



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

- |   |                                  |
|---|----------------------------------|
| 1. Name of The Designated Officer and Address   | Tehsildar Ganjam                 |
| 2. Name and Address of The Applicant  | SMARANIKA SAHU ,<br>Santoshpur   |
| 3. No and Date of Receiving application in the office of Designated Officer   | E-RES/2026/274598,<br>12/02/2026 |
| 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  | 25/02/2026                       |
- Place: Santoshpur
- Date: 12/02/2026

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