



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

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|---|-----------------------------------|
| 1. Name of The Designated Officer and Address | Tehsildar Ganjam |
| 2. Name and Address of The Applicant | SMARANIKA SAHU ,
Santoshpur |
| 3. No and Date of Receiving application in the office of Designated Officer | E-OBC/2026/66819,
12/02/2026 |
| 4. Name of the Service for which the application is given | OB CASTE 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 | 06/03/2026 |
| Place: Santoshpur | Signature Of Receiving
Officer |
- Date: 12/02/2026

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