

APPLICATION FORM FOR ISSUANCE OF ROR

Request Details:

District : _____

Block : _____

Mouza Name : _____ Mouza Number: _____

Khatian Number: _____ / _____

Applicant Details:

Name : _____

Name Of Guardian
(Father/Husband/Others): _____

Address : _____

I hereby declare that the above information is true to the best of my knowledge and belief.

Signature of the Applicant : _____

Date of Application : _____