

FORM XI

APPLICATION FORM FOR REGULARIZATION OF SEWERAGE CONNECTION

PLOT NO/SITE NO _____ SECTOR/PHASE _____ SIZE _____

RESIDENTIAL/COMMERCIAL/INDUSTRIAL/INSTITUTIONAL

(Tick mark whichever is applicable)

1. NAME OF ALLOTTEE:
2. NAME OF GPA/SUB GPA/SPECIAL
POWER OF ATTORNEY OF ALLOTTEE
(if applicant is GPA/Sub GPA/SPA)
3. NAME OF FATHER/HUSBAND
(of allottee)
4. PERMANENT ADDRESS
(of allottee)
(TELEPHONE NO.)

DATE:

SIGNATURE

Name _____

(in capital letters)

The text and format of this form can be changed any time with the change in policy matters.

LIST OF DOCUMENTS TO BE SUBMITTED BY THE APPLICANT

1. Plumber Certificate, in the prescribed form attached.
2. Copy of sanctioned plan.
3. Proof of ownership (Allotment/re-allotment/transfer of ownership letter)
4. Attested copy of GPA/SPA (where applicable).
5. Fee for regularization.
6. Copy of Completion Certificate issued by concerned authority.
7. Road cut-fee (where applicable)

PLUMBER CERTIFICATE

It is certified that the internal sewer of House No./Plot No. _____
Sector/Phase_____Urban Estate_____belonging to Sh./Smt.
_____has been connected with the main sewer & is in
order of discrepancy, if any is as under :

Signature of the Plumber
With seal

Note: This certificate may be given by any plumber registered with PUDA. The list of plumbers is available in the office & also at water works site.

FOR OFFICE USE

Application of Sh./Smt. _____ for regularization of Sewerage connection in respect of Plot/Site No. _____ Sector/Phase _____ has been checked and documents at Sr.No. _____ have been received. Payment of Rs. _____ vide receipt No. _____ has also been received.

Signature of Diary Clerk

Date _____

ACKNOWLEDGEMENT SLIP

Application received from Sh./Smt. _____ GPA/Sub GPA/SPA (if applicable) of Sh./Smt. _____ in respect of Plot/Site/House No. _____ Sector/Phase _____ has been received for regularization of Sewerage Connection on (date) _____ Diary No. _____ Payment of Rs. _____ vide Receipt No. _____ has also been received. The applicant may contact the Divisional Engineer (Public Health) on (date) _____ to collect the letter otherwise the letter will be dispatched by post on (date) _____.

Signature of Diary Clerk