified all the documents provided by the applicant. I further verify that the applicant has signed in my presence.

Name __________________________

Signature ________________________ Seal/Stamp
APPLICATION FOR CORRECTIONS IN BIRTH RECORD

Form No. MOH-04

(Please fill the form in BLOCK LETTERS only. All fields marked * are mandatory)  Application Date (dd-mm-yyyy) ____________

1. BIRTH DETAILS

<table>
<thead>
<tr>
<th>Certificate Details</th>
<th>Registration No.</th>
<th>Registration Date</th>
</tr>
</thead>
</table>

**Date of Birth** (mm-dd-yyyy) ____________

<table>
<thead>
<tr>
<th>Sex*</th>
<th>Male ☐ Female ☐ Transgender ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child’s name*</th>
<th>Place of Birth*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s Name*</th>
<th>Mother’s Name*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Grandfather’s name*</th>
<th>Permanent Address*</th>
</tr>
</thead>
</table>

Address of parents at the time of birth*

2. PERSONAL DETAILS OF THE APPLICANT

<table>
<thead>
<tr>
<th>Name*</th>
<th>Relationship with the born*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(tick one)</th>
<th>Father ☐ Mother ☐ Grand-father ☐ Grand-mother ☐ Self</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Contact No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address*</th>
</tr>
</thead>
</table>

3. DETAILS OF THE CORRECTION REQUIRED

<table>
<thead>
<tr>
<th>Check the relevant Box*</th>
<th>Type of Correction*</th>
<th>Documents required*</th>
<th>Existing*</th>
<th>Required Correction*</th>
</tr>
</thead>
</table>

| ☐ | Father/Mother name correction | ☐ Education certificates of parents |
|   |                                  | ☐ Marriage certificate |
|   |                                  | ☐ Passport |
|   |                                  | ☐ Pan card |
|   |                                  | ☐ Driving License |

| ☐ | Addition of ‘alias’ | ☐ Education certificates of parents |
|   |                     | ☐ Joint Proof of parents |
|   |                     | ☐ Marriage certificate |
|   |                     | ☐ Passport |
|   |                     | ☐ Pan card |
|   |                     | ☐ Driving License |

| ☐ | Minor spelling correction in the name of the child/addition of “alias” in child Name | ☐ Educational proof |
|   |                                                                                       | ☐ Any other ________________ |

| ☐ | Sex of the child/Date of Birth(in case of Hospital) | ☐ Hospital Report |
|   |                                                     | ☐ School certificate (in case of non-institutional birth) |
|   |                                                     | ☐ Any other ________________ |

| ☐ | Permanent Address Correction | ☐ Father’s Voter card/Bank Pass Book/Passport (before child’s Birth) |
|   |                                | ☐ Any other ________________ |

4. SELF UNDERTAKING

I ______________________________________________________ S/o, D/o, W/o, F/o, M/o of Sh. __________________________________________ aged ____ years, resident of __________________________________________________ verify that the above contents and supporting documents are correct to the best of my knowledge and belief and nothing has been concealed therein. I am aware that in case the information above is found to be incorrect, I shall be liable for prosecution under section 177 & 191 of Indian Penal Code, which stipulates imprisonment and fine.
### Office Use

<table>
<thead>
<tr>
<th>Date of Receipt of the application (dd-mm-yyyy)</th>
<th>Institution / Hospital name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have carefully verified all the documents provided by the applicant. I further verify that the applicant has signed in my presence.

Name ________________________________

Signature ___________________________  Seal/Stamp
**APPLICATION FORM FOR CORRECTION IN DEATH RECORD**

Form No. MOH-05

(Please fill the form in **BLOCK LETTERS** only. All fields marked * are mandatory)  
Application Date (dd-mm-yyyy) ______________________

### 1. DETAILS OF THE DECEASED

<table>
<thead>
<tr>
<th>Certificate Details</th>
<th>Registration No.</th>
<th>Registration Date</th>
</tr>
</thead>
</table>

**Date of Death**

**Sex**

- □ Male  
- □ Female  
- □ Transgender

**Deceased’s name**

**Place of Death**

**Deceased Husband/Wife name**

**Father name**

**Mother Name**

**Permanent Address**

**Address of parents at the time of Death**

### 2. PERSONAL DETAILS OF THE APPLICANT

<table>
<thead>
<tr>
<th>Name *</th>
</tr>
</thead>
</table>

**Relationship with the deceased** *(tick one)*

- □ Father  
- □ Mother  
- □ Son  
- □ Wife  
- □ Sister  
- □ Daughter  
- □ Brother

**Email Id**

**Contact No.**

**Address**

### 3. DETAILS OF THE CORRECTION REQUIRED

<table>
<thead>
<tr>
<th>Check the relevant Box *</th>
<th>Type of Correction *</th>
<th>Documents required *</th>
<th>Existing *</th>
<th>Required Correction *</th>
</tr>
</thead>
</table>
|                          | Deceased’s name      | □ Educational Certificate of Deceased  
|                          |                      | □ Voter card of deceased  
|                          |                      | □ Pan card of deceased  
|                          |                      | □ Driving License of deceased  
|                          |                      | □ Passport of deceased  
|                          |                      | □ LIC policy of deceased  
|                          |                      | □ Bank passbook of deceased  
|                          |                      | □ Any other ____________________  |

|                          | Father/Husband name | □ Bank Pass book of deceased  
|                          |                      | □ Pan card of deceased  
|                          |                      | □ Driving License of deceased  
<p>|                          |                      | □ LIC of deceased  |</p>
<table>
<thead>
<tr>
<th><strong>Property paper of deceased</strong></th>
<th>□ Any other __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Addition of ‘alias’</strong></td>
<td>□ Proof of deceased name</td>
</tr>
<tr>
<td></td>
<td>□ Bank passbook of deceased</td>
</tr>
<tr>
<td></td>
<td>□ Pan card of deceased</td>
</tr>
<tr>
<td></td>
<td>□ Driving License of deceased</td>
</tr>
<tr>
<td></td>
<td>□ Undertaking from two credible</td>
</tr>
<tr>
<td></td>
<td>persons with id-proofs</td>
</tr>
<tr>
<td></td>
<td>□ Hospital Report</td>
</tr>
<tr>
<td></td>
<td>□ Any other __________________________</td>
</tr>
<tr>
<td><strong>Sex of the deceased</strong></td>
<td>□ Hospital Report</td>
</tr>
<tr>
<td></td>
<td>□ Cremation ground report</td>
</tr>
<tr>
<td></td>
<td>□ Any other __________________________</td>
</tr>
<tr>
<td><strong>Place of death correction</strong></td>
<td>□ Hospital Report</td>
</tr>
<tr>
<td></td>
<td>□ Copy of post-mortem</td>
</tr>
<tr>
<td></td>
<td>□ Copy of FIR/DDR</td>
</tr>
<tr>
<td></td>
<td>□ Cremation certificate</td>
</tr>
<tr>
<td><strong>Wife name</strong></td>
<td>□ Marriage certificate</td>
</tr>
<tr>
<td></td>
<td>□ Joint Bank account passbook</td>
</tr>
<tr>
<td></td>
<td>□ Any other __________________________</td>
</tr>
<tr>
<td><strong>Addition of deceased’s mother Name</strong></td>
<td>□ Any proof_________________________</td>
</tr>
<tr>
<td><strong>Permanent Address Correction of deceased</strong></td>
<td>□ Residence proof of deceased</td>
</tr>
<tr>
<td></td>
<td>□ LIC, Bank Pass Book, Adhar card</td>
</tr>
</tbody>
</table>

**4. SELF UNDERTAKING**

I____________________________________________S/o, D/o, W/o, F/o, M/o of Sh. ________________________________ aged ____years, resident of _____________________________________________________ verify that the above contents and supporting documents are correct to the best of my knowledge and belief and nothing has been concealed therein. I am aware that in case the information above is found to be incorrect, I shall be liable for prosecution under section 177&191 of Indian Penal Code, which stipulates imprisonment and fine.

Date___________________
Place___________________ Applicant’s Signature____________________________

-----------------------------------------------------------------------------------------------------------------------------------------------------------

**Office Use**

**Date of Receipt of the application (dd-mm-yyyy)**

**Institution / Hospital name**

I have carefully verified all the documents provided by the applicant. I further verify that the applicant has signed in my presence.

Name ______________________________

Signature ____________________________ Seal/Stamp
**APPLICATION FORM FOR ISSUANCE OF NON AVAILIBILITY CERTIFICATE**

(Please fill the form in **BLOCK LETTERS** only. All fields marked * are mandatory)  

**Application Date ________________**

### 1. BIRTH DETAILS

<table>
<thead>
<tr>
<th><strong>Date of Birth</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>□ Male □ Female □ Transgender</td>
</tr>
<tr>
<td><strong>Child name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Place of Birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Father’s name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mother’s name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Permanent Address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address of parent at the time of birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Order of Birth of this child</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 2. PERSONAL DETAILS OF THE APPLICANT

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship with the child</strong> (tick one)</td>
<td>□ Father □ Mother □ Grandfather □ Grandmother</td>
</tr>
<tr>
<td><strong>Email Id</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Contact No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 3. DOCUMENTS REQUIRED

| **Document required**  | Proof of Residence of parents at the time of Birth of child |

### 4. SELF UNDERTAKING

I ____________________________________________ S/o, D/o, W/o, F/o, M/o of Sh. ________________________________ aged ____ years, resident of _______________________________ verify that the above contents and supporting documents are correct to the best of my knowledge and belief and nothing has been concealed therein. I am aware that in case the information above is found to be incorrect, I shall be liable for prosecution under section 177&191 of Indian Penal Code, which stipulates imprisonment and fine.

Date________________________________  
Place_____________________________  
Applicant’s Signature____________________________

---

**Office Use**

<table>
<thead>
<tr>
<th><strong>Date of Receipt of the application (dd-mm-yyyy)</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institution / Hospital name</strong></td>
<td></td>
</tr>
</tbody>
</table>

I have carefully verified all the documents provided by the applicant. I further verify that the applicant has signed in my presence.

Name ________________________________

Signature ________________________________  
Seal/Stamp
# APPLICATION FORM FOR ISSUANCE OF CREMATION CERTIFICATE

Form No. MOH-07

(Please fill the form in BLOCK LETTERS only. All fields marked * are mandatory)  
Application Date ________________

## 1. DEATH DETAILS

<table>
<thead>
<tr>
<th>Date of Death*</th>
<th>Male □</th>
<th>Female □</th>
<th>Transgender □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased’s name*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Death*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deceased Husband/Wife name*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father name*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Cremation*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Cremation*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 2. PERSONAL DETAILS OF THE APPLICANT

<table>
<thead>
<tr>
<th>Name*</th>
<th>Relationship with the deceased <em>(tick one)</em> □Father □ Mother □ Son □ Wife □ Sister □ Daughter □ Brother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Id</td>
<td>Contact No.</td>
</tr>
</tbody>
</table>

## 3. SELF UNDERTAKING

I ______________________________________________________S/o, D/o, W/o, F/o, M/o of Sh. ________________________________________________

aged ____years, resident of __________________________________________________verify that the above contents are correct to the best of my knowledge and nothing has been concealed therein. I am aware that in case the information above is found to be incorrect, I shall be liable for prosecution under section 177&191 of Indian Penal Code, which stipulates imprisonment and fine.

Date___________________  
Place___________________  
Applicant’s Signature____________________________

-----------------------------------------------------------------------------------------------------------------------------------------------------------

**Office Use**

Date of Receipt of the application (dd-mm-yyyy)  
Institution / Hospital name

I have carefully verified all the documents provided by the applicant. I further verify that the applicant has signed in my presence.

Name _____________________________________  
Signature ________________________________  
Seal/Stamp
Form No. MOH-8
Registration of Pet Dog

1. Name : ____________________
2. Home Address : ____________________
3. Contact No. : ____________________
4. E-Mail ID : ____________________
5. Name of Pet Dog : ____________________
6. Sex Male/Female : ____________________
7. Breed of the Dog : ____________________
8. Colour and Identification Mark : ____________________
9. Age : ____________________
10. Immunization Record : ____________________
11. Name and address of the Veterinary Doctor : ____________________
12. Doctor : ____________________
13. Veterinary Council Registration No. : ____________________
14. Anti Rabies Vaccination done on : ____________________
15. Signature of the Veterinary Doctor : ____________________
16. Fee to be deposited Rs.200/-.

Dated: ____________ Signature of the Applicant

For Office use only

Receipt No. ____________
Date: ____________
Badge Number allotted to per Dog: ____________

Signature of Issuing Officer
Form No. MOH-09

No Objection Certificate (NOC) for obtaining license to sell Meat, Fish and Poultry.

1. Applicant’s Name: ____________________________
2. Father/Husband’s Name: _______________________
3. Address & Contact No:__________________________
4. Site Address:_________________________________
   ____________________________________________
   ____________________________________________

5. **NOC Sought for (Tick mark)**
   I. Jhatka meat (sheep/goat), poultry.
   II. Halal meat (sheep/goat), poultry.
   III. Pig.
   IV. Fish.
   V. Packed/frozen meat(Sheep/goat/pig), fish and poultry.

6. **Documents Required:**
   Possession letter or rent agreement. (Attached (Yes/No))

   Applicant’s Signature.
MUNICIPAL CORPORATION, CHANDIGARH
PUBLIC HEALTH BRANCH
APPLICATION FORM PH-01
FOR RELEASE OF WATER CONNECTION FROM DISTRIBUTION MAINS OF
THE MUNICIPAL CORPORATION, CHANDIGARH (TO BE APPLIED IN THE
OFFICE OF CONCERNED S.D.E AS MENTIONED AT PAGE NO. 6)

To be filled by the office.

New/ Old A/C

Signature of the Supdt.

1. TYPE OF CONNECTION REQUIRED: (tick whichever is applicable)

Category
I. Temporary connection for Private construction (  )
II. Temporary connection to contractors for construction of Govt. Buildings and other major Buildings. (  )
III. Temporary connection for short period Misc. purpose (like Fair, Circus or any other activity) (  )
IV. Regular connection for Private Houses (  )
V. Regular connection for Govt. Houses (  )
VI. Regular connection for Commercial/ Industrial (  )
VII. Regular connection for C.H.B Dwelling Units/ Flats (  )
VIII. Regular connection for Housing Society/ Flats (  )
IX. Regular connection for Institutional Sites (  )
X. Regular connection for Houses located in M.C Villages (  )
XI. Tertiary treated water connection (  )
XII. Any other temporary connection (Not confirming to Bye Laws). (  )
XIII. Connection for irrigation purpose for development of Parks, Round Abouts & Road Berms on Contract, Taxi Stands(  ).

Size of Ferrule connection: 15mm, 20mm, 25mm, 32mm, 40mm, More than 40mm, T- connection

NOTE: *Please submit and indicate the attached documents as required for the applied category as per point no. 3.
*All material required to be provided by the consumer. Only fitter labour will be provided by the dept. from Ferrule upto fixing of water meter.

APPLIED BY

Name ……………………………………………..
Address …………………………………………..

I / We the undersigned hereby make application for sanctioning a water connection to the premises and for the purpose described below and agree(s) to pay such charges as applicable.

I / We undertake to abide by the bye-laws and regulations as amended from time to time.

I / We agree that the Commissioner shall with or without notice have powers to close the connection at any time and can have access to my/our house, if necessary for any reason what so ever.

Shri __________________________ licensed plumber has been engaged by me to carry out the plumbing work. (In case of regular connection)

Signature of President/ Secretary/ Administrator of Co-operative Society/ S.D.E of CHB (In case of housing Societies/ CHB Flats)
Signature of applicant (Owner or GPA Holder or authorized agent of the Premises)
2. DESCRIPTION OF PREMISES: -

House No. / Site _______________________________ is situated in ____________________.

REQUIREMENTS FOR CONNECTION: -

Size of service pipe i.e. from ferrule to water meter _____.
No. of taps installed in the premises ________.
No. of W.C’s) ________.

I / We hereby undertake to give the Commissioner due notice of any additions or alterations of the above mentioned supply which I / we may desire to make.

Signature of applicant
(As above)

I ___________________________________________________________ (Licensed plumber) has carried out the plumbing works of the above mentioned premises of the applicant.(in case of regular connection)

Signature of plumber
(With License Number & Seal)

FOR OFFICE USE ONLY: -

Type of connection: ________________________________.
Size of connection: ________________________________.
No. of W.C’s : ________________________________.

Certified that the service fittings have been completed in the premises by the consumer.

Whether the required documents have been checked and attached as per Checklist Yes/ No

Detail of charges to be deposited by the applicant :-

Payment received vide :-

Sanctioned / Recommended Sanctioned / Recommended Sent to EE MCPH - 2
(Ferrule size …..) (Ferrule size…..) Vide Memo No.

Vide Memo No. Date:

Junior Engineer Sub Divisional Engineer
MCPH Sub Div No___

Receipt in Division Sanctioned / Recommended Sent to SE MCPH Sanctioned
(Ferrule size….) (Ferrule size…..) Vide Memo No. (Ferrule size…..)

Vide Memo No. Date:

Executive Engineer Supdt. Engineer
MCPH Div No. 2 MCPH Circle
**List of Documents**

<table>
<thead>
<tr>
<th>CATEGORY 1- TEMPORARY CONNECTION FOR PRIVATE CONSTRUCTION:</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Application on Prescribed Form duly filled in triplicate.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>II. Copy of allotment letter (Self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>III. Copy of Registered GPA (In case of GPA Holder)</td>
<td>Yes/No/N.A</td>
</tr>
<tr>
<td>IV. Copy of Possession letter (Self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>V. Copy of Demarcation Certificate issued by SDE- Survey/ R-2 (Self attested).</td>
<td>Yes/No</td>
</tr>
<tr>
<td>VI. Plinth level certificate issued by EE, M.C.P.H. Division No. 2, Chandigarh.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>VII. Feasibility/availability of water (To be reported by EE, M.C.P.H 3)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>VIII. Receipt of Payment of Road Cut restoration charges, if involved.</td>
<td>Yes/No/N.A</td>
</tr>
<tr>
<td>IX. Copy of sanctioned building plan showing covered area (Self attested).</td>
<td>Yes/No</td>
</tr>
<tr>
<td>X. Copy of sanctioned building plan letter (Self attested).</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY 2 - TEMPORARY CONNECTION TO CONTRACTORS FOR CONSTRUCTION OF GOVT. BUILDING &amp; OTHER MAJOR BUILDINGS.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Application on Prescribed Form duly filled in triplicate (recommended through the Dept. allotting/ executing the work).</td>
<td>Yes/No</td>
</tr>
<tr>
<td>II. Copy of allotment letter (Self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>III. Feasibility/availability of water (To be reported by EE, M.C.P.H 3)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>IV. Receipt of Payment of Road Cut restoration charges, if involved.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>V. Certificate from the concerned department regarding deduction of water charges as per Bye Laws and depositing the same to the M.C Chandigarh.</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY 3- TEMPORARY WATER CONNECTION FOR SHORT PERIOD FOR MISC. PURPOSE (LIKE FAIR, CIRCUS OR ANY OTHER ACTIVITY)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Application on Prescribed Form duly filled in triplicate.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>II. Copy of permission of use of area &amp; purpose (self attested).</td>
<td>Yes/No</td>
</tr>
<tr>
<td>III. Plumbing work is to be done by the consumer.</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY 4- REGULAR CONNECTION FOR PRIVATE HOUSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Application on Prescribed Form duly filled in triplicate.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>II. Copy for proof of ownership (Self attested).</td>
<td>Yes/No</td>
</tr>
<tr>
<td>III. Copy of Registered GPA (In case of GPA Holder)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>IV. Copy of Occupation Certificate from Estate Office (Self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>V. Receipt of Sewerage Charges (Deposit in the office of EE, M.C.P.H.- 4, in case of Chandigarh/ office of the SDE, MCPH-8, Chandigarh in case of Manimajra).</td>
<td>Yes/No</td>
</tr>
<tr>
<td>VI. NOC regarding final payment against temporary water connection from SDE-In charge.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>VIII. Certificate from licensed plumber regarding separate plumbing for each floor in case of separate floor connection.</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
### CATEGORY 5- REGULAR CONNECTION FOR GOVERNMENT HOUSES

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>I.</strong></td>
<td>Application on Prescribed Form duly filled in triplicate by the allottee.</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>II.</strong></td>
<td>Copy of allotment letter of House (self attested).</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>III.</strong></td>
<td>Copy of Possession letter of House (self attested)</td>
<td>Yes/No</td>
</tr>
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</table>

### CATEGORY 6- REGULAR CONNECTION FOR COMMERCIAL/INDUSTRIAL

<p>| | | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td><strong>I.</strong></td>
<td>Application Form duly filled in triplicate (on prescribed form).</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>II.</strong></td>
<td>Copy of ownership proof (Self attested).</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>III.</strong></td>
<td>Copy of Occupation Certificate from Estate Office (Self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>IV.</strong></td>
<td>Receipt of Sewerage Charges (Deposit in the office of EE, M.C.P.H.-4, in case of Chandigarh/ office of the SDE, MCPH-8, Chandigarh in case of Manimajra). In case, there is no toilet in the premises and the waste water is collected in some container &amp; disposed off; an undertaking by the consumer that it shall not create in-sanitary conditions while disposing off its waste water.</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>V.</strong></td>
<td>NOC regarding final payment against temporary water connection from SDE-In charge.</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

### CATEGORY 7- REGULAR CONNECTION FOR C.H.B. DWELLING UNITS

<p>| | | |</p>
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<tbody>
<tr>
<td><strong>I.</strong></td>
<td>Application on Prescribed Form duly filled in triplicate. (Signed &amp; Stamped by SDE, C.H.B.).</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>II.</strong></td>
<td>Copy of allotment letter (self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>III.</strong></td>
<td>Copy of Possession letter (self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>IV.</strong></td>
<td>Copy of Attorney in case of GPA (Attested by Notary Public/ Magistrate)</td>
<td>Yes/No</td>
</tr>
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</table>

### CATEGORY 8- REGULAR CONNECTION FOR HOUSING SOCIETY/FLATS

<p>| | | |</p>
<table>
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<tbody>
<tr>
<td><strong>I.</strong></td>
<td>Application on Prescribed Form duly filled in triplicate (signed &amp; stamped by the President/ Secretary/Administrator of Society).</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>II.</strong></td>
<td>Copy of allotment letter (self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>III.</strong></td>
<td>Copy of Possession letter (self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>IV.</strong></td>
<td>Copy of Occupation/Completion Certificate from the Estate Office (Self attested)</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>V.</strong></td>
<td>No Due Certificate regarding Water Charges during construction.</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>VI.</strong></td>
<td>Receipt of Sewerage Charges (issued by EE, M.C.P.H.-4, Chd).</td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>VII.</strong></td>
<td>Certificate from licensed Plumber on application form.</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
### CATEGORY 9- REGULAR CONNECTION FOR INSTITUTIONAL SITES

| I. | Application on Prescribed Form duly filled in triplicate by the HOD/PRESIDENT or any person authorized on his behalf. | Yes/No |
| II. | Copy of allotment letter of Premises (self attested). | Yes/No |
| III. | Copy of Possession letter of Premises (self attested) | Yes/No |
| IV. | Receipt of payment of road cut restoration charges, if involved. | Yes/No |
| V. | Copy of Occupation/ Completion Certificate from the Estate Office (Self attested) | Yes/No |
| VI. | No Due Certificate regarding Water Charges during construction. | Yes/No |
| VII. | Receipt of Sewerage Charges (issued by XEN, M.C.P.H.-4, Chd). | Yes/No |

### CATEGORY 10- REGULAR CONNECTION FOR HOUSES LOCATED IN VILLAGES

| I. | Application on Prescribed Form duly filled in triplicate. | Yes/No |
| II. | Copy for proof of ownership (Self attested). | Yes/No |
| III. | Verification report by Patwari & Tehsildar or N.O.C. issued by M.C. Chandigarh. | Yes/No |
| IV. | Receipt of Payment of Road Cut restoration charges, if involved. | Yes/No |
| V. | Building plan duly approved by competent authority, if newly constructed. | Yes/No |
| VI. | Certificate from licensed Plumber on Application Form. | Yes/No |
| VII. | Power of Attorney in case of GPA (Attested by Notary Public/ Magistrate). | Yes/No |
| VIII. | Receipt of Sewerage Charges (Deposit in the office of EE, M.C.P.H.-4, in case of Chandigarh/ office of the SDE, MCPH-8/4, Chandigarh in case of Manimajra & Mauli Jagran Colony) | Yes/No |

### CATEGORY 11- TERTIARY TREATED WATER CONNECTION.

| I. | Application on Prescribed Form duly filled in triplicate. | Yes/No |
| II. | Copy for proof of ownership (Self attested). | Yes/No |
| III. | Copy of current water charges paid bill. | Yes/No |
| IV. | Detail of area to be irrigated. | Yes/No |
| V. | Feasibility/availability of TT water from EE M.C.P.H Div No. 3 | Yes/No |
| VI. | Receipt of Payment of Road Cut restoration charges, if involved. | Yes/No |

### CATEGORY 12- ANY OTHER TEMPORARY CONNECTION (NOT CONFIRMING TO BYE LAWS).

| I. | Application on Prescribed Form duly filled in triplicate. | Yes/No |
| II. | Copy of permission of use of area & purpose / allotment of House/ premises no. (Self attested). | Yes/No |
| III. | Plumbing work is to be done by the consumer. | Yes/No |
| IV. | Undertaking by the consumer that the premises are not located on the Govt. encroached land/ outside Lal Dora/ Extended abadi. | Yes/No |
CATEGORY 13 - CONNECTION FOR IRRIGATION PURPOSE FOR DEVELOPMENT OF PARKS, ROUND ABOUTS & ROAD BERMS ON CONTRACT, TAXI STANDS.

I. Application on Prescribed Form duly filled in triplicate.
II. Copy of allotment letter (Self attested)
III. Copy of approved drawing (Self attested), if required.
IV. Copy of M.O.U. (Self attested).
V. Feasibility/availability of water from EE M.C.P.H Div No. 3
VI. Receipt of Payment of Road Cut restoration charges, if involved.

Yes/No
Yes/No
Yes/No
Yes/No
Yes/No
Yes/No

DETAIL OF AREA UNDER VARIOUS SUB DIVISIONS

<table>
<thead>
<tr>
<th>Office</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.D.E., M.C. P.H. Sub-Division No. 4 Sec 18-C, Near Lions Club, Chd,</td>
<td>Sec. 17 to 22, 26, to 30, Indl. Area Ph-I, Mauli Jagran Colony, Vikas Nagar, Bapu Dham Colony, Transport Area, Grain Market, Timber Market, Police Lines Sector 26</td>
</tr>
<tr>
<td>S.D.E., M.C. P.H. Sub-Division No.5 , Sec.32, Water Works Chd,</td>
<td>Sec.31 to 34, 44, to 51 Indl Area Ph-II, Hallo Majra, Ram Darbar Phase-I &amp; II, Village Burail.</td>
</tr>
<tr>
<td>S.D.E., M.C. P.H. Sub-Division No.6 Water Works,Sector 37-A, Chd,</td>
<td>Sec-35 to 43, 52 to 56,61, Maloya Colony, Dadu Majra Colony, Palsora Colony, Villages Attawa, Badheri, Kajheri, Palsora, Maloya, Dadu Majra &amp; Butrela.</td>
</tr>
<tr>
<td>S.D.E., M.C. P.H. Sub Division No.17, O/o Additional Deluxe Building, Near Police Head Qtr. Sec. 9 Chandigarh</td>
<td>Sector 1 to 12, 14 to 16, 23 to 25 , Dhanas Colonies, Khudda Lahora Colony</td>
</tr>
<tr>
<td>S.D.E., M.C. P.H. Sub Division No.8, O/o Assistant Commissioner-II, Oppo Fun Republic, Manimajra.</td>
<td>Manimajra, Indira Colony, Modern Housing Complex Manimajra, Shivalik Enclave.</td>
</tr>
</tbody>
</table>

EXECUTIVE ENGINEER
MCPH DIV NO. 2
SECTOR 11-B (NEAR KARUNA SADAN)
CHANDIGARH- 160011
APPLICATION FORM PH-02
For Change of Water Tariff from Commercial to Domestic.
(To be submitted in the office of concerned SDE as mentioned overleaf)

1. Name of the applicant
2. Address
3. Contact Number
4. Email (if any).
5. Reasons for change of Commercial Tariff: ____________________________________
   ______________________________________________________________________

6. Documents required
   I. Copy of Water Bill Attached Yes/No
   II. Copy of Sanctioned Building plan Yes/No/Not Required

7. Present status of commercial/ construction activity in the premises
   No commercial/construction activity

8. Total area Constructed (In case of Construction) ………………………..
   OR

9. Total Amount spent (Approx.) on Renovation work ………………………..

10. Brief description of Renovation work: ________________________________________

11. I hereby undertake to deposit the requisite charges over and above the domestic consumption charges as calculated by the Dept. (In case of Construction/Renovation) OR the rate may be changed from Commercial to Domestic (in other cases) after verifying at site w.e.f date of submission of this Self Declaration by me.

12. I hereby certify that the above mentioned details are true to the best of my knowledge and belief.

Date of Submission:  
Signature of Applicant

For Office Use
Name of Sub Division:  
Name of JE:  
Name of Meter Reader:  
When the Commercial rate was levied:  
Reason why Commercial rate was levied:  

Report by the JE/ Meter Reader after checking:
A) The Site has been got checked and found that there is no commercial/construction/shop/ running at present. It is recommended that the tariff may be changed from commercial to domestic w.e.f or charge Rs over and above the domestic consumption charges.

OR
B) The site has been got checked and the commercial/ construction/shop/ is still running there. It is recommended that the tariff may not to be changed from commercial to domestic.

Detail of Charges/Assessment (Constraction):

Signature of JE/Meter Reader
Recommended as A / B

Signature of SDE
<table>
<thead>
<tr>
<th>Office</th>
<th>Area</th>
</tr>
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<tr>
<td>S.D.E., M.C. P.H. Sub-Division No. 4&lt;br&gt; Sec 18-C, Near Lions Club, Chd,</td>
<td>Sec. 17 to 22, 26, to 30, Indl. Area Ph-I, Mauli Jagran Colony, Vikas Nagar, Bapu Dham Colony. Transport Area, Grain Market, Timber Market, Police Lines Sector 26</td>
</tr>
<tr>
<td>S.D.E., M.C. P.H. Sub-Division No.5 ,&lt;br&gt; Sec.32, Water Works Chd,</td>
<td>Sec.31 to 34, 44, to 51 Indl Area Ph-II, Hallo Majra, Ram Darbar Phase-I &amp; II, Village Burail.</td>
</tr>
<tr>
<td>S.D.E., M.C. P.H. Sub-Division No.6&lt;br&gt; Water Works, Sector 37-A, Chd,</td>
<td>Sec-35 to 43, 52 to 56,61, Maloya Colony, Dadu Majra Colony, Palasa Colony, Villages Attawa, Badheri, Kajheri, Palasa, Maloya, Dadu Majra &amp; Butrela.</td>
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<td>Sector 1 to 12, 14 to 16, 23 to 25 , Dhanas Colonies, Khudda Lahora Colony</td>
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<td>Manimajra, Indira Colony, Modern Housing Complex Manimajra, Shivalik Enclave.</td>
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EXECUTIVE ENGINEER<br>MCBH DIV NO. 2<br>SECTOR 11-B (NEAR KARUNA SADAN)<br>CHANDIGARH- 160011
1. Name of the Applicant (Owner/GPA Holder Only).

2. Address

3. Contact Number

4. Email (If any)

5. Type of Disconnection required  Temporary / Permanent

6. Reason for Disconnection: …………………………………………………………………………..

7. Documents required  Attached
   I. Copy of Water Bill  Yes/No
   II. Proof of Ownership  Yes/No/Not Required
   III. Copy of GPA  Yes/No/Not Required

8. I hereby certify that I am having no litigation in any court/ Dispute with the present occupants in the above premises.

Date of Submission:__________________________ Signature of Owner/GPA Holder ______________________

For Office Use

Name of Sub Division: .................................

Name of JE: .................................

Name of Meter Reader: .................................

Name of Fitter: .................................

Whether meter removed or not: .................................

Date of removal of meter: .................................

No. and make of meter removed: .................................

Final meter reading: .................................

Detail of Charges to be paid by the consumer:

Payment received vide: ______________________

Signature of JE ______________________  Signature of SDE ______________________
# DETAIL OF AREA UNDER VARIOUS SUB DIVISIONS

<table>
<thead>
<tr>
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<th>Area</th>
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<td>Sector 1 to 12, 14 to 16, 23 to 25, Dhanas Colonies, Khudda Lahora Colony</td>
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EXECUTIVE ENGINEER
MCPH DIV NO. 2
SECTOR 11-B (NEAR KARUNA SADAN)
CHANDIGARH- 160011
APPLICATION FORM PH-04
For Change of Name for Water Connection.
(To be submitted in the office of concerned SDE as mentioned overleaf)

1. Name of the applicant
2. Address
3. Contact Number
4. Email (If any)

5. Name in which the connection was sanctioned:
6. Account no. of the water bill:
7. Name in which the connection is to be transferred:

8. Documents required                                      Attached
   I. Copy of Water Bill                                      Yes / No
   II. Copy of Transfer Letter from the Estate Office/……… Yes / No
   III. Copy of GPA                                          Yes / No / Not Required

Date of Submission:  Signature of Owner/GPA Holder

For Office Use
Name of Sub Division:  …………………..
Name of JE:  …………………..
Whether transfer letter in order:  Yes / No
Whether upto date water bill paid:  Yes / No
Detail of Transfer Fee as per Bye Laws:  Rs. …………………..

Payment received vide:

Signature of JE  Signature of SDE

Detail of advice sent to NIELIT’s for change of Name:
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EXECUTIVE ENGINEER  
MCPH DIV NO. 2  
SECTOR 11-B (NEAR KARUNA SADAN)  
CHANDIGARH- 160011
1. Name of the applicant (Owner/GPA Holder)
2. Address
3. Contact Number
4. Email (if any).
5. Site where T/Well is to be Installed: _________________________________________
   _______________________________________________________________________
6. Size Of Bore (Dia of Housing Pipe): _________________________________________
7. Depth upto which T/Well is to be Drilled: ____________________________________
8. Detail of existing water connection (if any)
   I. Name
   II. A/c No.
   III. Size of Connection
9. Reason/Detailed justification for the requirement of T/Well Bore:____________________
   _______________________________________________________________________
10. Ultimate use of the T/Well Water:______________________________________________
    _______________________________________________________________________
11. Documents required                  Attached
    I. Copy of Water Bill    Yes / No
    II. Proof of ownership of site  Yes / No
    III. Copy of GPA/Authorization  Yes / No / Not Required
    IV. Location Plan of proposed T/Well site  Yes / No
12. The requisite affidavit shall also be submitted as and when required by the office.
13. I hereby undertake to pay the necessary monthly charges for the T/Well as per existing Bye
    Laws.

Date of Submission:  Signature of Owner/GPA Holder/
Authorized representative

For Office Use

Name of Sub Division:  …………………
Name of JE:           …………………

Recommendation/ Comments by the JE wrt. justification given by the applicant for requirement of
T/Well, Size of T/Well, Depth of T/Well: ………………………………………………………………………
…………………………………………………………………………………………………………………………
Whether all the documents and affidavit submitted by the applicant Yes / No

Recommendation/ Comments by the SDE : …………………………………………………
…………………………………………………………………………………………………………………………

Signature of JE  Signature of SDE
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EXECUTIVE ENGINEER  
MCPh DIV NO. 2  
SECTOR 11-B (NEAR KARUNA SADAN)  
CHANDIGARH- 160011
MUNICIPAL CORPORATION, CHANDIGARH
PUBLIC HEALTH BRANCH

APPLICATION FORM PH-06
FOR GRANT OF NEW/OLD SEWERAGE CONNECTION

1. Name of Applicant : 
2. Temporary Address : 
3. Permanent Address : 
4. Contact Number : 
5. Email (if any) : 
6. Location of Plot/House/SCO/Booth : 
7. Size of Plot/House/SCO/Booth : 
8. Description of the premises
   Commercial/Domestic
   Commercial / Domestic
9. Sub Divisional Officer, Building Branch
   U.T/M.C, Chd Sanction No. : 
10. Size of the sewerage connection : 
11. Total number of water closets : 

12. Documents Required 
    Attached
    a. Copy of Possession Letter Y/N/NA
    b. Copy of Power Attorney Y/N/NA
    c. Copy of Authority Letter Y/N/NA
    d. Plumber License Y/N
    e. Copy of the approved plan Y/N
    f. Copy of the grant of sewerage connection
       Sanction Letter of SDO Building U.T/M.C
       Chandigarh Y/N
    g. Receipt of payment of Road Cut Attached Y/N

(Signature of Applicant)

For Office Use
Endst. No Dated:
Forwarded in original to the SDE MCPH Sub Div No. ..........., Chandigarh for further necessary action.

EE MCPH-4
Name of JE:
Report of JE:

Whether documents attached as per checklist  Yes / No
Whether Road cut involved     Yes / No
Road Cut Restoration charges:

Sewer Connection Charges:

Payment received vide:

Whether connection done at site under MC Official supervision    Yes / No

Signature of JE                                    Signature of SDE
# APPLICATION FORM FOR OBTAINING CLEARANCE CERTIFICATE OF PROPERTY/HOUSE TAX DUES

(Please fill the form in BLOCK LETTERS only. All fields marked * are mandatory)

Application Date (dd-mm-yyyy) ___________________

## 1. DETAILS OF THE APPLICANT

<table>
<thead>
<tr>
<th>Name of the applicant *</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Address of the applicant *</td>
<td></td>
</tr>
<tr>
<td>Contact/Mobile number *</td>
<td></td>
</tr>
<tr>
<td>Email id</td>
<td></td>
</tr>
<tr>
<td>Address of the Property for which No dues certificate is required*</td>
<td></td>
</tr>
<tr>
<td>Clearance Certificate required upto the financial year ending</td>
<td></td>
</tr>
</tbody>
</table>

## 2. SELF UNDERTAKING

I ______________________________________ S/o, D/o, W/o, F/o, M/o of Sh. ______________________________ aged ____ years, resident of _____________________________________________________ verify that the above contents and supporting documents are correct to the best of my knowledge and belief and nothing has been concealed therein. I am aware that in case the information above is found to be incorrect, I shall be liable for prosecution under section 177&191 of Indian Penal Code, which stipulates imprisonment and fine.

Date___________________  
Place___________________  
Applicant’s Signature____________________________

## 3. DOCUMENTS REQUIRED

<table>
<thead>
<tr>
<th>a) Receipts of Property/House Tax (Tax pay slips) submitted by the assessee till date.</th>
<th>□ YES □ NO</th>
</tr>
</thead>
</table>

---Office Use-----------------------------------------------

## 4. APPROVALS

Signature of ACFA

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