



DEPARTMENT OF REVENUE AND DISASTER MANAGEMENT
FORM No. I
(See Rule 4)
FORM OF ACKNOWLEDGEMENT

1. Name of The Designated Officer and Address	Tehsildar Berhampur
2. Name and Address of The Applicant	M AISHWARIYA , LANJIPALLI
3. No and Date of Receiving application in the office of Designated Officer	E-RES/2025/1488945, 06/06/2025
4. Name of the Service for which the application is given	RESIDENT CERTIFICATE
5. Particulars of the documents which are essential for receiving service but are not enclosed with the application	
6. Last Date of the given time limit	20/06/2025
Place: LANJIPALLI	Signature Of Receiving Officer
Date: 06/06/2025	

**** This is a Computer Generated Statement And Does Not Require Signature ****