



DEPARTMENT OF REVENUE AND DISASTER MANAGEMENT

FORM No. I

(See Rule 4)

FORM OF ACKNOWLEDGEMENT

| | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. Name of The Designated Officer and Address | Tehsildar Jagannathprasad |
| 2. Name and Address of The Applicant | BHABAGRAHI MISHRA , Bijayadhanurjayapur |
| 3. No and Date of Receiving application in the office of Designated Officer | E-RES/2024/1305413, 11/06/2024 |
| 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 | 27/06/2024 |
| Place: Bijayadhanurjayapur | Signature Of Receiving Officer |
| Date: 11/06/2024 | |

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