



DEPARTMENT OF REVENUE AND DISASTER MANAGEMENT

FORM No. I

( See Rule 4)

FORM OF ACKNOWLEDGEMENT

1. Name of The Designated Officer and Address	Tehsildar Khallikote
2. Name and Address of The Applicant	PRASANTA PRADHAN , Parinuagam
3. No and Date of Receiving application in the office of Designated Officer	E-OBC/2024/118755, 29/03/2024
4. Name of the Service for which the application is given	OBC 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	22/04/2024
Place: Parinuagam	
Date: 29/03/2024	Signature Of Receiving Officer

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



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