

DEPARTMENT OF REVENUE AND DISASTER MANAGEMENT

FORM No. I

(See Rule 4)

FORM OF ACKNOWLEDGEMENT

1. Name of The Designated Officer and Address Tehsildar Digapahandi

2. Name and Address of The Applicant

Gokarnapur

3. No and Date of Receiving application in the office of Designated Officer

23/09/2025

4. Name of the Service for which the application is given INCOME 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 13/10/2025

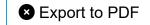
Place:Gokarnapur

Signature Of Receiving Officer

Date: 23/09/2025

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

















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