

**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	RAJENDRA BADATYA , Gokarnapur
3. No and Date of Receiving application in the office of Designated Officer	E-INC/2025/1639856, 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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