

## PUNJAB RIGHT TO SERVICE ACT 2011 LOCAL GOVERNMENT DEPARTMENT, PUNJAB FORM FOR SEEKING SERVICE

Service Asked For <u>Issue of completion/occupation certificate for buildings (all categories)</u> (Stipulated Time-15 days)

1	Date of Application						
2	Name of the Applicant						
3	Father's/Husband's Name						
4	Address	City / Village				Locality/ H.No.	
		Teh.				Distt.	
		Phone/Mobile No.					
		e-ma	il id, if any				
5	Service related field Improvement Trust	a.	B.A. fees (If applicable)				
	requirements	b.	b. Any other				
		C.	Plot/ Prope	rty No			
		d.	Name of Scheme				

6. Document to be attached

Sr. No.	(Service specific documents)	Checklist	Checklist (For office Use only)	
i.	Copy of the sanctioned building plans ? wherever applicable	Yes/Na	Yes/Na	
ii.	Plan of all the floors including Service Plans, elevations and typical cross-section of the building that he completed to erected or re-erected (Two copies on tracing film/ cloth & Four sets of ferro Prints attached?)	Yes	Yes	
iii.	Whether Indemnity Bond attached?	Yes	Yes	
iv.	Dates of deposit of installments & other dues whether Photo-State copy of receipts attached?	Yes	Yes	
V.	If allottee/ Transferee fails to construct building with in time as per allotment letter whether non-construction fees have been deposited. If deposited whether dates of deposit mentioned and Photo-State copies of receipts attached? wherever applicable	Yes/Na	Yes/Na	
vi.	Date of execution of sale of agreement whether Photo-State copy attached?	Yes	Yes	
vii.	Whether the property/ Plot is constructed or vacant, if constructed the proofs of already constructed whether receipts of Water Supply Connection, Electricity Connection & Sewerage Connection with sanctioned plan & completion plan attached? wherever applicable	Yes/Na	Yes/Na	
viii.	whether applicant is Allotte/ Transferee or having power of attorney? If applicant is having power of attorney whether this attorney is registered through Subregistrar whether certified copy of power of attorney attached ? (wherever applicable)	Yes/Na	Yes/Na	
ix.	Structure safety certificate? wherever applicable	Yes/Na	Yes/Na	
X.	NOC regarding fire safety from the fire deptt.? Wherever applicable	Yes/Na	Yes/Na	

7.	Signature of Applicant

## For Office use

1	Acknowledgement Receipt No.	2	Date	
3	Date by Which Service to be Provided	4	a. Departmental fees     b. Facilitation charges, if any	
5	Name of Designated officer	6	Designation Designation	
7	Location : a. Office b. Suvidha Center	8	Signature of D.O./ Receiving Officer	

## **Acknowledgement Slip**

1	Acknowledgement Receipt No.			2	Date			
3	Date by Which Service to be			4	a. Depar	tmental fees		
	Provided				b. Facilitation charges, if any			
5	Service asked for	Issue of completion/occupation certificate for buildings (all categories)						
6	Documents attached	i.	Copy of the applicable	Yes/Na	Yes/Na			
		ii.	Plan of all the and typical c completed to tracing film/clo	Yes	Yes			
		iii.	Whether Inden	nnity Boı	nd attache	ed?	Yes	Yes
		iv.		Dates of deposit of installments & other dues whether Photo-State copy of receipts attached?  If allottee/ Transferee fails to construct building with in time as per allotment letter whether non-construction fees have been deposited. If deposited whether dates of deposit mentioned and Photo-State copies of receipts attached? wherever applicable				
		V.	If allottee/ Tra time as per a fees have been deposit mention					
		vi.	Date of execut State copy atta	Yes	Yes			
		vii.	Whether the property/ Plot is constructed or vacant, if constructed the proofs of already constructed whether receipts of Water Supply Connection, Electricity Connection & Sewerage Connection with sanctioned plan & completion plan attached?. wherever applicable whether applicant is Allotte/ Transferee or having power of attorney? If applicant is having power of attorney whether this attorney is registered through Sub-registrar whether certified copy of power of attorney attached? wherever applicable				Yes/Na	Yes/Na
		viii.					Yes/Na	Yes/Na
		ix.		Structure safety certificate? wherever applicable				Yes/Na
		х.	NOC regarding fire safety from the fire deptt. Wherever applicable				Yes/Na Yes/Na	Yes/Na
7(a)	Name of Designated Officer				(b)	Designation		
(c)	Location :  (i) Office  (ii) Suvidha Center				(d)	Signature of Designate	d officer	