



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

RIGHT TO SERVICE

Service Asked For Issue of completion/occupation certificate for buildings (all categories)

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-mail id, if any			
5	Service related field Improvement Trust requirements	a.	B.A. fees (If applicable)		
		b.	Any other		
		c.	Plot/ Property 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 Sub-registrar 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_____

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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	
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 Provided		4	a. Departmental fees b. Facilitation charges, if any	
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		x.	NOC regarding fire safety from the fire deptt. Wherever applicable	Yes/Na	Yes/Na
7(a)	Name of Designated Officer		(b)	Designation	
(c)	Location : (i) Office (ii) Suvidha Center		(d)	Signature of Designated officer	