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| |  |  |  | | --- | --- | --- | | **DEPARTMENT OF REVENUE AND DISASTER MANAGEMENT FORM No. I**  **( See Rule 4)**  **FORM OF ACKNOWLEDGEMENT**   |  |  | | --- | --- | | 1. Name of The Designated Officer and Address  2. Name and Address of The Applicant  3. No and Date of Receiving application in the office of Designated Officer 4. Name of the Service for which the application is given | Tehsildar Jagannathprasad  BHABAGRAHI MISHRA ,  Bijayadhanurjayapur  E-RES/2024/1305413, 11/06/2024 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 \*\*\*\* | |