



LOCAL GOVERNMENT DEPARTMENT PUNJAB

FROM FOR SEEKING SERVICE: MUNICIPAL CORPORATION___

Service asked for: (112) Issue of Conveyance Deed in Municipal Corporation

(Stipulated Time 15 Days)

| 1 | Date of Application | T | | · | | | | |
|---|---|--|--|--|---------------------------------------|--------------|-------------|--|
| 2 | Name of the Applicant | | | | | | | |
| 3 | Father's/Husband's name | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 4 | Address | City/Vii | lage | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |
| + | | Tech | 80 | | | | P.O | |
| | | Phone/Mobile, No | | | | Distt | | |
| | | | E-mail ID, if any | | | | | |
| 5 | Issue of Conveyance Deed ULBs | a | Plot No | NI: | mo of A | · · · · /8 4 | - 19 | |
| , | Requirement | | a Plot No Name of A b Departmental Fees, | | | | onalia | |
| | | G | Any other. | | | | | |
| | | d | Any outer. | | | | | · · · · · · · · · · · · · · · · · · · |
| | | e | | | | <u> </u> | | |
| 5 | Documents to be attached | <u> </u> | d | | | | | |
| | | | | | 100 | | | |
| Sr : | | | | | | · | | A CONTRACT OF STATE O |
| 10. | | | | | | Chec | عدالة. | Checklist |
| | | ÷ | • | | | Cited | KHST | (For Office Use. |
|) | Allotment letter | And the last of th | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Yes/I | · | only) |
| <u>i) </u> | Copy of Agreement of sale | | | | | Yes/ | | Yes/No |
| ii) | Proof of water supply connection, | sewerage | connection and | d electrici | tv | Yes/i | | Yes/No |
| | connection, it taken. | | | | | 1.62/1 | чо . | Yes/No |
| v) | Proof of clearance of all dues issued by Municipal Corporation. | | | | | | Vo. | Vorthio |
| | Signature of the Applicant: | | | | | 163/1 | 10 | Yes/No |

(FOR OFFICE USE)

| 1. | Acknowledgement Receipt No. | () | Date | |
|----|--------------------------------------|---------|--|--|
| 3. | Date by which Service to be provided | 4. | Fees/Facilitation | |
| 5. | Name of the Designated Officer | 6. | Charges, if any | |
| 7 | Location: | | Designation | |
| | 1.Office 2.Suvidha Center | 8. | Signature of D.O/ Receiving Officer | |
| | 2.30 vidita Center | | | |
| | | | | |

| 1. | Acknowledgement Receipt No. | T | | i 2. | Date | | *************************************** |
|---------------------|---|------|--|----------|--------------------------------------|--------|---|
| 3, | Date by which service to be provided. | | | 4. | Fees/Facilitation Charges, if any | | |
| 5 | Service asked for | Sano | tion of Water Sun | nly/Say | verage Connection | | · |
| 6 | Documents to be attached | Α | Allotment letter | Yes/No | | | |
| | | В | Copy of Agreen | | - | | |
| American management | | С | Proof of water s connection and taken | Yes/No | | | |
| | | D | Proof of clearan Municipal Corpo | ce of al | l dues issued by | Yes/No | |
| 7(a) | Name of the Designated Officer | | | b | Designation | | |
| C | Location: 1.Office 2.Suvidha Center | | The state of the s | d | Signature of the Designated Officer | | |

LOCAL GOVERNMENT DEPARTMENT PUNJAB

FROM FOR SEEKING SERVICE: Improvement Trust_____

Service asked for: (113) Sanction of Water Supply/Sewerage Connection

(Stipulated Time 7 Days)

| 1 | Date of Application | | | | | | |
|-------|---|----------------------------|----------------|--|-----------|-----------|-----------------|
| 2 | Name of the Applicant | | | | | | |
| 3 | Father's/Husband's name | | | | | | |
| 4 | Address | City/VII | lage | | P.O | | |
| | | Tech. | 100 | are en a vije | | Distt | |
| | | Phone/ | Mobile. | No | | | |
| | | | D, if an | / | | | |
| -5 | Sanction of Water | а | Plot | | Name of S | cheme | |
| | Supply/Sewerage Connection. | , b | Depa | rtmental Fee | 95. | | |
| | ULBs Requirement | | Any | other. | | | |
| | | d | | | | | |
| | | e | 1 | · | | | |
| 6 | Documents to be attached | | | | | | |
| | | | | | | | |
| Sr | | | | | | | Checklist |
| No. | | | | | ** | Checklist | (For Office Use |
| . ' | | | | | | | only) |
| (i) | Allotment letter | | | | | Yes/No | Yes/No |
| (11) | Copy of approved Building Plan. | | | | | Yes/No | Yes/No |
| (111) | A site plan of the plot on which i | t is intend | ed to ob | tain Water S | upply/ | Yes/No | Yes/No |
| | Sewer Connection. | | | | | | |
| (lv) | Self Declaration regarding correct | tness of th | he infor | mation supp! | ied. | Yes/No | Yes/No |
| · (v) | Proof of clearance of all dues iss | | | | | Yes/No | Yes/No |
| | | | | | | | |
| 7. | Signature of the Applicant: | mere region is in the con- | 1. 11 11 11 11 | and the state of t | | Yes/No | Yes/No |
| | I c.D. c. c. c. c. d. | /ron | OFFICE | ICC) | | | |

(FOR OFFICE USE)

| 1. | Acknowledgement Receipt No. | 2. | Date | |
|-----|--------------------------------|----|-------------------|--|
| 3, | Date by which Service to be | 4. | Fees/Facilitation | |
| 7. | provided | | Charges, if any | |
| 5. | Name of the Designated Officer | 6. | Designation | |
| 7. | Location: | 8. | Signature of D.O/ | |
| ' ' | 1.Office | | Receiving Officer | |
| | 2.Suvidha Center | ' | | |
| | | | | |
| | | | | |

| 1. | Acknowledgement Receipt No. | | | ·2. | Date |] : | |
|------|---|------|------------------------------------|--------|--------------------------------------|--------|--|
| 3. | Date by which service to be provided. | | 4 | | Fees/Facilitation Charges, if any | | |
| 5 | Service asked for | Sanc | tion of Water Supp | | | | |
| 6 | Documents to be attached | а | Allotment letter | | | Yes/No | |
| | | b | Copy of approved Building Plan. | | | | |
| | | С | A site plan of the to obtain Water | Yes/No | | | |
| | | d | Self Declaration information supp | Yes/No | | | |
| | | е | Proof of clearand | Yes/No | | | |
| 7(a) | Name of the Designated Officer | -7 | | b | Designation | | |
| С | Location: 1.Office 2.Suvidha Center | | | d | Signature of the Designated Officer | | |
| | | | | | | | |

LOCAL GOVERNMENT DEPARTMENT PUNJAB

FROM FOR SEEKING SERVICE: MUNICIPAL COMMEETTIE/MUNICIPAL CORPORATION

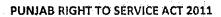
Service asked for: (114) issue of New Trade License

(Stipulated Time 12 Days)

| 1 | Date of Application | | | |
|----|----------------------------------|------------|---------------------|--|
| 2 | Name of the Applicant | | | |
| 3 | Father's/Husband's name | | | |
| 4 | Address | City/Vilia | | · · · · · · · · · · · · · · · · · · · |
| 8 | | Tech. |] Dis | stt |
| | | | loblle. No | |
| | | E-mail ID | , if any | |
| 5 | Issue of New Trade License ULBs. | а | Simple Application. | |
| | Requirement | b | Departmental Fees. | |
| | | С | | |
| | | d | | |
| | | e | | |
| | | | | Checklist Checklist (for office use only) |
| 6 | Documents to be attached | (a) | Simple Application. | Yes/No Yes/No |
| - | | (b) | | |
| | | (c) | | |
| į | | (d) | | |
| | | (e) | | |
| 7, | Signature of the Applicant: | | | |

| 1. | Acknowledgement Receipt No. | 2. | Date | · |
|----|--------------------------------------|----|--|---|
| 3. | Date by which Service to be provided | 4. | Fees/Facilitation Charges, if any | |
| 5. | Name of the Designated Officer | 6. | Designation | |
| 7. | Location: 1.Office | 8. | Signature of D.O/ Receiving Officer | |
| | 2.Suvidha Center | | | |

| 1. | Acknowledgement Receipt No. | | | 2. | Date | | |
|------|---|----------------|--------------------|-----|--------------------------------------|--------|----|
| 3. | Date by which service to be provided. | | | 4. | Fees/Facilitation Charges, if any | | |
| 5 | Service asked for | Issue | of New Trade Lice | nse | | • | *. |
| 6 | Documents to be attached | а | Simple Application | n | | Yes/No | |
| | | b | | | | | |
| | | C | | | | | |
| | | d _e | | | | | |
| 7(a) | Name of the Designated Officer | | | b | Designation | | |
| C | Location: 1.Office 2.Suvidha Center | | : | d | Signature of the Designated Officer | | |
| | 2.34 ridiu Carica | | | | 1460-11 | | |





LOCAL GOVERNMENT DEPARTMENT PUNJAB

FROM FOR SEEKING SERVICE :MUNICIPAL COMMITTEE/MUNICIPAL CORPORATION_____

Service asked for: (115) Renewal of Trade License

(Stipulated Time 10 Days)

| 1 | Date of Application | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | |
|---|----------------------------|---|---------------------------------------|---------------------------------------|----------------|-------|-------------------|---|--|--|--|--|
| 2 | Name of the Applicant | | | **** | | | | | | | | |
| 3 | Father's/Husband's name | | | | | ···· | | | | | | |
| 3 | Address | City/Villa | | | | P.O | · : · · · · · · | • | | | | |
| 4 | Address | | ge | | | | | | | | | |
| | | Tech. | | | _ | Distt | | | | | | |
| | | Phone/M | lobile. No | | | | • | | | | | |
| | | E-mail ID | , If any | | | | | | | | | |
| 5 | Renewal of Trade License | а | Simple Ap | plication. | | | | | | | | |
| | ULBs Requirement | b | b Photo Copy of the Previous License. | | | | | | | | | |
| | | С | Departme | ntal Fees. | | | | | | | | |
| | | d | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | е | | | | | | | | | | |
| | | , | | | | | Checklist | Checklist | | | | |
| | | | · | | | | | (for office | | | | |
| | | 1 | | | | | | use only) | | | | |
| 6 | Documents to be attached | a | Simple Ap | plication. | | | Yes/No | Yes/No | | | | |
| | | b | Photo Cor | y of the Pre | vious License. | . • | | | | | | |
| | | c | | | | | | 1 | | | | |
| | | d | | | | | | <u> </u> | | | | |
| | | e | | | | | | | | | | |
| 7 | Signature of the applicant | <u> </u> | | | | | | | | | | |

(FOR OFFICE USE)

| 1. | Acknowledgement Receipt No. | 2. | Date | |
|----|--------------------------------|-------|-------------------|--|
| 3. | Date by which Service to be | 4. | Fees/Facilitation | |
| } | provided | İ | Charges, if any | |
| 5. | Name of the Designated Officer | 6. | Designation | |
| 7. | Location: | 8. | Signature of D.O/ | |
| | 1.Office | 1 | Receiving Officer | |
| | 2.Suvidha Center | Ť | · | |
| · | | ' | | |
| | | 1. | 1. | |

| 1. | Acknowledgement Receipt No. | | | 2. | Date | | |
|----------------------------|---------------------------------------|------|----------------------|--------|--|----------|----------|
| 3. | Date by which service to be provided. | | | 4. | Fees/Facilitation Charges, if any | | |
| 5 | Service asked for | Rene | ewal of Trade Licens | se | | | |
| 6 Documents to be attached | | | Simple Application | Yes/No | | | |
| | | b | Photo Copy of th | Yes/No | | | |
| | | С | | | | | |
| | | d | | | | | |
| | | е | | | | <u> </u> | <u> </u> |
| 7(a) | Name of the Designated Officer | | | b | Designation | <u> </u> | |
| C | Location: 1.Office | | | | Signature of the Designated Officer | | |
| | 2.Suvidha Center | | | | and the second second | | |



LOCAL GOVERNMENT DEPARTMENT PUNJAB

FROM FOR SEEKING SERVICE: MUNICIPAL COMMITTEE/NAGAR PANCHYAT/

MUNICIPAL CORPORATION_____

Service asked for: (116) Removal of Solid waste from streets/roads.

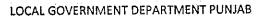
(Stipulated Time 2 Days)

| | Date of Application | | | | | | | | |
|-----|-----------------------------|------------------------------|---------------------|-------------|---|------------|------------------|--|--|
| | Name of the Applicant | | | | | | | | |
| - 2 | Father's/Husband's name | | | | , <u>, , , , , , , , , , , , , , , , , , </u> | P.O | | | |
| | Address | City/Villa | ge | | | Distt | | | |
| ٠. | Address | Tech. | | <u> </u> | | Disce | <u> </u> | | |
| | | Phone/N | lobile. | No | | | | | |
| | | E-mail IE | , if any | / | | | | | |
| | Removal of Solid waste from | а | Cimple Application. | | | | | | |
| | streets/roads | b Location of garbage point. | | | | | | | |
| | ULBs Requirement | С | | | | | | | |
| | | d | | | | | | | |
| | | е | | | | Checklist | Checklist (for | | |
| | Documents to be attached | | | | | Cileckiist | office use only) | | |
| ٠ | Social | | | | | Yes/No | Yes/No | | |
| | 1 | а | Sim | ple Applica | tion | | | | |
| | | | | | | | | | |
| | | <u> </u> | 1 | | | | | | |
| | | | | | | | 1 | | |
| | Signature of the applicant | | | | | <u> </u> | | | |

(FOR OFFICE USE)

| | | 2. | Date | And the second s |
|----|--------------------------------|--------|-------------------|--|
| 1. | Acknowledgement Receipt No. | 4. | Fees/Facilitation | |
| 3. | Date by which Service to be | | Charges, if any | |
| | provided | 6. | Designation | |
| 5. | Name of the Designated Officer | 8. | Signature of D.O/ | |
| 7. | Location: | 1 | Receiving Officer | 28 |
| | 1.Office | | | |
| 1. | 2.Suvidha Center | 1 | | |
| | | 1 | | |
| 1 | | | | |

| | Acknowledgement Receipt No. | | | 2. | Date | | |
|-----------|--|-------------|----------------------|-------|--|---------|----------|
| | Date by which service to be | | 1 | 4. | Fees/Facilitation Charges, if any | | |
| | provided. | Remo | val of Solid waste f | rom s | streets/roads | | |
| , | Service asked for | | | | | Yes/No | |
| | Documents to be attached | а | Simple Applicatio | ŋ | | 100/110 | |
| 5 | Documents to be attended | b | | | | | |
| | | c | | | | | <u> </u> |
| . | | 4 | | | | | |
| | | e | | | | | <u> </u> |
| |) definor | | <u>, L.,</u> | b | Designation | | |
| 7(a) c | Name of the Designated Officer Location: | | | d | Signature of the Designated Officer | | |
| | 1.Office 2.Suvidha Center | | | | No. | | |





FROM FOR SEEKING SERVICE: MUNICIPAL COMMITTEE/NAGAR PANCHYAT /

MUNICIPL CORPORATION_____

Service asked for: (117) Replacement of Street lights

(Stipulated Time 10 Days)

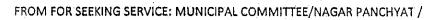
| 1 | Date of Application | | | | | | | |
|----|-------------------------------|--|------------|-------------|---|-----------|--|--|
| 2 | Name of the Applicant | | | | | | | |
| 3 | Father's/Husband's name | | | | | | | |
| 4 | Address | .City/Vill | age | | | P.O | and the second s | |
| | | Tech. | | | | Distt | | |
| | | Phone/N | Vlobile. N | 0 | | | | |
| | | |), If any | | | | | |
| 5 | Replacement of Street lights. | a | Simple | Application | n | | | |
| : | ULBs Requirement | b Location of street light point to be replace | | | | | | |
| | | С | | | | | · | |
| | | d | | | | | | |
| | | е | | | | | | |
| 6 | Documents to be attached | | | | | Checklist | Checklist (for office use only) | |
| | | a | Simple | Applicatio | n | Yes/No | Yes/No | |
| | | | | | | | | |
| 7. | Signature of the applicant | | | | | | | |

(FOR OFFICE USE)

| 1. | Acknowledgement Receipt No. | 2. | Date | |
|----|--------------------------------------|----|--|--|
| 3. | Date by which Service to be provided | 4. | Fees/Facilitation Charges, if any | e de la companya de l |
| 5. | Name of the Designated Officer | 6. | Besignation | |
| 7. | Location: 1.Office | 8. | Signature of D.O/ Receiving Officer | |
| | 2.Suvidha Center | | | |
| | | - | | · |

| 1. | Acknowledgement Receipt No. | | | 2. | Date | | |
|------|---------------------------------------|------|---------------------|-------|--------------------------------------|--------|--------|
| 3. | Date by which service to be provided. | | | 4. | Fees/Facilitation Charges, if any | | |
| 5 | Service asked for | Repl | acement of Street I | ights | | | |
| 6 | Documents to be attached | a | Simple Application | on | | Yes/No | Yes/No |
| | | b | | | • | | |
| | | С | | | | | |
| | | d | | | | | |
| | | е | | | | . : | |
| 7(a) | Name of the Designated Officer | | | b | Designation | | |
| С | Location: | | | d | Signature of the | | |
| | 1.Office | | | | Designated Officer | | |
| , | 2.Suvidha Center | | | | | | |
| | | | | | | | |

LOCAL GOVERNMENT DEPARTMENT PUNJAB



MUNICIPAL CORPORATION_____

Service asked for: (118) Water pipes leakages/Sewerage/Blocked/over flow

(Stipulated Time 24 hours)

| i | Date of Application | | | | | | | | |
|-----|---------------------------------------|----------------------|---|---------------|---|---------------------------------------|---------------------------------|--|--|
| 2 | Name of the Applicant | | | | | | | | |
| 3 | Father's/Husband's name | | | | | | | | |
| 4 | Address | City/Vill: | age | | | P.0 | · | | |
| | | Tech. | | | | Distt | | | |
| | | Phone/N | Mobile. | No | | · | | | |
| . ' | | E-mail I |), if any | | | · · · · · · · · · · · · · · · · · · · | | | |
| 5 | Water pipes | a Simple Application | | | | | | | |
| | leakages/Sewerage/Blocked/over flow . | b | Location of Water Pipe leakages/Sewerage/Blocked/over flow. | | | | | | |
| | ULBs Requirement | С | | | | | | | |
| | | d | | | | | | | |
| | | е | | | | | | | |
| 6 | Documents to be attached | | | | | Checklist | Checklist (for office use only) | | |
| | | а | Simple | e Application | 1 | Yes/No | Yes/No | | |
| 1. | | | | | | | | | |
| | • | | | | | | | | |
| | | | | | | | | | |
| 7 · | Signature of the applicant | | | | | | | | |

(FOR OFFICE USE)

| 1, | Acknowledgement Receipt No. | 2. | Date | |
|-----|---|----|--|---|
| 3. | Date by which Service to be provided | 4. | Fees/Facilitation Charges, if any | • |
| 5. | Name of the Designated Officer | 6. | Designation | |
| 7. | Location: 1.Office 2.Suvidha Center | 8. | Signature of D.O/ Receiving Officer | |
| ··· | | | | |

| 1. | Acknowledgement Receipt No. | | | 2. | Date | | |
|------|---------------------------------------|-----|--------------------|--------|--|---------------------------------------|--------|
| 3. | Date by which service to be provided. | | | 4. | Fees/Facilitation Charges, if any | | |
| 5 | Service asked for | Wat | er pipes leakages/ | Sewera | ge/Blocked/over flow | · · · · · · · · · · · · · · · · · · · | |
| 6 | Documents to be attached | а | Simple Applicat | on | ويوم المعاون ويوني ويمان المعاون ويمان | Yes/No | Yes/No |
| | | b | | | | | |
| | | С | | | | | |
| | | d | d | | | | |
| | | e | | | | | |
| 7(a) | Name of the Designated Officer | | | b | Designation | | |
| C | Location: 1.Office 2.Suvidha Center | | | d | Signature of the Designated Officer | ! | |
| | Elouvidia Cultol | | | | 3. 3 | | |