

2018



Recommendations of the Haryana Governance Reforms Authority

Third Status Report

**Designing Simplified Proforma for Services Including Services
Under Right to Service Act, Haryana.**

Industry, Sainik and Ardh Sainik Welfare, Animal Husbandry and Dairying, Health, Urban Local Bodies, Police, Social Justice and Empowerment, Public Relation & Language, Women & Child Development, Employment, Mines & Geology, Home.



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2018

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CONCEPT NOTE

The proforma has been devised keeping in view the range of services and varied requirements to avail these services. The first and foremost requirement is nature of the service required and which agency/department has been authorised to provide this service. The proforma designed has been simplified and backend information gathered to identify the service-provider department online as well as manual.

Second, the proforma has been designed to capture identify applicant. It will include applicants personal details like name, husband's/father's/mother's name, address – both permanent and correspondence and Aadhar Card number along with a copy of Aadhar Card, if available with the candidate.

Third, all the mandatory information and document which are specific to the service are required to be filled without which it will not be possible to provide the service as these documents or information will be required to verify the eligibility of the applicant.

Name of the beneficiary alongwith the Aadhar Number of the beneficiary is required to be filled in to address the issue that in some schemes the applicant and the beneficiary can be different persons.

In all the proformas for 39 services of the Industry Department, 6 services of the Animal Husbandry and Dairying department, 14 services of Urban Local Bodies, 8 services of Police Department, 18 services of Social Justice and Empowerment Department, 5 services of Women and Child Development Department, 10 services of Employment, 10 services of Health, 5 of Mines and Geology, 9 services of Home Department, 31 services of Sainik and Ardh Sainik Welfare have been simplified.

For each of the 160 services, 160 application Forms will be made which will have a list of mandatory document/information required specified to the services applied for as in part-III of the proposed proforma.

In places where I.T. enablement is possible the proposed proforma will work like this. As soon as the applicant puts in the name of the service through an IT device, to name of the department from the pre filled data in the system will emerge in part-I and simultaneously in part-III mandatory information/document required specific to the service applied for will emerge. A print out can be taken of this is the applicant desires to procure the document required for the service as indicated in part-III. The proforma can be filled at that time only on line or later as per the convenience of the applicant.

If there is no I.T. enablement then proforma of the service which is required can be printed manually and kept with the authority/public interface. After filling up these proforma the same can be submitted to the appropriate authority.

At the time of the submission of the application as per this proforma the acknowledgement receipt will be given to the applicant.

The framework of this proforma was developed by Prof. Pramod Kumar, Chairperson, HGRA and implemented by a team led by Jaspal Singh Kapil, Research Officer, HGRA.

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Simplification Proforma Specimen

Application No.

Simplified Performa for Services under Haryana RTS Act

Part-1

1.	Name of Service	Registration of the Firm
2.	Name of Department/Service Provider (Pre- filled into the system)	

Part-2 :

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3

Information/documents required specific to the service

Information.

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required

Submitted Tick (v)/ YES

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

1. Industry

Sr. No.	Name of Services	Notification No.
1.	Registration of the Firms	164
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Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Registration of the Firm
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Proof for principal place of work (Saale deed/Rent deed/lease deed/allotment letter)	
2.	Partnership Deed (Duly signed and Attested)	
3.	Application form along with Under taking of all partners	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Change in name of the Firm
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Amended Partnership Deed (Duly signed and Attested)	
2.	Application form (Duly signed/Attested)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Change in Partner of the Firm
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Amended Partnership Deed (Duly signed and Attested)	
2.	Application form (Duly signed/Attested)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Change in address of the Firm
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Proof for new Principal place of work (Sale deed/Rent deed/lease deed/Allotment letter)	
2.	Amended Partnership Deed (duly signed and Attested)	
3.	Application form (Duly signed/Attested)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Department

Part-1

1.	Name of Service	Deregistration of the Firm
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Registration of Firm in Original	
2.	Special resolution to seek de-registration of the firm along with the reasons/grounds for de-registration	
3.	Application form (Duly signed/Attested)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Name approval of society
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	NA	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Registration of Society upon approval of name
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Copy of Resolution for the formation of Society	
2.	Memorandum of Society	
3.	Bye-laws of the Society	
4.	List of Members of the Society along with full address	
5.	Copy of Resolution of the Society Authorizing the undersigned to submit this Application	
6.	Land Proof/Rent Deed/NOC from the owner for Registered office of the Society	
7.	Adequate Land Proof of having legal competence and lawful control in case of religious public place	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Registration Number for an Existing society(u/s 9(4))
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Copy of Resolution of governing body for new registration number	
2.	An Attested copy of the Old Registration Certificate	
3.	New memorandum of association (new in accordance with provisions of act2012)	
4.	Bye – laws of the Society (New in Accordance with Provisions of Act 2012)	
5.	List of Members of Society	
6.	List of Members of Collegium (if applicable)	
7.	List of Members of the Governing Body	
8.	Copies of Audited Balance Sheet/Annual Account for the last three Financial years	
a)	Copy of first year	
b)	Copy of Second year	
c)	Copy of third year	
9.	Copy of the Resolution of the Society Authorizing the Applicant to submit this Application	
10.	Any other Document (If Any)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Change in name of the Society
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	True copy of New Name Approval Letter	
2.	True copy of Resolution passed by the Governing Body	
3.	True copy of Special Resolution passed by the Governing Body	
4.	Certificate of Registration in Original	
5.	Aadhar Number	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Change in registered office (within district) of the Society
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required

Submitted Tick (v)/ YES

1.	Land Proof	
2.	Certificate of Registration in Original	
3.	Resolution of the Governing Body	
4.	Copy of Aadhar card	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Apply For the change in registered official (outside district) of the Society
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Certificate of Registration in Original	
2.	Copy of the Resolution Passed by the Governing Body	
3.	Proof of Location and Society's right to use such place as its Registered Office in the new District	
4.	Memorandum of Association Certified By District Registrar	
5.	Byelaws of the Society as per the latest filling Certified by the District Registrar	
6.	Particulars of the office bearers and member of the Governing Body of the Society as per the latest filling	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Filing of Mandatory Annual Returns u/s 50(1)
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Annual Report on Working	
2.	Balance Sheet & Auditors report	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Resolution of Governing Body/Meetings (Amendments, Members Inclusion/Exclusion, Other Major Decision)
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Annual Report on Working	
2.	Balance Sheet & Auditors report	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Amendment in the Memorandum and By-laws
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Copies of the Resolution passed by the Governing Body	
2.	Copies of Special Resolution passed by the Governing Body	
3.	Attested Copy of Memorandum/By-Laws before proposed Amendment	
4.	Attested Copy of Memorandum/By-Laws After Proposed Amendment	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Approval of scheme of collegium
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Upload Copy of Special Resolution of Governing Body	
2.	Upload Copy of Resolution of General Body	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Submission of List of elected Collegium Members for information u/s 30(3)
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	NA	
----	----	--

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Approval of Members of Society registered under act 2012
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Last filed List of Members	
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Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Submission of List of elected Governing Body for Approval u/s 33 & rule 19
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Copy of results sheet duly signed by the returning officer	
2.	Elected members of governing body duly signed by the returning officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Market Development Assistance
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Ack. of EM part-II/UAM Registration	
2.	Certificate of incorporation/Partnership deed	
3.	Board resolution/Power of attorney	
4.	CA certificate of details of Expenditure incurred in participation of exhibition (in original) (Annexure-II)	
5.	Passport of the person (with immigration/Emigration and Visa Stamps) who participate (in case of foreign exhibition)	
6.	Copy of Boarding pass with stamp	
7.	Change of Land Use(LU) NOC from competent authority, if applicable	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Testing Equipment assistance Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Ack. EM part –II/UAM Registration.	
2.	Certificate of Incorporation/partnership deed.	
3.	Board resolution/power of attorney.	
4.	Copies of the purchase invoices of equipments on which subsidy has been claimed and proof of payment made to the supplier.	
5.	CA certificate in respect of investment in plant & machinery (Annexure-II)	
6.	Change of Land Use (CLU)/NOC from competent authority. If applicable.	
7.	List of existing Testing Equipments.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Credit Rating Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgement of EM part-II/UAM Registration	
2.	Certificate of incorporation/Partnership deed	
3.	Board resolution/ Power of attorney	
4.	Change of Land Use(CLU)/NOC from competent authority, if applicable	
5.	Undertaking/Declaration on non-judicial stamp paper(Annexure-II)	
6.	CA Certification (Annexure-III)	
7.	Audited balance sheet of the unit of last year(if Applicable)	
8.	Copy of first sale bill	
9.	Copy of bills raised by certifying agency & proof of payment thereof	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Energy Audit Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgement of EM part-II/UAM Registration	
2.	Certificate of incorporation/Partnership deed	
3.	Board resolution/ Power of attorney	
4.	Change of Land Use(CLU)/NOC from competent authority, if applicable	
5.	Copy of first sale bill	
6.	Copy of Energy audit certification	
7.	CA Certificate of Expenditure (in original) giving the details (as per prescribed format)	
8.	Copy of the bills raised by certifying agency and proof of payment thereof	
9.	Audited balance sheet of the unit of last year	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Assistance for Environment Compliance
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgement of EM part-II/UAM Registration	
2.	Certificate of incorporation/Partnership deed	
3.	Board resolution/ Power of attorney	
4.	CA certificate of details of Expenditure incurred (in original)(Annexure-III)	
5.	Certificate from Regional Officer of Pollution Control Board(Annexure-III)	
6.	Certificate from Regional Officer of Pollution Control Board in case of Liquid Discharge claim	
7.	Change of Land Use (CLU)/NOC from competent authority, if applicable	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Design Clink Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgement of EM part-II/UAM Registration	
2.	Copy of first sale bill	
3.	Certificate of incorporation/Partnership deed	
4.	Board resolution/ Power of attorney	
5.	Change of Land Use(CLU)/NOC from competent authority, if applicable	
6.	Copy of sanction letter of Ministry of MSME, Government of India issued under the scheme	
7.	Copies of payment of the contribution of the industry	
8.	Audited balance sheet of the unit of last year	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Credit Linked interest Subsidy Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	EM part-II/UAM Registration	
2.	Certificate of incorporation/Partnership deed	
3.	Board resolution/ Power of attorney	
4.	Change of Land Use(CLU)/NOC from competent authority, if applicable	
5.	Certificate for Financial Institution on Letter Head of the Bank (Annexure-II)	
6.	CA Certificate regarding investment in plant & machinery for new unit/expansion/diversification (Annexure-III)	
7.	Audited balance sheet of the unit of last year (if applicable)	
8.	Copy of first sale bill	
9.	Copy of sanction/disbursal letter in respect of capital subsidy under CLCSS Scheme of Gol	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Safety Audit Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgment of EM Part-II/UAM registration	
2.	Certificate of Incorporation/ Partnership deed.	
3.	Board resolution/Power of attorney	
4.	Change of Land Use (CLU)/NOC from competent authority, if applicable	
5.	Copy of first sale bill	
6.	Copy of Safety audit certification	
7.	CA certificate of Expenditure (in original) giving the details (Annexure-III)	
8.	Copy of the bills raised by certifying agency and proof of payment thereof	
9.	Audited balance sheet of the unit of last year	
10.	Undertaking/Declaration on non-judicial stamp paper (Annexure-II)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Water Audit Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgment of EM part-II/UAM Registration	
2.	Certificate of Incorporation/Partnership deed.	
3.	Board resolution/Power of attorney	
4.	Change of Land Use (CLU)/NOC from competent authority, if applicable.	
5.	Copy of Water audit certification.	
6.	CA certificate of Expenditure giving the details (Annexure-III)	
7.	Copy of the bills raised by certifying agency and proof of payment thereof .	
8.	Audited balance sheet of the unit of last year	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Quality Certification Assistance Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgement of EM Part-II/UAM registration.	
2.	Certificate of Incorporation/Partnership deed.	
3.	Board resolution/Power for attorney.	
4.	ISO/HACCP/BSI/WHO-GMP/ZED/TS/Hallmark Certification.	
5.	Change of Land use (CLU)/NOC from competent authority, if applicable.	
6.	Undertaking /Declaration on non-judicial stamp paper (Annexure-III)	
7.	CA certificate of details of Expenditure incurred (in original) (Annexure-III)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Stamp Duty Refund
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Application form on Annexure-I	
2.	EM/UAM/IEM-Part II, if applicable.	
3.	Photocopies of the sale deed/lease deed registered with concerned sub-registrar showing the details of stamp duty.	
4.	Mutation of the above sale deed/lease deed along with the khasra numbers for the land.	
5.	Nakal Aks- shajra of the land.	
6.	A verification report from the concerned Tehsildar regarding registration of Sales deed(s) and payment of Stamp duty	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Freight Assistance
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Acknowledgement of EM Part-II/UAM	
2.	Certificate in Form "A" and Form "C" issued by Registrar/District Registrar of Firms & societies, along with a copy of Partnership Deed/Certificate of the Incorporation of the Company in case of limited companies.	
3.	Special Power of Attorney (duly attested by Notary Public)/Resolution of Board of Directors of the Company in Form (b)/F(c) original in case of limited companies	
4.	Registration-cum-membership issued by relevant Export Promotion Council.	
5.	Certificate of Importer Exporter Code(IEC) issued by DGFT	
6.	Shipping Bills (EP Copy).	
7.	Bank Realization Certificate of concerned shipping bill.	
8.	Land proof-sale deed/allotment letter/rent deed/lease deed	
9.	Change of land use (CLU)/NOC from competent authority, if applicable.	
10.	Chartered Accountant Certificate in respect of total FOB Value in the prescribed form F(d) and total eligible amount of Freight paid from place of manufacture to sea port in the Prescribed form F (e)	
11.	Chartered Accountant Certificate in respect of investment in plant and machinery in prescribed form F (f).	
12.	Details of exports in Annexure-1	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Setting up of Primary Processing centres(PPCs)/Collection Centres(CCs)
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Detailed project report	
2.	Sanction letter of term loan from bank/financial institutions.	
3.	Appraisal report from Bank/Financial Institution.	
4.	Certificate of incorporation/Memorandum and Articles of Association /partnership deed etc.	
5.	Annual reports and Audited Statement of Accounts of last three years, in case of existing establishment.	
6.	Blue print of the building plan.	
7.	Land title documents i.e. sale deed or lease deed.	
8.	Item wise and cost wise details of civil work envisaged duly certified by Chartered Engineer(Civil)	
9.	Item wise and cost wise details of plant & machinery envisaged duly certified by Chartered Engineer (Mechanical)	
10.	Copy of SSI/EM/IEM/UAM	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Interest Subsidy Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Acknowledgment of EM part-II/UAM registration	
2.	Certificate of Incorporation/Partnership deed	
3.	Board resolution/Power of attorney	
4.	Change of land Use (CLU)/NOC from Competent authority, if applicable	
5.	Certificate for Financial Institution on Letter Head of the Bank (Annexure-IV)	
6.	CA Certificate regarding investment in plant & machinery for new unit/expansion/diversification (Annexure-V)	
7.	Audited balance sheet of the unit of last year (if applicable)	
8.	Certificate from concerned Deputy Excise & Taxation Commissioner (Sale Tax) regarding net VAT/SGST deposited by the applicant during the financial year of which claim has been filed (Annexue-VI)	
9.	Copy of first sale bill.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department-33

Part-1

1.	Name of Service	Employment Generation Subsidy Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Acknowledgment of IEM	
2.	Copy of first sale bill	
3.	Certificate of Incorporation/ Partnership deed	
4.	Board resolution/ Power of attorney	
5.	Change of Land Use (CLU)/NOC from competent authority, if applicable	
6.	Copies of Statutory returns for the amount of contribution of EPF and ESI	
7.	Details of employees in prescribed Performa on the letter head of the company duly verified by Labour officer concerned in Annexure II	
8.	CA Certificate regarding effective steps and amount of Employment Generation Subsidy (Annexure-III)	
9.	Certificate from concerned Deputy Excise & Taxation commissioner (Sale Tax) regarding net VAT/SGST deposited by the applicant during the financial year of which claim has been filed (Annexure IV)	
10.	Copy of Domicile Certificate from competent authority as a proof of Haryana resident	
11.	Copy of SC Certificate from competent authority in respect of SC employees	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Assistance for Technology Acquisition
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Acknowledgment of EM Part-II/ UAM registration	
2.	Certificate of Incorporation/ Partnership deed	
3.	Board resolution/ Power of attorney	
4.	Copy of MoU/other documents for acquisition and upgradation of technology.	
5.	Change of Land use (CLU)/NOC, if applicable.	
6.	Copy of Assistance of technology acquisition certification.	
7.	Undertaking /Declaration on non-judicial stamp paper (Annexure-II)	
8.	CA certificate for details of expenditure incurred in acquisition of technology- in original (Annexure-III)	
9.	Copy of recognition certificate of national institute for which technology acquired.	
10.	Justification for specialized technology acquired /upgraded.	
11.	Copy of the bills in respect of technology acquisition and proof of payment thereof.	
12.	Audited balance sheet of the unit of last year	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Investments Subsidy on VAT/SGST
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Copy of Certificate of Incorporation /Partnership deed.	
2.	Copy of Board resolution/Power of attorney.	
3.	Copy of IEM/EM Part- II/UAM Registration	
4.	CA Certificate regarding fixed capital investment in land, building, Plant & machinery (Annexure-II)(existing and investment for expansion in case of existing units & investment for new units separately)	
5.	List of new Plant & machinery (Date of purchase- Name of the plants & machinery –value in Rs. (Annexure-III)	
6.	Copies of the purchase invoices of plant & machinery/equipments in sequence with details mentioned under Annexure-III	
7.	Audited balance sheet of the unit of last year (Applicable in case of existing Enterprises)	
8.	Certificate from concerned Deputy Excise & Taxation Commissioner regarding net VAT/SGST deposited by the unit during the financial year for which claim has been claimed has been filed (Annexure-IV)	
9.	Copy of first sale bill	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Patent Registration Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Acknowledgement of EM Part-II/UAM registration.	
2.	Certificate of Incorporation/Partnership deed.	
3.	Board resolution /Power of attorney	
4.	Change of Land Use (CLU)/NOC from competent authority, if applicable.	
5.	Copy of first sale bill.	
6.	Copy of Patent Registration certification.	
7.	Undertaking/Declaration on non-judicial stamp paper (Annexure-II)	
8.	CA certificate of Expenditure (in original) giving details(Annexure-III)	
9.	Copy of the bills raised by certifying agency and proof of payment there of product brochures	
10.	Audited balance sheet of the unit of last year.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Marketing Promotion Assistance Scheme for the artisans/weavers
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Copy of Registration /ID card issued by DC (Handicrafts)/,Govt. of India.	
2.	CA Certificate of details of Expenditure incurred in participation of exhibition (In original)(Annexure-II)	
3.	Passport of the person (with immigration/Emigration and Visa Stamps) who participated (in case of foreign exhibition).	
4.	Copy of Boarding Pass with stamp	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	Interest Subsidy Scheme for artisans
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Copy of artisan/weaver's Registration/ID Card issued by DC (Handicrafts)/DC (Handlooms), Govt. of India.	
2.	Certificate for Financial Institution on Letter Head of the Bank (Annexure-II)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Industry Department

Part-1

1.	Name of Service	E-Commerce linking for MSME
2.	Name of Department/Service Provider (Pre- filled into the system)	Industry

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	Acknowledgement of EM part-II/UAM registration.	
2.	Certified of Incorporation/Partnership deed.	
3.	Board resolution /Power of attorney	
4.	Change of Land Use (CLU)/NOC from competent authority , if applicable.	
5.	CA Certificate (Annexure-I)	
6.	Copy of first sale bill	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

2. Sainik and Ardh Sainik Welfare

Sr. No.	Name of Services	Notification No.
1.	Issue of Ex-Servicemen Identity Card	
2.	Issue of Widow Identity Card	
3.	Change of permanent Address	
4.	Issue of NOC for registration in other Zila Sainik Board	
5.	Issue of Dependent Certificate	
6.	House Tax Exemption Certificate	
7.	Countersigning Indent for purchase of Car through CSD	
8.	Verification Cases	
9.	Financial Assistance to widows for their daughter marriage	
10.	Financial Assistance for orphan daughter(s) of ex-servicemen	
11.	Financial Assistance to World War to Veterans	
12.	Financial Assistance to War Widow in addition to family pension	
13.	Financial Assistance to ESM above 60 years and windows of ESM who are not in receipt of pension from GOI/Haryana.	
14.	Financial Assistance to blind paraplegic, Hemiplegic and Tetraplegic ESM with 100% disability.	
15.	Financial Assistance to blind ESM	
16.	Financial Assistance to the legal Guardian of orphan children of ESM	
17.	Financial Assistance to widow/war widows for daughter marriage	
18.	Financial Assistance to disabled ESM whose disability is not attributable to defence forces service who are not in receipt of any type of pension/FA	
19.	Monetary allowance/Pension to pre-independence Gallantry Award winner/widows other Awardees of pre-independence Gallantry medals	
20.	Financial Assistance to war widows and 100% war disabled ESM and war mothers for construction of repair of house.	
21.	Financial Assistance for construction of toilet of bathroom to the ESM who suffer paralysis during or after service.	
22.	Financial Assistance to additional pension to widow and to the children of armed forces personal who died why in service.	
23.	Financial Assistance to Reward Money	
24.	Stipend to the children of ESM out of Amalgamated Fund	
25.	Scholarship to the children of Haryana Domicile studying in the RIMC, Sainik School Kunjpura/Rewari	
26.	Annuity to Awardees	
27.	One time cash award to Gallantry Award winners	
28.	Incentive to Sena/Nao Sena/Vayu Sena Medal Distinguished service/Devotion to duty awardees	
29.	Financial Assistance the cadets/Gentle men cadets fro under taking the training successfully at NDA/IMA/OTA	
30.	Cash Award to the Officers/JCOs/ORs of TA	
31.	Free Bus Pass to War Widows/25% and above disable ESM	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Issue of Ex-Servicemen Identity Card
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Number													
2.	Rank													
3.	Regt/Corps													
4.	Tehsil or Police Station													
5.	Date of Birth													
6.	Date of Enrollment													
7.	Date of discharge													
8.	Amount of pension													
9.	Date of discharge													
10.	Amount of pension (a) Service Pension Rs. (b) Disability Pension Rs. (c) Percentage of Disability													
11.	Discharge Book No. & date													
12.	Identification Mark													
13.	Left thumb impression													
14.	Dependents Details :-													
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">DOB</th> <th style="width: 20%;">Relation</th> <th style="width: 30%;">Aadhar ID</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	DOB	Relation	Aadhar ID									
Name	DOB	Relation	Aadhar ID											

Documents Required**Submitted Tick (✓)/ YES**

1.	Discharge Book/Service particulars having address of Haryana.	
2.	Pension Payment Order	
3.	Passport photo 3 Nos.	
4.	Aadhaar Card	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Issue of Widow Identity Card
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)																					
2.	Relationship with applicant																					
3.	Details of Husband:- No _____ Rank _____ Name _____ Date of Enrolment _____ Date of Discharge _____ Date of Death _____ Regt/ Carps _____																					
4.	Dependent Details :-																					
	<table border="1"> <thead> <tr> <th>Name</th> <th>DOB</th> <th>Relation</th> <th>Aadhar ID</th> <th>Marital Stats</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	DOB	Relation	Aadhar ID	Marital Stats																
Name	DOB	Relation	Aadhar ID	Marital Stats																		

Documents Required**Submitted Tick (√)/ YES**

1.	Discharge Book/Service particulars having address of Haryana.	
2.	Pension Payment Order	
3.	Ex-Servicemen ID Card, if issued to husband	
4.	Copy of Death Certificate of husband.	
5.	Passport photo 3 Nos	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Change of permanent Address
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Discharge Book/Service particulars.	
2.	Proof of residence i.e. copy of Ration Card or Election Identity Card.	
3.	Declaration Form (will be provided in the office) Discharge Book along with the supporting documents sent to concerned Record Office through old Zila Sainik Board for change of address.	
4.	Permanent Home address can only be change by the records office in case of JCos/OR and by 1 Head Quarter of MOD (Army /Navy Air Force) in case of officers. It does not come under the provide of the office.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana

Part-1

1.	Name of Service	Issue of NOC for registration in other Zila Sainik Board
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3

Information/documents required specific to the service

Information.

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Name of District & State for which NOC is required	

Documents Required

Submitted Tick (√)/ YES

1.	Discharge Book/Service particulars.	
2.	Ex-Servicemen/widow ID Card to be deposited.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Issue of Department Certificate
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Whether Relation/Dependent's certificate cannot be issued, if the name is recorded in Discharge Book/Service particulars of ESM?	Yes No

Documents Required**Submitted Tick (✓)/ YES**

1.	Discharge Book/Service particulars.	
2.	Ex-Servicemen/widow ID Card.	
3.	Proof of relationship i.e. copy of Ration Card, School Certificate in case name not recorded in discharge Book.	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	House Tax Exemption Certificate
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Whether the House Tax Exemption is being given as per to all self occupied Houses by ESM & Serving personal on production of Identity Card by concerned MC/Tehsildar?	Yes No

Documents Required**Submitted Tick (√)/ YES**

1.	Admissible only if the property is on claimant's name, not let out partially or wholly.	
2.	Copy of Ex-Servicemen ID Card/War Widow Card.	
3.	Copy of Pension Certificate.	
4.	Copy of Citation of Gallantry Award, if any.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Countersigning Indent for purchase of Car through CSD
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Whether the Indent for AFD items will be issued by URC?	Yes No

Documents Required**Submitted Tick (v)/ YES**

1.	Entitled only for officers, their widows and Hony Commissioned JCOs	
i.	Indent duly filled in	
ii.	Ex-Servicemen/Widow ID Card	
iii.	Original Pension Payment Order	
iv.	Service Particulars Book in the case of Short Service Officers.	
v.	Undertaking from widow of officers that they are not remarried.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana

Part-1

1.	Name of Service	Verification Cases
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3

Information/documents required specific to the service

Information.

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required

Submitted Tick (✓)/ YES

1.	Depends on each case and location.	
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Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana

Part-1

1.	Name of Service	Financial Assistance to widows for their daughter marriage
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3

Information/documents required specific to the service

Information.

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required

Submitted Tick (✓)/ YES

1.	i) Application form	
	ii) Copy of Discharge Book/Service particulars.	
	iii) Copy of Pension Payment Order.	
	ix) Marriage Card/Ration Card.	
	x) Matric Certificate.	
	xi) Death Certificate.	
	xii) Copy of Widow Identity Card.	
	xiii) Affidavit regarding not Re-Married and she is Resident of Haryana.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance for orphan daughter(s) of ex-servicemen
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	i) Application form	
	ii) Copy of Discharge Book/Service particulars.	
	iii) Copy of Pension Payment Order.	
	iv) Marriage Card/Ration Card.	
	v) Matric Certificate.	
	vi) Death Certificate.	
	vii) Copy of Widow Identity Card.	
	viii) Affidavit regarding not Re-Married and she is Resident of Haryana.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to World War to Veterans
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	11. PAN Card	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to War Widow in addition to family pension
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (✓)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	11. Disability Certificate in case of disabled, blind & Pera Tetra & Hemi Plegia ESM.	
	12. Certificate of Liberalized Family pension & Certificate of killed in action from records.	
	13. Death Certificate of parents and guardianship certificate from local court in case of minor orphan children.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to ESM above 60 years and windows of ESM who are not in receipt of pension from GOI/Haryana.
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (✓)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	11. Disability Certificate in case of disabled, blind & Pera Tetra & Hemi Plegia ESM.	
	12. Certificate of Liberalized Family pension & Certificate of killed in action from records.	
	13. Death Certificate of parents and guardianship certificate from local court in case of minor orphan children.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to blind paraplegic, Hemiplegic and Tetraplegic ESM with 100% disability
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (✓)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	11. Disability Certificate in case of disabled, blind & Pera Tetra & Hemi Plegia ESM.	
	12. Certificate of Liberalized Family pension & Certificate of killed in action from records.	
	13. Death Certificate of parents and guardianship certificate from local court in case of minor orphan children.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to blind ESM
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	11. Disability Certificate in case of disabled, blind & Pera Tetra & Hemi Plegia ESM.	
	12. Certificate of Liberalized Family pension & Certificate of killed in action from records.	
	13. Death Certificate of parents and guardianship certificate from local court in case of minor orphan children.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to the legal Guardian of orphan children of ESM
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	11. Disability Certificate in case of disabled, blind & Pera Tetra & Hemi Plegia ESM.	
	12. Certificate of Liberalized Family pension & Certificate of killed in action from records.	
	13. Death Certificate of parents and guardianship certificate from local court in case of minor orphan children.	
	14. Birth Certificate of orphan child/ Children	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana

Part-1

1.	Name of Service	Financial Assistance to widow/war widows for daughter marriage
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3

Information/documents required specific to the service

Information.

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required

Submitted Tick (✓)/ YES

1.	i) Copy of Discharge Book/Service particulars.	
	ii) Disability Certificate	
	iii) Marriage Card/Cast from Sarpanch/ Municipal Corporation	
	iv) Copy of Pension Payment Order	
	v) Copy of ESM identity Card	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to disabled ESM whose disability is not attributable to defence forces service who are not in receipt of any type of pension/FA
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (✓)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	11. Disability Certificate in case of disabled, blind & Pera Tetra & Hemi Plegia ESM.	
	12. Certificate of Liberalized Family pension & Certificate of killed in action from records.	
	13. Death Certificate of parents and guardianship certificate from local court in case of minor orphan children.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Monetary allowance/ Pension to pre-independence Gallantry Award winner/widows of the Awardees of pre-independence Gallantry medals
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Affidavit of awardees	
	4. Residence Certificate & Ration Card	
	5. Service particular of ESM at the time of joining service	
	6. Original Discharge Book	
	7. Non Re-marriage Certificate along with Death Certificate in case of Widow.	
	8. Disability Certificate in case of disabled, blind & Pera Tetra & Hemi Plegia ESM.	
	9. Copy of gazette Notification Affidavit of NOC in case of Pashtu award	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to war widows and 100%war disabled ESM and war mothers for construction of repair of house.
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (✓)/ YES**

1.	i) Application from	
	ii) Disability Certificate	
	iii) Copy of ESM Identity Card/Address	
	iv) Copy of Pension Payment Order	
	v) Ration Card	
	vi) Is he getting disability Pension from RSB. If yes copy of proof.	
	vii) Detail of other sources income.	
	viii) Is Applicant being in Para Plegic home mohali.	
	ix) Ownership of agriculture land by Patwari/Tehsildar	
	x) Affidavit reading income source other then pension	
	xi) Certificate of ownership of own house	
	xii) Estimate budget for construction toilet-cum-bathroom	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance for construction of toilet of bathroom to the ESM who suffer paralysis during or after service
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	i) Application from	
	ii) Service particular/Discharge Book	
	iii) Ration Card	
	iv) Detail of income from all source	
	v) Causes of Damage of house issued by competent authority	
	vi) Estimate budget for construction of house	
	vii) Map of house	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to additional pension to widows and to the children of armed forces personal who died why in service
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (v)/ YES**

1.	i) Application from	
	ii) Service particular showing nature of death of deceased/Discharge Book	
	iii) School Certificate for date of birth /birth certificate	
	iv) Photo copy of death certificate issued by the Army Hospital/CMO	
	v) Two photograph of children/mother joint and backside signed by village Sarparch	
	vi) Photo copy of pension book/PPO	
	vii) Photo copy of Ration Card	
	viii) Photo copy of I Card of Widow	
	ix) Photo copy of Adhar Card of Widow	
	x) Bank detail of Widow for NEFT	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to Reward Money
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	1. Recommendation of ZSB	
	2. Application with 3 photo	
	3. Annexure 1 & 2 affidavit	
	4. Residence Certificate & Ration Card	
	5. NOC from concerned DSWO and concerned ZSB	
	6. Service particular of ESM	
	7. Original Discharge Book	
	8. Delay Report, Revenue Report	
	9. Non Employment Certificate	
	10. Non Re-marriage Certificate along with Death Certificate in case of Widow	
	11. Disability Certificate in case of Disabled, blind & Pera Tetra & Hemi Plegia ESM	
	12. Certificate of Liberalized Family pension & Certificate of killed in action from records	
	13. Death Certificate of parents and guardianship certificate from local court in case of minor orphan children.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Stipend to the children of ESM out of Amalgamate Fund
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	i) Copy of Discharge Book/Service particulars.	
	ii) Disability Certificate	
	iii) Copy of Pension Payment Order	
	iv) Copy of ESM Identity Card	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Scholarship to the children of Haryana Domicile studying in the RIMC, Sainik School Kunjpura Rewari
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	i) Copy of Discharge Book/Service particulars.	
	ii) Disability Certificate	
	iii) Copy of Pension Payment Order	
	iv) Copy of ESM Identity Card	
	v) (i) For Sainik School Rewari Scholarship to the Children of Haryana Domicile Studying (ii) The Affidavit/Certificate relating to the Domicile and income certificate the parents	
	vi) For RIMC scholarship to the children of Haryana Domicile (i) Cadets Progress Reports for student. (ii) Application for claim of scholarship to students of Haryana Domicile.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Annuity to Awardees
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	As per record at the office of Zila Sainik Board	
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Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	One time cash award to Gallantry Award winners
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (✓)/ YES**

1.	1. Instruction of the Govt. on the subject.	
	2. Application /recommendation of concerned ZSB.	
	3. Copy of citation of award.	
	4. Affidavit of awardees.	
	5. Affidavit & application along with photo of NOKs in case of posthumous award.	
	6. Residence certificate of Haryana	
	7. Service particular address at the time of joining service.	
	8. Copy of Gazette Notification.	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Incentive to Sena/Nao Sena/Vayu Sena Medal Distinguished service/Devotion to duty awardees
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	1. Instruction of the Govt. on the subject.	
	2. Application/recommendation of concerned ZSB.	
	3. Copy of citation of award.	
	4. Affidavit of awardees.	
	5. Affidavit & application along with photo of NOKs in case of posthumous award.	
	6. Residence certificate of Haryana.	
	7. Service particular address at the time of joining service.	
	8. Copy of Gazette Notificaiton.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Financial Assistance to the cadets/Gentle men cadets for under taking the training successfully at NDA/IMA/OTA
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	i) Application Form.	
	ii) Certificate from the concerned Academy after successful completion of training.	
	iii) Domicile of Haryana under taking by applicant.	
	iv) Certificate from ZSB that all document have been checked and found correct.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Cash Award to the Officers/JCOs/Ors of TA
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	i) Application two copy	
	ii) Domicile/ Aadhar Card	
	iii) Affidavit.	
	iv) Part-II Order.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Services of Sainik and Ardh Sainik Welfare Haryana**Part-1**

1.	Name of Service	Free Bus Pass to War Widows/25% and above disable ESM
2.	Name of Department/Service Provider (Pre- filled into the system)	Sainik and Ardh Sainik Welfare Haryana

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	i) Copy of Discharge Book/ Service particulars.	
	ii) Disability Certificate	
	iii) Copy of Pension Payment Order	
	iv) Copy of ESM Identity Card	
	v) Photo - 3	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

3. Animal Husbandry and Dairying

Sr. No.	Name of Services	Notification No.
1.	Scheme for the conservation and development of indigenous cattle (Gausamvardhan) 2018-19	
2.	Scheme for Integrated Murrah Development (N) 2018-19	
3.	Scheme for Establishment of Hi-Tech & Mini Dairy Unit (N) 2018-19	
4.	Scheme for Providing Employment Opportunities to Scheduled Castes	
5.	Scheme for Establishment of Backyard Poultry Units	
6.	Scheme for Providing Employment Opportunities by Establishing Sheep and Goat Units	

Simplified Proforma Animal Husbandry and Dairying Department- 1**Part-1**

1.	Name of Service	Scheme for the conservation and development of indigenous cattle (Gausamvardhan) 2018-19
2.	Name of Department/Service Provider (Pre- filled into the system)	Animal Husbandry and Dairying Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Simplified Performa Animal Husbandry and Dairying Department- 2**Part-1**

1.	Name of Service	Scheme for integrated Murrah Development (N) 2018-19
2.	Name of Department/Service Provider (Pre- filled into the system)	Animal Husbandry and Dairying Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Simplified Performa Animal Husbandry and Dairying Department- 3**Part-1**

1.	Name of Service	Scheme for Establishment of Hi-Tech & Mini Dairy Unit (N) 2018-19
2.	Name of Department/Service Provider (Pre- filled into the system)	Animal Husbandry and Dairying Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		
3.		
4.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Simplified Performa Animal Husbandry and Dairying Department- 4**Part-1**

1.	Name of Service	Scheme for Providing Employment Opportunities to Schedule Castes
2.	Name of Department/Service Provider (Pre- filled into the system)	Animal Husbandry and Dairying Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		
3.		
4.		

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Simplified Performa Animal Husbandry and Dairying Department- 5**Part-1**

1.	Name of Service	Scheme for Establishment of Backyard Poultry Units
2.	Name of Department/Service Provider (Pre- filled into the system)	Animal Husbandry and Dairying Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Educational Qualification	
2.	Whether the applicant belongs to BPL family if yes; proof thereof	
3.	Details of agriculture land in the name of applicant (enclose verification from Patwari)	
4.	Copy of Bank Passbook	
5.	Copy of Voter ID Card/Driving License/Ration Card	
6.	Copy of Aadhaar Card	
7.	Copy of PAN Card	
8.	Copy of cancelled Bank Cheque	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Simplified Performa Animal Husbandry and Dairying Department- 6**Part-1**

1.	Name of Service	Scheme for Providing Employment Opportunities by Establishing Sheep and Goat Units
2.	Name of Department/Service Provider (Pre- filled into the system)	Animal Husbandry and Dairying Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	

Documents Required**Submitted Tick (√)/ YES**

1.	Educational Qualification	
2.	Whether the applicant belongs to BPL family if yes; proof thereof	
3.	Details of agriculture land in the name of applicant (enclose verification from Patwari)	
4.	Copy of Bank Passbook	
5.	Copy of Voter ID Card/Driving License/Ration Card	
6.	Copy of Aadhaar Card	
7.	Copy of PAN Card	
8.	Copy of cancelled Bank Cheque	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

4. Health

Sr. No.	Name of Services	Notification No.
1.	Issuing of Medical Certificate of fitness of First Entry into Govt. Service.	
2.	Issuing of Medical Examination for Extension in Service.	
3.	Issuing of Medical Fitness Certificate	
4.	Issuing of Medical Certificate for Chronic Disease	
5.	Issuing of Certificate of Pregnancy	
6.	Issuing of Disability Certificate for M.L.C. Cases	
7.	Issuing of Medical Fitness Certificate after Maternity Leave	
8.	Issuing of Disability Certificate in Other Cases	
9.	Issuing of Certificate for Physically handicapped	
10.	Issuing of disability Certificate by person with Disabilities.	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Medical Certificate of fitness of First Entry into Govt. Service
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	State your age and place of birth	
2.	Have you ever had Smallpox, Intermittent or any other fever, enlargement of suppuration of Glands, Spitting of Blood etc. or Any other Disease or Accident requiring Confinement to bed and medical of surgical treatment	
3.	Any other disease or Accident Requiring Confinement to bed and Medical or Surgical treatment	
4.	Where were you last vaccinated	
5.	Have you any or your relative been affected with consumption scoreful about asthma, epilepsy, fits	
6.	Have you suffered from the nervousness due to over work of any other fit	
7.	Have you been examined and declared fit for Government Service by a Medical Officer/ Medical Board within last three years	
8.	(i) Furnish the following particulars Father's age if living (ii) Concerning your family Father's age at time of death (iii) No. of brothers if living and their age and state their health (iv) No. of brothers dead age at the time of death & cause of death (v) Mother's age if living and state of health (vi) Mother's age at the time of death & cause (vii) No. of sister if living and state their health (viii) No. of sister death & cause of death	

Documents Required**Submitted Tick (v)/ YES**

1.		
2.		

I, hereby declare that all the information given above is true to best of my knowledge if any information found wrong then I will be punishable as per law.

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Medical Examination for Extension in Service.
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.	Self Declaration	
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Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Medical Certificate for chronic Disease
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Service Regarding leave Certificate of Pregnancy
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Disability Certificate for M.L.C Cases
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Medical Fitness Certificate
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

Simplified Proforma Health Civil Surgeon Department

Part-1

1.	Name of Service	Medical Fitness Certificate after Maternity leave
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3

Information/documents required specific to the service Information.

1.		
2.		

Documents Required

Submitted Tick (v)/ YES

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Disability Certificate in other Cases
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Certificate for Physically handicapped
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.		
2.		

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma Health Civil Surgeon Department**Part-1**

1.	Name of Service	Application for obtaining disability Certificate by person with Disabilities
2.	Name of Department/Service Provider (Pre- filled into the system)	Health Civil Surgeon

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Educational Status (Pl.tick as applicable) i) Post Graduate ii) Graduate iii) Higher Secondary iv) Matriculation v) Middle vi) Primary vii) Illiterate	
2.	Occupation	
3.	Identification Marks	
4.	Nature of disability	
5.	Period since when disabled: From Birth/Since year	

Documents Required**Submitted Tick (✓)/ YES**

1.	Ration Card	
2.	Voter identity Card	
3.	Driving License	
4.	PAN Card	
5.	Passport	
6.	Certificate of residence – issued by a Cantonment Authority	
7.	Certificate – of disabilities, destitute, mentally ill etc.	
8.	Two recent passport size photographs.	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

5. Directorate of Urban Local Bodies

Sr. No.	Name of Services	Notification No.
1.	Request for booking Community Centre	
2.	Fresh license-New Cow-house set-up, Fresh license- Structural changes in existing cow house, License renewal	
3.	Fresh license, Renewal of license Bakery	
4.	Fresh license-Run tent house, Restoration of license to run tent house, Renewal of license to run tent house	
5.	Permission for installation of temporary structures	
6.	Original registration, Renewal of license, Dogs brought for show purpose	
7.	Fresh license, Renewal of license for lodging houses	
8.	Fresh license, Renewal of license to run Flour Mills	
9.	Fresh license, Renewal of license for plying Carts and Rehris	
10.	Request for copy of documents	
11.	Fresh License, Renewal of license for sale of meat	
12.	Fresh License, Renewal of license for running Piggery	
13.	Permission for import of meat and sale of import meat	
14.	Permission for Encamping Ground	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Request for booking Community Centre
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Details of Community Centre – Community Centre	
2.	Is the Community Centre required for a single day or multiple days?	
3.	Start Date of Booking	
4.	End Date of Booking	
5.	Provide details of event	

Documents Required**Submitted Tick (✓)/ YES**

1.	Identification Documents Proof	
2.	Option to add another document shall be made available	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh License- New Cow- house set-up, Fresh license-Structural changes in existing cow house, License renewal
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality	
3.	(iii) Zone	
4.	Previous license – (i) License No.	
5.	(ii) Date of Issue	
6.	(iii) Issuing Authority	
7.	Firm Details - Type of Firm	
8.	Business Details – (i) Name No. of Building (Address of location)	
9.	(ii) Colony/Road/Street (Address of location of business operations)	
10.	(iii) Town (Address of location of business operations)	
11.	(iv) PAN No.	
12.	(v) Premises (Location of business operation)	
13.	(vi) GST No.	

Documents Required**Submitted Tick (√)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous License for Cow-House	
4.	Pan Card	
5.	GST Certificate	
6.	Notice served by Municipality in current/previous FY	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh license- Renewal of license Bakery
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information- (i) License year	
2.	(ii) Renewal cycle	
3.	(iii) Name of Municipality	
4.	(iv) Zone	
5.	Previous License- (i) License No.	
6.	(ii) Date of Issue	
7.	(iii) Issuing Authority	
8.	Firm Details- (i) Type of Firm	
9.	(ii) Firm Name	
10.	(iii) Firm registration Issuing Authority	
11.	(iv) Registration No.	
12.	Business Details- (i) Business activity description	
13.	(ii) Name No. of Building (address of location of business operations)	
14.	(iii) Colony/Road/Street (Address of location of business operations)	
15.	(iv) Town (Address of location of business operations)	
16.	(v) PAN No.	
17.	(vi) Premises (Location of business operation)	
18.	(vii) GST No.	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous License for Cow-House	
4.	Pan Card	
5.	GST Certificate	
6.	Notice served by Municipality in current/previous FY	
7.	NOC from Fire Department	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh license- Run tent house, Restoration of license to run tent house, Renewal of licenses to run tent house
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information- (i) License year	
2.	(ii) Name of Municipality	
3.	(iii)Zone	
4.	Previous License-(i) License No.	
5.	(ii) Date of Issue	
6.	(iii) Date of suspension of license	
7.	(iv) Issuing Authority	
8.	Firm Details- (i)Type of Firm	
9.	(ii) Firm Name	
10.	(iii) Firm registration Issuing Authority	
11.	(iv) Registration No.	
12.	Business Details- (i) Business activity description	
13.	(ii) Name No. of Building (address of location)	
14.	(iii) Colony/Road/Street (Address of location)	
15.	(iv) Town (Address of location)	
16.	(v) PAN No.	
17.	(vi) Premises (Location of business operation)	
18.	(vii)GST No.	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous License for Cow-House	
4.	Pan Card	
5.	GST Certificate	
6.	Notice served by Municipality in current/previous FY	
7.	Inspection related documents	
8.	Compensation Fee payment receipt	
9.	Option to add another document shall be made available	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Permission for installation of temporary structure
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information- (i) License Year	
2.	(ii) Name of Municipality (where temporary structure is to be installed)	
3.	(iii) Zone (where temporary structure is to be installed)	
4.	Details of Tent House- (i) License No.	
5.	(ii) Date of Issue	
6.	(iii) Issuing Authority	
7.	Site and event/Function Details for which temporary –(i) Address of site where temporary Structure Shall be installed structure is to be installed- Line1	
8.	(ii) Address of site where temporary structure is to be installed-Line2	
9.	(iii) Address of site where temporary structure is to be installed-Line3	
10.	(iv) Town	
11.	(v) Pin Code	
12.	(vi) Describe the event (eg: Marriage, school or college function, conference, etc.)	
13.	(vii) Start Date of permission for temporary structure	
14.	(viii) End Date of permission for temporary structure	
15.	(ix) Start time of event	
16.	(x) End time of event	
17.	Details of temporary structure Proposed to be installed – (i) Total area of temporary structure (in. sq. meters)	
18.	(ii) Approx. capacity of temporary structure (no. of persons)	
19.	a. Height of temporary structure (in meters)	
20.	a. Does the temporary structure require kitchen facility?	
21.	b. Specify capacity of water storage provisioned at temporary structure (in litres)	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous License for Lodging house	
4.	Plan of lodging house (showing dimensions of all rooms and intended purpose of use of each room)	
5.	Pan Card	
6.	GST Certificate	
7.	Notice served by Municipality in current/previous FY	
8.	NOC from Fire Department	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Original registration, Renewal of license, Dogs brought for show purpose
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality (where dog shall be registered)	
3.	(iii) Zone (where dog shall be registered)	
4.	Details of Previous License – (i) License No.	
5.	(ii) Date of Issue	
6.	(iii) Issuing Authority	
7.	Applicant Details - Is Applicant owner of dog or in possession of dog?	
8.	Dog Details – (i) Date of bringing dog into municipal limits	
9.	(ii) Date of day when dog will leave municipal limits	
10.	Details of dog show – (i) Name of dog show	
11.	(ii) Start Date of dog show	
12.	(iii) End Date of dog show	
13.	Address of venue of dog show – (i) State	
14.	(ii) District	
15.	(iii) Town	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Photo of Dog	
4.	Rabies inoculation certificate from veterinary doctor	
5.	Certificate of having performed sterilization from Veterinary doctor	
6.	License of dog (in case of Renewal)	
7.	Permission for dog show	
8.	Notice served by Municipality (if any)	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh license - Renewal of license Lodging Houses
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality	
3.	(iii) Zone	
4.	Details of Previous License – (i) License No.	
5.	(ii) Date of Issue	
6.	(iii) Issuing Authority	
7.	Firm Details – (i) Type of Firm	
8.	(ii) Firm Name	
9.	(iii) Type of Registration	
10.	(iv) Firm registration Issuing Authority	
11.	Business Details – (i) Business activity description	
12.	(ii) Name/ No. of Building (Address of location of business operations)	
13.	(iii) Colony/Road/Street (Address of location of business operations)	
14.	(iv) Town (Address of location of business operations)	
15.	(v) PAN No.	
16.	(vi) GST No.	
17.	Lodging House Details – (i) Total area of premises of lodging house (in sq. feet)	
18.	(ii) Max. no. of persons expected to be accommodating the lodging house at a time	
19.	(iii) a. 1 Total no. of rooms in lodging house	
20.	(iv) a. 4 Provide details of utility of rooms on each floor (floor-wise)	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous License for Lodging house	
4.	Plan of lodging house (showing dimensions of all rooms and intended purpose of use of each room)	
5.	Pan Card	
6.	GST Certificate	
7.	Notice served by Municipality in current/previous FY	
8.	NOC from Fire Department	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh license - Renewal of license to run Flour Mills
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality	
3.	(iii) Zone	
4.	Type of license – (i) Type of license	
5.	(ii) No. of months for which license is applied for	
6.	Details of Previous License – (i) License No.	
7.	(ii) Date of Issue	
8.	(iii) Date of expiry	
9.	(iv) Issuing Authority	
10.	Firm Details – (i) Type of Firm	
11.	(ii) Firm Name	
12.	(iii) Firm registration Issuing Authority	
13.	(iv) Registration No.	
14.	Business details – (i) Business activity description	
15.	(ii) Name. No. of Building (Address of location of business operations)	
16.	(iii) Colony/Road/Street (Address of location of business operations)	
17.	(iv) Town (Address of location of business operations)	
18.	(v) Pin code (Address of location of business operations)	
19.	(vi) PAN No.	
20.	(vii) Premises(Locations of business operations)	
21.	(viii) GST No.	
22.	Flour Mill Details - Capacity of motor commissioned at flour mill (in horse power)	
23.	Notice Served by Municipality in current/ Previous Financial year (If Any) - Date of Completion of action	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous License of four mills	
4.	Pan Card	
5.	GST Certificate	
6.	Notice served by Municipality in current/previous FY	
7.	NOC from Fire Department	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh license- Renewal of License for plying Carts and Rehris
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality	
3.	(iii) Zone	
4.	Details of previous license – (i) License No.	
5.	(ii) Date of Issue	
6.	(iii) License plate No.	
7.	(iv) Issuing Authority	
8.	Cart/Rehri Details – (i) Mode of operations of cart/rehri	
9.	(ii) Purpose of use of cart/rehri	
10.	Notice Served by Municipality in current/ Previous Financial year (If Any) - (i)Specify details of inspection/ action taken by Applicant after notice	
11.	(ii) Date of completion of action	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous License of cart/rehri	
4.	Notice served by Municipality in current/pervious FY	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Request for copy of Documents
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) Name of Municipality (from where copy of documents is requested)	
2.	(ii) Zone (from where copy of documents is requested)	
3.	(iii) Municipality office Name (from where copy of document is requested)	

Documents Required**Submitted Tick (√)/ YES**

1.	Identification Documents Proof	
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Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh license- Renewal of license for Sale of Meat
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality	
3.	(iii) Zone	
4.	Type of license – (i) Type of license	
5.	(ii) No. of months for which license is applied for	
6.	Details of previous License – (i) License No.	
7.	(ii) Date of Issue	
8.	(iii) Date of expiry	
9.	(iv) Issuing Authority	
10.	Firm Details – (i) Type of Firm	
11.	(ii) Firm Name	
12.	(iii) Firm registration Issuing Authority	
13.	(iv) Registration No.	
14.	Business Details – (i) Business activity description	
15.	(ii) Name. No. of Building (Address of location of business operations)	
16.	(iii) Colony/Road/Street (Address of location of business operations)	
17.	(iv) Town (Address of location of business operations)	
18.	(v) Pin code (Address of location of business operations)	
19.	(vi) PAN No.	
20.	(vii) Premises(Locations of business operations)	
21.	(viii) GST No.	
22.	Details of Premises used for Sale/ Preparation for Sale/ - (i) Type of meat sold Exposure for sale of Meat	
23.	(ii) Specify the animal's whose meat is sold at the premises	
24.	(iii) Total area of premises (in sq. feet)	
25.	(iv) Specify if the premises is used for slaughter of meat	

Documents Required**Submitted Tick (√)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous Licenses for the premises for sale of meat	
4.	Pan Card	
5.	GST Certificate	
6.	Certificate from Municipality/Improvement Trust approving premises for sale/preparation for sale/exposure for sale of meat	
7.	Government Scheme related documents	
8.	Notice served by Municipality in current/previous FY	
9.	NOC from Fire Department	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Fresh License – Renewal of license for running Piggery
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality	
3.	(iii) Zone	
4.	Details of Previous License – (i) License No.	
5.	(ii) Date of Issue	
6.	Issuing Authority	
7.	Firm Details – (i) Type of Firm	
8.	(ii) Firm Name	
9.	(iii) Registration No.	
10.	Business Details – (i) Business activity description	
11.	(ii) Name. No. of Building (Address of location of business operations)	
12.	(iii) Colony/Road/Street (Address of location of business operations)	
13.	(iv) Town (Address of location of business operations)	
14.	(v) Pin code (Address of location of business operations)	
15.	(vi) Unique Property ID (for location of business operations)	
16.	(vii) PAN No.	
17.	(viii) Premises(Locations of business operations)	
18.	(ix) GST No.	

Documents Required

Submitted Tick (v)/ YES

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous Licenses for Piggery	
4.	Pan Card	
5.	GST Certificate	
6.	Notice served by Municipality in current/previous FY	
7.	NOC from Fire Department	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Permission for import of meat, Permission for import of mat and sale of imported meat
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality	
3.	(iii) Zone	
4.	Details of Previous License Taken – (i) License No.	
5.	(ii) Date of Issue	
6.	(iii) Issuing Authority	
7.	Firm Details – (i) Type of Firm	
8.	(ii) Firm Name	
9.	(iii) Firm registration Issuing Authority	
10.	(iv) Registration No.	
11.	Business Details – (i) Business activity description	
12.	(ii) Name. No. of Building (Address of location of business operations)	
13.	(iii) Colony/Road/Street (Address of location of business operations)	
14.	(iv) Town (Address of location of business operations)	
15.	(v) Pin code (Address of location of business operations)	
16.	(vi) Unique Property ID (for location of business operations)	
17.	(vii) PAN No.	
18.	(viii) Premises (Locations of business operations)	
	(ix) GST No.	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous Licenses for Piggery	
4.	Pan Card	
5.	GST Certificate	
6.	Certificate from Medical Officer of Health/ authorized officer authorized import of meat	
7.	Certificate from Medical Officer of Health/ authorized officer authorizing sale of imported meat	
8.	Notice served by Municipality in current/previous FY	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Directorate of Urban Local Bodies (Haryana)**Part-1**

1.	Name of Service	Permission for Encamping Ground
2.	Name of Department/Service Provider (Pre- filled into the system)	Directorate of Urban Local Bodies

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Application Information – (i) License Year	
2.	(ii) Name of Municipality (of encamping ground)	
3.	(iii) Zone (of encamping ground)	
4.	Encamping Ground Details – (i) Total area of encamping ground(in. sq. meters)	
5.	(ii) License No. of Tent House responsible for setting up tents in camp	
6.	Details of Camp – (i) Start Date of permission for camp	
7.	(ii) End Date of permission for camp	
8.	(iii) Approx No. of tents intended to be pitched	
9.	(iv) Approx no of servant tents intended to be pitched	
10.	(v) Approx no. of persons who will occupy the camp	
11.	(vi) Approx no. of animals that will be kept at camp	
12.	Notice Served by Municipality in Current/ Previous Financial year (If Any) - (i) Specify details of action taken by Applicant after notice	
13.	(ii) Date of completion of action	

Documents Required**Submitted Tick (v)/ YES**

1.	Identification Documents Proof	
2.	Rent/ Leases/Agreement/Ownership Proof	
3.	Previous Licenses for Piggery	
4.	Pan Card	
5.	GST Certificate	
6.	Notice served by Municipality in current/previous FY	
7.	NOC from Fire Department	
8.	Permission from Law and Order Enforcement Agency (for set-up of camp)	
9.	Permission for loudspeaker	
10.	Certification for sanitation facilities	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

6. Police Department

Sr.no.	Name of the services	Notification No.
1.	Service for registration with an outside licensing authority (see rule 17)	
2.	Arms licensing branch for extension of purchase period	267
3.	Service for allied services related to license issued in Form II, III, IV	
4.	Application for an arms license in form II,III, IV, S-III, Form A-1, (see rule 11)	264
5.	Form of application for renewal of arms license(s) granted in Form II, III, IV (see rule 24)	265
6.	Antecedent Verification Report	
7.	Application form for Bank Guard (Retainer)	
8.	Application for extension of area validity of the Arms License	

**Simplified Profroma Form B-1- Service for registration with an outside licensing authority
(see rule 17) RTS Act**

Part-1

1.	Name of Service	Service for registration with an outside licensing authority (see rule 17)
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

Part (A)		Identity of the Applicant		
1.	UIN			
2.	Name	3. Parent/Spouse Name		
4.	Place of birth (Nativity)	5. Date of birth in Christian era		
	In figures DD/MM/YYYY	In words		
6.	Present Address			
	Telephones (Office/Residence)	Mobile No.		
	Email	Nearest Police Station		
7.	Address as appearing on the license	Nearest Police Station		
8.	Occupation	9. Period of stay in the local jurisdiction		
Part (B)		Existing licence particular and weapon endorsement		
10.	License Number			
11.	Issuing Authority	12. Last Renewing Authority		
13.	Date of expiry	14. Area Validity		
15.	Weapons Endorsed	Weapon 1	Weapon 2	Weapon 3
	Type [Rifle/Shot Gun/Hand Gun/(Rev/Pistol)]			
	Bore			
	Weapon Number			
16.	Ammunition Allowed	Cartridges Gun Powder/Percussion Caps		
17.	Mention restriction on sale of weapon rule 20, if any			
18.	Details of additional licenses under rule 20, if any			
Additional License No.1				
	Name	Father's/ Spouse Name	Licence No.	
Additional License No.1				
	Name	Father's/ Spouse Name	Licence No.	
Part C		Other Particulars of the License		
19.	Whether the license, since the last renewal/issuance of licence has been-			
(a)	Convicted- if so, the offence(s), the sentence and date of sentence			

(b)	Ordered to execute a bond under Chapter VIII of code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behaviour- if so, - when and for what period	
(c)	Prohibited under the Arms Act, 1959 or any other law from having the arms/ ammunition	
20.	Whether- (a) the applicant's licence since last renewal/ issuance was ever suspended or cancelled/revoked- if so, when and by whom and on what account	
(b)	Any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof (other than additional license vide para 18)	
(c)	the applicant has a safe place to keep the arms	

Documents Required

Submitted Tick (✓)/ YES

1.		
2.		
3.		

Declaration:

I hereby declare that the above particulars given in the applicant are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceed against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016 and laws for the time being in force.

Signature/Thumb- impression of applicant

Place.....

Date.....

Warning:

Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Arms licensing branch for extension of purchase period RTS Act**Part-1**

1.	Name of Service	Arms licensing branch for extension of purchase period
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2 :**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	License No.	2. Date of Issue
3.	License valid upto	4. Purchase period due since
5.	Details of the weapon for which extension of purchase period required	6. Reason for not purchasing the weapon
7.	Reason for applying late for extension of purchase period	8. How many weapons allowed
9.	When weapon allowed to be purchased and initial purchase period given	10. Whether applied earlier for extension of purchase period, if so, no of times it has been extended
11.	Extension of purchase period against deleting of weapon or otherwise	

Documents Required**Submitted Tick (✓)/ YES****Self attested photocopies of two residential proofs:**

1.	Electricity	2. Tax return & Pan Card
2.	Telephone Bill	4. Driving License
3.	Property/ house Tax	6. Election voter ID-card
4.	Ration Card	8. Passport
5.	Water Bill	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for allied services related to license issued in Form II, III, IV RTS Act**Part-1**

1.	Name of Service	Service for allied services related to license issued in Form II, III, IV
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service Information.**

Part (A)		Identity of the license		
1.	Name of the license	2. Parent/Spouse Name		
3.	Parent Address	District	State	
3.	Telephone No.	Office	Residence	
	Mobile No.	Nearest Police Station		
4.	UIN			
5.	License No.	Date of Expiry		
6.	Area validity of the license			
7.	Firearms endorsed on the license	Weapon 1	Weapon 2	Weapon 3
	Type (rifle/Shot Gun/Hand Gun)			
	Bore /Caliber			
	Weapon No.			
Part (B)		Acquisition of a Firearm		
1.	Type of firearm to be acquired (Rifle/Shot Gun/Hand Gun/Other			
2.	Reason for acquisition of Firearm			
3.	Claims for special consideration for acquisition of additional firearm			
Part (C)		Endorsement of firearms on the license		
A	Acquisition of firearm			
(a)	Validity of permission to acquire	DD/MM/YY		
(b)	Date of acquisition of firearm	DD/MM/YY		
B	Acquisition from manufacturer or arms dealer			
(a)	Name of the vendor	(b) UIN of the vendor		
(c)	Invoice Number	(d) Invoice date		
C	Acquisition from another license			
(a)	Name of the transferor license			
(b)	Parent/Spouse Name	9. UIN		
		10. License No.		
11	Validity period of license	DD/MM/YYYY		

12	Details of permission to sell obtained by transferor	DD/MM/YYYY
	Name of the licensing authority	
	Reference No.	
	Date	DD/MM/YYYY
	Expiry Date (if any)	DD/MM/YYYY
D	Details to be furnished in case acquisition of firearm is made from any place not covered under the area validity of the license of the applicant	
13	Reference No. of NOC issued by the licensing authority under rule 98	
	Date of NOC	DD/MM/YYYY
	Validity of NOC	DD/MM/YYYY
14	Transport License No. issued in Form XII	
	Name of the issuing authority of transport license	
	Date of Transport license	DD/MM/YYYY
	Validity period of transport license	DD/MM/YYYY
E	Details of firearms to be endorsed	
	Type of firearm (Hand Gun/Shot Gun/Rifle)	
		Make of firearm
		Caliber/bore
		Serial Number of firearm
Part D Permission to sell or transfer or ammunition under section 5 of the Arms Act, 1959		
1.	Details of firearm to be sold or transferred	Type of firearm (Rifle/Shot Gun/Hand Gun)
	Bore/Caliber	Weapon Number
2.	Details of ammunition to be sold or transferred	Bore/calibre of ammunition
	Quantity of ammunition	
3.	Reason for sale or transfer of firearm or ammunition (defection condition of the firearm/economic reason/any other reason)	
4.	Particulars of the purchaser or transferee to whom the firearm or ammunition is to be sold or transferred	
	If to be sold or transferred to another license	
(a)	Name of the prospective buyer or transferee	(b) Address of the prospective buyer or transfer
(c)	UIN	(d) License No.
(e)	Validity license DD/MM/YYYY	(f) Validity of purchase DD/MM/YYYY
	If to be sold to an authorised arms and ammunition dealer	
(a)	Name of the dealer	(b) Address for the deal
(c)	UIN	
This may be treated as the mandatory notice under clause (b) of sub section (2) of section 5 of the Arm Act, 1959		

Documents Required

Submitted Tick (v)/ YES

1.	Original invoice (refer Para B)	
2.	Sale confirmation from the transferor licensee (refer Para C)	
3.	No objection certificate and transport license (refer Para D)	
4.	Coloured photograph of the firearm acquired showing the serial number of the firearm (refer Para E)	
Note:- The licensing authority may require the license to get the inspection		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma- Service for Application for an arms license in form II,III,IV, S-III, Form A-1,
(see rule 11)RTS Act**

Part-1

1.	Name of Service	Application for an arms license in form II,III,IV, S-III, Form A-1, (see rule 11)
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	2. Place of birth	Country	State	District
3.	Date of birth in Christian era			Must be 21 years of age on the date of application			
	In Figures DD/MM/YYYY			In words			
4.	Permanent Account No.(PAN)						
5.	Present address						
				District	State		
(a)	Since when residing at the present address			DD/MM/YYYY			
(b)	Telephone No.	Office	Residence	(c) Mobile No.			
(d)	Nearest Police State						
6.	Permanent Address						
				District	State		
(a)	Nearest Police Station						
7.	Occupation						
Note - Nearest Police Station means the police station under whose jurisdiction the place given in the address comes							
8.	Office/business address						
9.	Additional particulars if the license is required for crop protection under rule 35			Location (village)			
				Area of land under cultivation			
Other Particular of the Applicant							
10.	Whether the applicant has been presently /Previously involved in any criminal case (whether convicted/ acquitted, Pending/ Trail or cancellation/ Untraced of FIR). If yes, Give Details of the case.						
(a)	Give details of the case		Y	N	FIR No.	Date	U/S
					Police Station		
(b)	Ordered to execute a bond under Chapter VIII of Code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behaviour		Y	N	If yes details thereof –		
					Date	DD/MM/YYYY	
					Period for which bound		
(C)	Prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition		Y	N	If yes, details thereof-		
					Date	DD/MM/YYYY	
					Period for which prohibited		

11.	Whether-			
(a)	The applicant applied for a license before- if so, when, to whom and with what result	Y	N	If yes, details thereof- Date applied for DD/MM/YYYY\ Name of the licensing authority Result (Pl. specify) Approved/Rejected Pending
(b)	The applicant's license was ever suspended or cancelled/revoked	Y	N	If yes, details authority Name of the Licensing authority Reasons
(c)	Any other member if the applicant's family is in possession of any arms license, if so, particulars thereof	Y	N	If yes, details authority- Name of the Licensing authority Weapons endorsed 1. 2. 3.
(d)	The applicant has a safe place to keep the arms and ammunition	Y	N	If yes, details thereof-
(e)	The applicant has undergone training as Specified under rule 10 (whenever made applicable by the Central Government)	Y	N	If yes, details thereof-
12.	Need for license (see I below)			
13.	Description of arms for which license is being			
(a)	Category- Sought (Tick any one of the options)	Restricted/ permissible Rifle <input type="checkbox"/> Shot Gun (BL/ML) <input type="checkbox"/> Hand Gun (Revolver/ Pistol) <input type="checkbox"/> Other <input type="checkbox"/>		
(b)	Description of ammunition or ingredients of ammunition for which			
14.	Area within which applicant wishes to carry arms (Tick any one of the options)	District <input type="checkbox"/> State <input type="checkbox"/> Throughout India <input type="checkbox"/>		
15.	Claims for special consideration for obtaining the license If any (attach documentary evidence)			

Documents Required

Submitted Tick (v)/ YES

1.	Against column 15, the applicant should clearly mention the purpose(s) for which the license is required- such as use, acquisition, possession, carrying, sport, display, destruction of wild animals which do injury to human being or cattle and damage to crops etc. as per the category of license applied (From II, III, IV)	2. The following documents under the rule 11 are to be submitted along with the application- (a) Four passport size copies of the latest photograph of the applicant (in white background)
(b)	Proof of date of birth	(c) Identification proof- Aadhar Card or in case the applicant does not have Aadhar Card, a written declaration to be submitted in the form of an Affidavit along with an alternative identification proof which may include- Passport; Voter Identification Card, PAN Card or Identity card issued to the employees.

(d)	Residence proof in case the applicant does not possess Aadhar Card or Passport= (Election Card or Electricity Bill or Landline Telephone Bill or Rent Deed or Property documents or any other documents to the satisfaction of the licensing authority.	(e) firearm training certificate in Form S-1 (whenever made applicable by the Central Government by passing a general or special order)
(f)	Safe use and storage of firearms undertaking in Form S-2;	(g) self-attested copies of the educational and professional qualification certificates from professional category applicants as specified in clause (a) of sub-rule (3) of rule 12;
(h)	Medical certificate about mental health and physical fitness in Form S-3	(i) In case of protection for destruction of wild animals which do injury to human beings or cattle and damage to crops, permit from the authority empowered under the Wild Life (Protection) Act, 1972 (53 of 1972)
3.	Attach document regarding claims for special consideration for obtaining the license the applicant should clearly mention the purpose(s) for which the license is required- such as use, acquisition, possession, carrying, sport, display, destruction of wild animals which do injury to human being or cattle and damage to crops etc. as per the category of license applied (From II,III,IV)	4. Strike off the entries not relevant
5.	Details for an application for license in Form IV	(a) Place or area for which the license is sought
(b)	Specification of the wild beasts which are permitted to be destroyed as per the permit granted under the Wild life (Protection) Act, 1972(53 of 1972) to the Applicant	

Declaration:-

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage. I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force

Place _____

Date _____

Notes:

1. Against column 15, the applicant should clearly mention the purpose(s) for which the license is required- such as use, acquisition, possession, carrying, sport, display, destruction of wild animals which do injury to human being or cattle and damage to crops etc. as per the category of license applied (From II,III,IV) .

Warning:

Suppression of any factual information or furnishing of any false or wrong information in the application from in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma - Service for Antecedent Verification Report**Part-1**

1.	Name of Service	Antecedent Verification Report
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Nearest police station of the present address		
2.	Whether the applicant has ever been convicted?	Yes	No
a.	If so, the offence(s) the sentence and date of sentence		
b.	Ordered to execute a bond under chapter VII of code of criminal procedure, 1973 (2 to 1974) for keeping the peace or for good behaviour.	Yes	No
	If so, when and for what period?		
c.	Prohibited under the Arms Act, 1959, or any other law from acquiring, having in his possession or carrying any arms or ammunition		
	If yes, the details thereof		
3.	Has the applicant any serious enmity or quarrel which is likely to lead to a breach of peace? If yes, give details	Yes	No
4.	Has the address and date of birth of the applicant been verified? Give details	Yes	No
5.	Has the profession/business of the applicant been verified? Give details	Yes	No
6.	Is any complaint registered against applicant in the police station? If so, give details.	Yes	No
7.	Is the applicant involved in any criminal case? If so, give details.	Yes	No
8.	Has applicant been arrested in any criminal case? If so, give details.	Yes	No
9.	Is applicant's name enlisted in police station's bad character register? If so, give details according to the records of police station?	Yes	No
10.	Is applicant's name appears in any case registered by other department of government of India such as CBI, Narcotics Control Bureau, DRI, Enforcement Directorate etc. which finds mention in the Daily Diary Register of the police station (summons, warrants etc.). If so, give details	Yes	No
11.	Has the applicant registered a complaint in Police Station regarding threat to life? If so, give details.	Yes	No
12.	Details of any political or communal organization of which the applicant is a member.		

Documents Required**Submitted Tick (v)/ YES**

1.		
2.		
3.		
4.		
5.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Application form for Bank Guard (Retainer) RTS Act**Part-1**

1.	Name of Service	Application form for Bank Guard (Retainer)
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	(a) Place of birth (b) Nationality	2. Date of birth DD/MM/YYYY
3.	Nearest Police Station of Present Address	4. Occupation
5.	Office Address	
6.	Whether the Applicant has been (a) Convicted: Yes No (c) Prohibited under the Arms Act 1959. For any other law from possessing arms and ammunition: Yes No	(b) Order to executed a bond under Chapter VIII of Cr.P.C. for 1973 (2 of 1974) for keeping The peace or for good behaviour: Y N
7.	(if any of the condition is YES in col.No. 9 and 10 then giv details here by writing particular <u>Column No.</u> <u>Detail</u>	
8.	Part- C Bank Details Name of Bank & Address:	Tele No. Fax: Email:
9.	License No.	Valid Upto
10.	Weapon Detail (a) NPB <input type="checkbox"/> PB <input type="checkbox"/>	(b) Description of Weapon

Documents Required**Submitted Tick (v)/ YES**

1.	Three passport size photographs, duly attested on the reverse by a Gaetted Officer	
2.	Attested Photocopy of the ration card/voter card/passport	
3.	Fill up the application form in duplicate	
4.	Voter ID/Ration card/Pan Card/ Passport No.	

Declaration:

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any state, I am liable to be proceeded against and action, taken under the relevant provisions of Arms Act, 1959 the Arms Rule, 1962 and other central enactments or the law for the time being in force.

Place _____

Date _____

Warring: Suppression of any factual information or finishing of any false or wrong information in the application form in violation or Rule 51-A will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.

Attested by concerned Bank Authority with seal

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Extension of Area Validity of the Arms License RTS Act

Part-1

1.	Name of Service	For Extension of Area Validity of the Arms License
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service Information.**

1.	License No.	2. Validity of license	3. Name of Capital letters
4.	Local Address		Occupation (A) If in service Designation & other address (b) If business/profession Name of business/profession
5.	Details(S) of the weapon(s)		6. Whether applied earlier for extending area Validity, if so particulars thereof
7.	Area/states/territory within which applicant wishes to carry Arms License		8. Reason/Need for the extension of the area validity, enclose documents

Documents Required**Submitted Tick (v)/ YES**

1.	For Farmer 1. Attested copy of Land Revue record/ Registry	II. Attested copy of khatoni/khasra
2.	For Business I. Area of operational of the business. He has to give details of the branches and their address	II. Attested photocopy of proof of financial transaction in the form of Bank Draft or Cheque/Receipt etc.
3.	For Private Co. EMP. I. The address of the branches with documentary proof.	II. A certificate of the MD/Owner/GM of the company certifying the above information given at Column 1 above
4.	For Govt. Servant I. Nature of the Service i.e whether All India etc.	II. Photocopy of the Identity Card and the Certificate of the Employee.
5.	Copy of the Affidavit	III. Certificate of the Head of Office/C.O. (in case of the Armed Forces)

I declare that above particulars are true and correct to the best of my knowledge and belief a photocopy of arms license renewed upto date also enclosed.

Date _____

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Eligibility for all India or Specified States

- Group 'A' officers & commissioned officers of the Arms Forces may apply for all India
- Group 'B' officers & JCOs of the Armed Forces may apply for specific in relation to a particular state (s)or Territories only.
- In other cases, the area extension permission may apply only in respect of the native state of states or territories with connectivity.
- In the case of businessman, the standing the nature of business and the area of operation should be the guiding factor. Normally the area validity should be applied to specified state(s).

Simplified Proforma- Service for Form of application for renewal of arms license(s) granted in Form II, III, IV (see rule 24)RTS Act

Part-1

1.	Name of Service	Form of application for renewal of arms license(s) granted in Form II, III, IV (see rule 24)
2.	Name of Department/Service Provider (Pre- filled into the system)	Police Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service Information.**

1.	UIN (16 digit)	2.	Date of birth in Christian era			
a	In figures	b)	In words			
3.	Occupation					
4.	Office/Business Address	5.	Licence Number			
6.	Date of expiry	7.	Area validity			
8.	Weapons Endorsed		Weapon1	Weapon2	Weapon3	
a	Type (Rifle/Shotgun/Handgun Rev/Pistol)					
b	Bore/Caliber					
c	Weapon Number					
9.	Ammunition allowed		Cartridges Gun Powder/ Percussion Caps			
10.	Whether the applicant since last renewal or issuance of licence has been:-					
a.	Whether the applicant has been presently/previously involved in any criminal case (Whether convicted/ acquitted, pending/trial or cancellation/Untraced of FIR)	Y	N	FIR No.	Date.	U/S
				Police Station		
				Date of sentence		
				DD/MM/YYYY		
b	Ordered to execute a bond under chapter VIII of code of criminal procedure, 1973 (2 of 1974) for keeping the peace or for good behaviour	Y	N	If yes, details thereof:- Date: DD/MM/YYYY Period for which bound		
c	Prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	If yes, details thereof:- Date: DD/MM/YYYY Period for which bound		
11.	Whether -					
a	The applicant's licence since last renewal or issuance of licence was ever suspended or cancelled/revoked	Y	N	If yes, details thereof:- Name of the licensing authority Reasons		

b	Any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof	Y	N	If yes, details thereof:- Name Licence No. Weapons endorsed 1. 2. 3.
c	The applicant has a safe place to keep the arms and ammunition	Y	N	If yes, details thereof -
d	The applicant has undergone prescribed training as specified under rule 10 (Whenever made applicable by the Central Government)	Y	N	If yes, details thereof -

Documents Required

Submitted Tick (v)/ YES

1.		
2.		
3.		
4.		
5.		

Declaration:

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

7. Social Justice and Empowerment

Sr. No	Name of Services	Notification No.
1	Ladli Social Security Allowance Scheme Haryana RTS Act.	288 (178)
2	Old Age Samman Allowance (Pension Scheme) Haryana RTS Act.	289 (179)
3	Handicapped Pension Haryana RTS Act.	290(180)
4	Haryana Pension to Widows and Destitute Women Scheme (Widow Pension) Haryana RTS Act.	291(181)
5	Financial Assistance to Destitute Children Scheme Haryana RTS Act.	292(182)
6	Financial Assistance to Kashmiri Migrant Families Scheme Haryana RTS Act.	293(183)
7	Financial Assistance to Non School Going Disabled Children Haryana RTS Act.	294(184)
8	Dwarf Allowance Scheme Haryana RTS Act.	295(185)
9	Eunuch Allowance Scheme Haryana RTS Act.	296(186)
10	LIC "Scholarship under Shiksha Sahayog Yojana" in Haryana	
11	LIC "Aam Aadmi Bima Yojna" for BPL in Haryana	
12	Under the National Family Benefit Scheme to provide assistance/grant to the decease's family living below the poverty line	
13	Dr. Shyama Prasad Mukherjee Accidental financial Assistance Yojna	
14	Claim amount under Rajiv Gandhi Family Insurance Scheme	
15	Scheme of Pre-Matric Scholarship for Students Belonging to the Minority Communities	
16	Unemployment Allowance Scheme	
17	Merit –Cum-Means Scheme	
18	Issuance of Senior Citizen Identity Card	

Simplified Proforma: For Service Ladli Social Security Allowance Scheme-Haryana RTS Act.**Part-1**

1.	Name of Service	Ladli Social Security Allowance Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Mother's Name (if mother is alive, then the amount of allowance will go to mother's account)	
4.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank/Post Office..... Branch..... IFSC Code..... A/c No.....
5.	Category (SC/ OBC/ GEN)	
6.	Full detail of Applicant's Children	Name..... Date of Birth..... Male/Female.....
7.	Poverty Line Number / Social Economic Ethnic Count Number	
8.	Is the applicant a resident of Haryana State?	Yes No
9.	Annual income from all the means of family (Rs.)	

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service Old age Samman Allowance (Pension Scheme) Haryana RTS Act.**Part-1**

1.	Name of Service	Old age Samman Allowance (Pension Scheme)
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank/Post Office..... Branch..... IFSC Code..... A/c No.....
4.	Category (SC/ OBC/ GEN)	
5.	Poverty Line Number / Social Economic Ethnic Count Number	
6.	Is the applicant a resident of Haryana State?	Yes No
7.	Is applicant retiring from in Govt Job/Semi Govt/Local bodies/Board/Corporation or any Industry if yes then gives detail ?	Yes No
8.	Is applicant in Govt /Semi Govt/Local bodies/Board/Corporation/Organisation/Limited Company from any Financial Investment/help from them as a income? (PF/Pension/family Pension amount is also included as a income)	Yes No
9.	Annual income husband/wife (Any sources) (Rs.)	
10.	Total children of applicant and their income.	

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth (School Certificate/Passport/Driving Licence/Date of Birth Children (Attach a copy of Self attested Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service Handicapped Pension Haryana RTS Act.**Part-1**

1.	Name of Service	Handicapped Pension
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank/Post office..... Branch..... IFSC Code..... A/c No.....
4.	Category (SC/ BC/ GEN)	
5.	Percentage of Disability	
6.	Disability Certificate Issue Date / Is Disability Progressive or not?	
7.	Poverty Line Number / Social Economic Ethnic Count Number	
8.	Is the applicant a resident of Haryana State?	Yes No
9.	Is applicant doing/retiring from Govt Job/Semi Govt/Local bodies/Board/Corporation or any Industry if yes then gives detail?	Yes No
10.	Is applicant in Govt /Semi Govt/Local bodies/Board/Corporation/Organisation/Limited Company from any Financial Investment/help from them as an income? Pension/family Pension as income if yes than give details?	Yes No
11.	Annual income from all sources of the guardian (including salary of all types of pension, family pension, interest on PF etc.) (Rs.)	

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Attached copy of Disability certificate which is not older more than 3 years	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma: For Service Haryana Pension to Widows and Destitute Women Scheme
(Widow Pension) Haryana RTS Act.**

Part-1

1.	Name of Service	Haryana Pension to Widows and Destitute Women Scheme (Widow Pension)
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service
Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank..... Branch..... IFSC Code..... A/c No.....
4.	Category (SC/ BC/ GEN)	
5.	Poverty Line Number / Social Economic Ethnic Count Number	
6.	Is the applicant a resident of Haryana State?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	If applicant is widow then date of death of her Husband	
8.	If applicant is Destitute woman then reason of destituteness? (if space is not sufficient then give detailed description on different page)	
9.	Is applicant doing/retiring from Govt Job/Semi Govt/Local bodies/Board/Corporation or any Industry if yes then gives detail?	
10.	Whether the applicant is getting Income / Pension / Family Pension from Government / Semi Government / Local Body / Board / Corporation / Organization / Company, in which any financial assistance / assistance is provided by any government / local body?	
11.	If applicant is widow then annual income from all the means of applicant (included salary/pension/family pension/interest of PF etc)	
12.	If applicant is Destitute woman then Family Annual income from all the means of applicant.	

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Date of death (Attached death certificate)	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service Financial Assistance to Destitute Children Scheme-Haryana RTS Act.

Part-1

1.	Name of Service	Financial Assistance to Destitute Children Scheme.
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank..... Branch..... IFSC Code..... A/c No.....
4.	Category (SC/ BC/ GEN)	
5.	Reasons of destituteness(guardian's)	
6.	Reason of destituteness of children (if space is not sufficient then give detailed description on different page)	Yes
7.	Poverty Line Number / Social Economic Ethnic Count Number	No
8.	Is the applicant a resident of Haryana State?	
9.	Is applicant doing/retiring from Govt Job/Semi Govt/Local bodies/Board/Corporation or any Industry if yes then gives detail?	
10.	Whether the applicant is getting Income / Pension / Family Pension from Government / Semi Government / Local Body / Board / Corporation / Organization / Company, in which any financial assistance / assistance is provided by any government / local body?	
11.	Annual income from all sources of the guardian (including salary of all types of pension, family pension, interest on PF etc.) (Rs.)	

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Guardian's identity card (attached copy)	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma: For Service Financial Assistance to Kashmiri Migrant Families Scheme-
Haryana RTS Act.**

Part-1

1.	Name of Service	Financial Assistance to Kashmiri Migrant Families Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service****Information**

1	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2	Relationship with applicant	
3.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank..... Branch..... IFSC Code..... A/c No.....
4	Category (SC/ OBC/ GEN)	
5	Details of family members while living in Kashmir	Sr. No. Name Relationship with applicant
6	Is applicant doing/retiring from Govt Job/Semi Govt/Local bodies/Board/Corporation or any Industry if yes then gives detail?	
7	Whether the applicant is getting Income / Pension / Family Pension from Government / Semi Government / Local Body / Board / Corporation / Organization / Company, in which any financial assistance / assistance is provided by any government / local body?	
8	Annual income from all the means of family(included salary/pension/family pension/interest of PF etc)(Rs.)	
9	Poverty Line Number / Social Economic Ethnic Count Number	
10	After being displaced from Jammu & Kashmir, living in Haryana	

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attach Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Certificate of displaced (Attach copy)	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma: For Service Financial Assistance to Non School going disabled children-
Haryana RTS Act.**

Part-1

1.	Name of Service	Financial Assistance to Non School going disabled children
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank..... Branch..... IFSC Code..... A/c No.....
4.	Category (SC/ OBC/ GEN)	
5.	Poverty Line Number / Social Economic Ethnic Count Number	
6.	Percentage of Disability	
7.	Whether the prescribed certificate issued by the local level committee in the case of retarded children has been obtained or not ?	
8.	Is the applicant a resident of Haryana State?	Yes No
9.	Annual income from all the means of applicant (included salary/pension/family pension/interest of PF etc) (Rs.)	

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Attached copy of disability certificate which is not older more than 3 years	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service Dwarf Allowance Scheme –Haryana RTS Act.**Part-1**

1.	Name of Service	Dwarf Allowance Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Applicant's Height Attach Medical Certificate	
4.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank..... Branch..... IFSC Code..... A/c No.....
5.	Category (SC/ OBC/ GEN)	
6.	Annual income from all the means of family (Rs.)	
7.	Poverty Line Number / Social Economic Ethnic Count Number	
8.	Is the applicant a resident of Haryana State?	Yes No

Documents Required**Submitted Tick (✓)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Height of applicant (Attach copy of medical certificate)	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

Simplified Proforma: For Service Eunuch Allowance Scheme-Haryana RTS Act.

Part-1

1.	Name of Service	Eunuch Allowance Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3

Information/documents required specific to the service

Information

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Applicant's Medical Certificate	
4.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank..... Branch..... IFSC Code..... A/c No.....
5.	Category (SC/ OBC/ GEN)	
6.	Poverty Line Number / Social Economic Ethnic Count Number	
7.	Is the applicant a resident of Haryana State?	Yes No
8.	Is applicant involved in any criminal activities? If yes than given details.	Yes No

Documents Required

Submitted Tick (√)/ YES

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Attach copy of medical certificate	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service Scholarship under Shiksha Sahayog Yojana- (Under LIC of India)**Part-1**

1.	Name of Service	Scholarship Under Shiksha Sahayog Yojana
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	LIC's Membership ID No.	
4.	Occupation	
5.	Name and Address of the School/Institution	
6.	STD/Class in which student is studying Current Academic Year	
7.	Saving Bank Account detail of member/student for RTGS/NEFT payment	Name of Bank..... Branch..... IFSC Code..... A/c No.....
8.	Poverty Line Number / Social Economic Ethnic Count Number	

Documents Required**Submitted Tick (√)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Enclosed attested copy of certificate/certificate issued by school of last std/class passed with academic year.	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application No.

Simplified Proforma: For Service Haryana BPL Aam Admi Bima Yojna Claim Form. (Under LIC of India)

Part-1

1.	Name of Service	Haryana BPL Aam Admi Bima Yojna Claim Form
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3

Information/documents required specific to the service

Information

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	LIC's Membership ID No.	
4.	Date of Entry into the Scheme	
5.	a) Date of death b) Age of death	a)..... b).....
	c) Place of death d) Cause of death	c)..... d).....
6.	Name of Nominee	
7.	Saving Bank Account detail of member/student for RTGS/NEFT payment	Name of Bank..... Branch..... IFSC Code..... A/c No.....
8.	Poverty Line Number / Social Economic Ethnic Count Number	

Documents Required

Submitted Tick (v)/ YES

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	FIR (Photocopy attested by Competent Authority)	
5.	PMR (Photocopy attested by Competent Authority)	
6.	Original Death Certificate	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma: For Service under the National Family Benefit Scheme to provide assistance/
grant to the deceased's family living below the poverty line.**

Part-1

1.	Name of Service	Under the National Family Benefit Scheme to provide assistance / grant to the deceased's family living below the poverty line
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)																
2.	Relationship with applicant																
3.	Details of the deceased																
4.	Was the deceased family's main life partner	Yes <input type="checkbox"/> No <input type="checkbox"/>															
5.	Date of death																
6.	Place of death																
7.	The full name and full address of Police Station / Block Development Panchayat, where the report was lodged regarding the relationship of mortality.																
8.	Poverty Line Number / Social Economic Ethnic Count Number																
9.	Details of the dependents of the deceased's family	<table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Relationship with deceased</th> </tr> </thead> <tbody> <tr><td>1).....</td><td>.....</td><td>.....</td></tr> <tr><td>2).....</td><td>.....</td><td>.....</td></tr> <tr><td>3).....</td><td>.....</td><td>.....</td></tr> <tr><td>4).....</td><td>.....</td><td>.....</td></tr> </tbody> </table>	Name	Age	Relationship with deceased	1).....	2).....	3).....	4).....
Name	Age	Relationship with deceased															
1).....															
2).....															
3).....															
4).....															

Documents Required**Submitted Tick (v)/ YES**

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3.	Attach copy of Aadhaar Card No.	
4.	Combine with the death certificate issued from the authority.	
5.	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service “Dr. Shyama Prasad Mukherjee Accidental Financial Assistance Yojna”

Part-1

1.	Name of Service	“Dr. Shyama Prasad Mukherjee Accidental Financial Assistance Yojna”
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father’s/Mother’s Name	
3.	Date of Birth	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No.	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Poverty Line Number / Social Economic Ethnic Count Number	
4.	Date of accident	
5.	Type of accident	
6.	Whether the deceased / divider is permanent resident of Haryana?	Yes No
7.	FIR/DDR Report	
8.	Post-mortem Report	
9.	Details of the Claimant	
	1) Name of Claimant	2) Father/Husband name
	3) Permanent Address	4) Relationship with Claimant
	5) Date of birth	6) Aadhaar No.
	7) Registration date of Scheme	
10.	1. Do you know that In the case of a disabled, the claimant will be the person himself, who involved in accident?	Yes/No
	2. Do you know that the claimants in the case of the deceased are as follows?	
	a) Do you know that Wife / husband of the deceased (if he/she was not remarried)	a) Yes/No
	b) Do you know that all unmarried children will be entitled to be equal partner?	b) Yes/No
	c) Parent (mother/father)	c) Yes/No
	(Do you know that No one other than the above claimants will be given benefits)	Yes/No

Conditions of Yojna		
11.	1. Do you know that the scheme is applicable from 1.4.2017?	Yes/No
	2. Do you know that Age of the deceased / handicapped person should be between 18 to 70 years?	Yes/No
	3. Is the beneficiary A permanent resident of Haryana State and living in Haryana?	Yes/No
	4. Whether the Death / disability occurred in the accident?	Yes/No
	5. Whether the beneficiary prior to the date of the accident by the deceased / handicapped person, a sum of Rs. 12 is deposited in the bank and the registration under the Prime Minister's Security Insurance scheme has not been made?	Yes/No
	6. Do you know that under this scheme, assistance of Rs 1 lakh will be given?	Yes/No

Documents Required

Submitted Tick (v)/ YES

1.	Attached copy of Bank Passbook	
2.	Date of Birth / Age (Attached Birth Certificate)	
3	Attached copy of Haryana's permanent resident certificate and certificate of living in Haryana.	
4.	Attach copy of Aadhaar Card No.	
5	Attach the copy of FIR/DDR	
6.	Attach the copy of Post-mortem Report	
7.	Attach with the death certificate issued from the authority.	
8	Attach with the permanent Disability Certificate from the authority	
9	Copy of the pledge duly signed/attested by the Block Development and Panchayat Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Claim amount under Rajiv Gandhi family insurance scheme

Part-1

1.	Name of Service	Claim amount under Rajiv Gandhi family insurance scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant
3.	Name of deceased / full permanent disablement or permanent disability is given to Shredi (General / Scheduled Castes)	4. On the date of the accident age (age certificates and proof of nodal officer with eligible character)
5.	Date of accident	6. Type of accident
7.	Whether the affected person is a resident of Haryana? Yes/No	8. The date of the accident must be between 18 years and 60 years
9.	Name of claimant	10. Claimant's father or husband's name
11.	Relationship with the person suffering from accident or with a permanent disability	12. Age of claimant

Documents Required**Submitted Tick (v)/ YES**

1.	Copy of ration card and voter card	2. Copy of FIR
3.	Attach copy of Nodal Officer	4. Copy of Post mortem
5.	Combine death certificate issued by competent authority	6. In the event of permanent disablement/permanent disablement put together the doctor certificate issued by competent authority
7.	Other document if any	

Claimant Signature/ Mark thumb

Date:

It is certified that death / permanent disablement has occurred on _____ in the _____ accident of Mr / Mrs. _____ son / wife Shri. He was a permanent resident of Sing / Ward no _____ and on the date of the accident, his age was _____ years _____. The claim of claim is made up of the above claimant.

Sarpanch /Municipal Council
Signature with the seal of the member

Date

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Pre-Matric Scholarship for Students belonging to the Minority Communities

Part-1

1.	Name of Service	Pre-Matric Scholarship for Students belonging to the Minority Communities
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1	Date of Birth	2. Gender	Male	Female	
3	Religion	4. Nationality			

Place

5	Details of educational qualification form matriculation/SSL/SSC onwards (Please enclose certificate attested by a gazetted officer)					
	Examination passed	University/Board/Institution /Council of Examination	Main Subjects	Year of passing	Percentage Marks	Division/Class /Grade
6	Details of course for which scholarship is being sought (i) Name of the technical/professional course: (ii) Duration of Course: (iii) Academic year:					
7	Basis of admission in professional/technical course (whether on the basis of qualifying competitive examination or on other grounds. Please give details (Not required to be filled up for renewal class					
8	Details of college/institution					
	1. Name of the college/institution where admitted			2. Address of college/institution		
	3. Telephone NO.			4. Fax No.		
	5. E-mail address:			6. Is the college/institution recognized? If so the name of authority which has recognized the institution		
	7. To which university is it affiliate/does it have deemed university status					
For renewal of scholarship:						
	Name of examination passed	year	Marks obtained	Full marks	% of marks	Promoted detained or withheld

10	Total Annual course fee Rs. _____/- (Rupees in words) _____ (Break up of course fee such as tuition fee. examination fee etc.other than refundable deposits)	12 Annual income of parent/ guardia n of the student _____- _____-/-							
	<table border="1"> <thead> <tr> <th>Sr No.</th> <th>Item</th> <th>Annual Fee</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>		Sr No.	Item	Annual Fee	1			2
Sr No.	Item	Annual Fee							
1									
2									
11	Details of bank account of students: (i) Name of the payee(as in the bank accounts) (ii) Name of the Bank (iii) Bank branch _____(full address) State____District____Pin____								

Documents Required

Submitted Tick (v)/ YES

1.	Self- attested passport size photograph with signature.	2. Attested copies of certificates of educational qualification as mentioned up in para 12.
3.	Income declaration- affidavit on non judicial stamp paper worth Rs.10/- for self-employed parents/guardian or income certificate form the employer for employed parents/guardian.	4. Proof of permanent residence on non judicial stamp paper worth Rs.10/-
5.	Receipt in acknowledgment of scholarship in the previous year duly countersigned by the Head of the school/institute	6. Minority community declaration- affidavit on on- judicial stamp paper by the student that he/she belongs to any one of the minority communities notified by Central Government
7.	Verification report regarding the student's Tenure etc. by the Head of the Institution/Collage	

Declaration:

- (i) I hereby declare that the information given above is correct.
- (ii) I am not availing any other scholarship for this purpose from any other sources.
- (iii) I shall abide by the terms and conditions for sanction of the Pre Matric scholarship I undertake, that if at any stage it is found to the satisfaction of the sanctioning authority in the Concerned State Government/ Union Territory Administration that the information given by me is false or if I violate the terms and conditions of the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me apart from such penal action as warranted by law.

Date:

Part II

For renewal of scholarship:

It is certified that the above mentioned student has passed the _____examination for _____(year) and has attained- _____%of marks.

It is also certified that the student has not changed the course of study and /or the institution of the study for which the scholarship was originally awarded/has changed the course of study and/or institution with prior approval of the state government (please strike out which is not applicable)

Details of bank account of institution/collage (for deposit of course fee)

- (i) Name of the Payee (as in the bank accounts)
- (ii) Name of Bank
- (iii) Bank branch (full of address) _____State____District____Pin____
- (iv) Bank Code number
- (v) Bank Account No.

Signature of head of the Institution/College
With official seal

Date
Place

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Unemployment Allowance Scheme

Part-1

1.	Name of Service	Unemployment Allowance Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's/Guardian Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Relationship with applicant	2. Date of registration & date with employment Exchange
3.	Category of National Vocational trade	4. Category of disability (physically Handicapped/blind, deaf & dumb or mentally retarded)

Documents Required**Submitted Tick (v)/ YES**

1.	<u>Eligibility criteria</u>	<u>How & where to apply</u>
	1. Application from shall be attested by the Employment Officer if the applicant is Registered. 2. 70% or above disability. 3. Attestion of affidavit by Oath Commissioner or Gazetted Officer	1. Application are sanctioned by the respective DSWO every year. 2. The unemployment allowance will be sent to the applicant house through appropriate source.
2.	Attested copy of the pledge from an appropriate authority	3. Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)
4.	Educational qualification (Attached Certificate)	5. Three attested signatures of applicant by Gazetted officer (Separately attached)
6.	Attested domicile certificate duly attested by Gazetted Officer	

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Merit-cum-Means Scheme

Part-1

1.	Name of Service	Merit-cum-Means Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service Information.**

1	Date of Birth	2. Gender	Male	Female		
3	Religion	4. Nationality				
5	Details of educational qualification form matriculation/SSL/SSC onwards (Please enclose certificate attested by a gazetted officer)					
	Examination passed	University/Board/Ins titution /Council of Examination	Main Subjects	Year of passing	Percentage Marks	Division/Class /Grade
6	Details of course for which scholarship is being sought (i) Name of the technical/professional course: (ii) Duration of Course: (iii) Academic year:					
7	Basis of admission in professional/technical course (whether on the basis of qualifying competitive examination or on other grounds. Please give details (Not required to be filled up for renewal class					
8	Details of college/institution					
	1. Name of the college/ Institution where admitted			2. Address of college/Institution		
	3. Telephone No.			4. Fax No.		
	5. E-mail address:			6. Is the college/institution recognized? If so the name of authority which has recognized the institution		
	7. To which university is it affiliate/does it have deemed university status					
For renewal of scholarship:						
	Name of examination passed	year	Marks obtained	Full marks	% of marks	Promoted detained or withheld

10	Total Annual course fee Rs. _____/- (Rupees in words) _____ (Break up of course fee such as tuition fee. examination fee etc.other than refundable deposits)			
	Sr No.	Item		Annual Fee
	1			
	2			
11	Details of bank account of students: (i) Name of the payee(as in the bank accounts) (ii) Name of the Bank (iii) Bank branch _____(full address) State____District____Pin____		12 Annual income of parent/guardian of the student _____ /-	

Documents Required

Submitted Tick (v)/ YES

1.	Attested certificates of educational qualification as filled up in para 11. (Certificate not required to be enclosed for renewal application)	2. Income declaration-affidavit on non-judicial stamp paper and income certificate from the employer
3.	Proof of permanent residence (Certificate not required to be enclosed for renewal application if address has not changed)	4. Receipt in acknowledgment of scholarship in the previous year duly
5.	Verification report regarding the student's Tenure etc. by the Head of the Institution/Collage	

Declaration:

- (i) I hereby declare that the information given above is correct.
- (ii) I am not availing any other scholarship for this purpose from any other sources.
- (iii) I shall abide by the terms and conditions for sanction of the merit-cum mean based scholarship.
- (iv) I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority in the Ministry of Minority Affairs that the information given by me is false or if I violate the terms and conditions of the scholarship, the scholarship sanctioned to me, may be cancelled and the entire amount of scholarship will be refunded by me or recovered from me, apart from liability for such penal action as warranted by law

Date:

Place

Part II

For renewal of scholarship:

It is certified that the above mentioned student has passed the _____examination for _____(year) and has attained-_____ %of marks.

It is also certified that the student has not changed the course of study and /or the institution of the study for which the scholarship was originally awarded/has changed the course of study and/or institution with prior approval of the state government (please strike out which is not applicable)

Details of bank account of institution/collage (for deposit of course fee)

- (i) Name of the Payee (as in the bank accounts)
- (ii) Name of Bank
- (iii) Bank branch (full of address) _____ State _____ District _____ Pin _____
- (iv) Bank Code number
- (v) Bank Account No.

Signature of head of the Institution/College

Date

Place

With official seal

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Issuance of Senior Citizen Identity Card

Part-1

1.	Name of Service	Issuance of Senior Citizen Identity Card
2.	Name of Department/Service Provider (Pre- filled into the system)	Social Justice and Empowerment

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant
3.	Date of Birth Gender Male <input type="checkbox"/> male <input type="checkbox"/>	
3.	Whether domicile of Haryana? Yes No	4. Whether belong to Gen/SC/BC ?
5.	Are you Ex-Serviceman? Yes/No	6. Whether belongs to Minority Community?
7.	Whether your name appears in the BPL list if so, then indicate BPL No. <input type="text"/>	8. Whether getting Old Age Allowance/Disable Pension or Widow Pension? Yes No
9.	Whether getting other pension from any Government? Yes No If yes give source of pension & amount Per Month <input type="text"/>	10. Mobile No./ E-mail
11.	Blood Group	12. Identification Mark
13.	Are you Disable? (a) If yes give type of disability (b) Certificate No.	14. Do you have any Chronic Disease/ Problem which cause frequently? Yes/ No (a) If yes give name of disease problem
15.	Hobby	16. Identity Card No.
17.	Date of issuance of 1/card	18. Date of expiry of the 1/card
19.	Name of issuing authority	

Documents Required**Submitted Tick (v)/ YES**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.		
3.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

8. Information Public Relation & Language

Sr. No	Name of the Services	Notification No.
1	Application Form for Media persons Seeking Accreditation/Recognition form Haryana Government.	
2	Application form for the Allotment of Haryana Government Accommodation to Press Correspondents/Journalists under Haryana Govt.	
3	Application form for Grant of Monthly Pension to Accredited Media Persons of Haryana above the age of 60 years.	
4	Application form for Haryana Media Award.	
5	Application form for Fresh Empanelment	

Simplified Proforma: For Service for Media Persons Seeking Accreditation/Recognition -Haryana**Part-1**

1.	Name of Service	Service for Media Persons Seeking Accreditation/Recognition
2.	Name of Department/Service Provider (Pre- filled into the system)	Information, Public Relations & Languages Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Experience (One year experience in the field of Journalism)	
4.	(Brief description of News organisation from which accreditation is sought.)	
	a) Name of news organisation _____	b) Date & place of publication _____
	c) Periodicity _____	d) Designation _____
	e) Place of work _____	f) Circulation in Haryana _____
	g) Circulation according to Registrar _____	
5.	Miscellaneous Information	
	a) Whether working for any other news Organisation or doing any other Job/occupation? If so give details. _____	
	b) Whether convicted by any court of law on the grounds of moral turpitude? _____	

(Signature of the applicant)

Documents Required**Submitted Tick (v)/ YES**

1.	Proof of circulation (in case of news publications), proof of annual revenue turnover and paid subscribers (in case of electronic media)	
2.	Proof of district-wise circulation in Haryana.	
3.	Proof of media organisation's functioning or in operation of at least one year.	
4.	Proof of at least one year experience in journalism.	
5.	Six stamp size photographs	
6.	Residence proof.	
7.	News of India/Audit Bureau Circulation or CA Certificate with an affidavit (attach proof)	

Verification

Verified that the information provided under columns nos. 2 & 3 is true and correct to the best of my knowledge and belief and nothing relevant has been concealed there from.

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Allotment of Haryana Government Accommodation to press Correspondents /Journalists under Haryana Govt.

Part-1

1.	Name of Service	Allotment of Haryana Government Accommodation to press Correspondents /Journalists
2.	Name of Department/Service Provider (Pre- filled into the system)	Public Relations & Cultural Affairs Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Designation	
4.	Date of Retirement	
5.	Place of Duty & present address a) Official Address b) Date of continuous posting at Haryana	
6.	Date of joining into Service	
7.	Whether permanent/regular or temporary	
8.	Particulars of the Government house under the occupation of applicant of his her spouse	
9.	Whether the applicant has applied for any other category house?	
10.	Whether the applicant has ever been debarred for allotment of Government residence? (a) If yes, give details thereof	
11.	Present pay/Designation on the date of application (a) Basic pay (b) Scale of pay (c) Designation/Group of Service	

(Signature of the applicant)

Documents Required

Submitted Tick (v)/ YES

1.	Declaration given by applicant	
2.	Recommendation given by Director (Public Relations & Cultural Affairs) Haryana	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service for Grant of Monthly Pension to Accredited Media Persons of Haryana Above the Age of 60 Years

Part-1

1.	Name of Service	Service for Grant of Monthly Pension to Accredited Media Persons of Haryana Above the Age of 60 Years
2.	Name of Department/Service Provider (Pre- filled into the system)	Information, Public Relations & Languages Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Name of News Organisation	
4.	Designation	
5.	Place of posting	
6.	Accreditation card No.	
7.	Saving Bank Account No.:- (a) Name of Bank with IFSC code	
8.	Whether getting pension/honorarium from any other source or not? if yes, give details:-	
9.	Experience of journalism From _____ to _____ (name of news organization) From _____ to _____ (name of news organization)	
10.	Total experience (in years)	

(Signature of the applicant)

Documents Required (Self –attested Photostat copies)**Submitted Tick (v)/ YES**

1.	Aadhaar Card	
2.	Proof in support of date of birth	
3.	Bank passbook copy (front-page)	
4.	Experience proof.	
5.	Declaration given by applicant	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service Haryana Media Award**Part-1**

1.	Name of Service	Service Haryana Media Award
2.	Name of Department/Service Provider (Pre- filled into the system)	Information, Public Relations & Languages Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Educational Qualification	
4.	Designation	
5.	Have you been honoured/awarded by any other Government or organization in the field of Journalism? If yes, give details	
6.	Name of Newspaper/Magazine/radio channel/satellite channel	
7.	Apply for State level or district level award	
8.	Subject/category of Awards Print/Electronic	
9.	Details of clippings of newspapers/photographs (article/caption of photograph/date of publication, name of newspaper/magazine/VCD proof concerning electronic media attached)	a) b) c) d)
10.	Have you ever been convicted by any court of law or any legal/criminal proceedings being conducted against you in any court of law during the period of award or punished/reprimanded by press council of India?	

(Signature of the applicant)

Documents Required**Submitted Tick (v)/ YES**

1.	Declaration given by applicant	
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(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service for Fresh Empanelment

Part-1

1.	Name of Service	Service for Fresh Empanelment
2.	Name of Department/Service Provider (Pre- filled into the system)	Information, Public Relations & Languages Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No/Fax No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)		
2.	Relationship with applicant		
3.	Name of the newspaper/magazine (in block letters) (a) Date of first publication (b) RNI Registration No.		
4.	(a) Place of publication (b) State		
5.	Language:-	6.	Periodicity:-
7.	No. of Pages:-	8.	No. of Columns per page:-
9.	Column width:-	10.	Size of the paper:- Length _____ cms. Width _____ cms.
11.	Actual Print Area per page:- Length _____ cms. Width _____ cms Total _____ sq.cms Total Print Area of the newspaper _____ sq.cms	12.	Name of the Publisher. (Father's/Husband's Name):-
		13.	Name of the Printer. (Father's/Husband's Name):-
		14.	Name of the Editor. (Father's/Husband's Name):-
		15.	Name of the Owner. (Father's Name if owned by Company/ Firm/Trust, not required):-
16.	Quality of paper used (pl. tick):- Standard Newsprint/Glazed/LWC	17.	Details of Printing Press Name of Press:- Address:- Phone:-
18.	Please tick process of printing press:- 1 Offset 2. Letter	19.	Price of Newspaper. Rs. _____ paise _____
20.	Minimum current Advt. Card Rate:- a) Sq.cm.(B/W)	21.	Last DAVP Rate (if any)

	b) Full page (B/W) c) Sq.cm.(Colour) d) Full page (Colour)	22.	Actual No. of Publishing day in the year (previous financial year from the date of applying for the empanelment)	
23.	No. of declared holiday (in the year _____):- (previous financial year) (for dailies)	24.	Weekly holiday, if any (for dailies)	
25.	Details of the Chandigarh representative, if any: Name: Address: Phone no.: Fax : E-mail address:	26	Details of Bank account Payable at: MICR : _____ Bank Name: _____ Branch Name: _____ Ledger Folio: _____ Account No.: _____ Account Type: _____	
27.	Pan Card No. (if allotted) _____	28.	Please give details of other publications of same owner or publisher Title Language Periodicity Place of Publication DAVP Code (if empanelled) 1. 2. 3. 4.	

I affirm that all the information given by me is true and nothing has been concealed.

(Signature of the applicant)

Documents Required

Submitted Tick (v)/ YES

1.	Declaration given by applicant	
2.	RNI registration Certificate Number	
3.	Evidence for Circulation (chartered Accountant Certificate/Cost Accountant Certificate/Statutory Auditor Certificate/ABC Certificate, as applicable).	
4.	Copy of the annual return submitted to RNI.	
5.	A daily newspaper should furnish issues of first one month of the year of their publication alongwith issues of the 18 th month and 35 th month of their publication and weeklies & fortnightlies must furnish issues of preceding six months and monthlies should furnish latest 12 months issues. Daily publications more than 3 years old and not previously empanelled with Directorate of Public Relations, Haryana will furnish the relevant copies starting with the previous 3 years in the same manner as above. (Issues to be submitted for rate renewal: Weeklies/Fortnightlies-Latest issues. Monthlies & others – Latest issues)	
6.	Three copies of the rate card.	
7.	Photocopy of the Permanent Account Number (issued by Department of Income Tax).	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

9. Women and Child Development

Sr. No.	Name of Services	Notification No.
1.	Apki Beti Hamari Beti	
2.	Registration under PMMVY and claim for Instalments (1 st ,2 nd ,3 rd)	
3.	Aadhaar Seeding of Bank Account/ Post Office beneficiary	
4.	Aadhaar Enrollment and Correction	
5.	Updating/Changing details of Registered PMMVY Beneficiary	

Simplified Proforma- Service for Apki Beti Hamari Beti

Part-1

1.	Name of Service	Apki Beti Hamari Beti
2.	Name of Department/Service Provider (Pre- filled into the system)	Women & Child Development Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of 1 st /Elder Girl Child	2. Date of Birth of 1 st Girl Child
3.	Aadhaar Number of 1 st Girl Child	4. Name of 2 nd Girl Child
5.	Aadhaar Number of 2 nd Girl Child	6. Name of 3 rd Girl Child
7.	Aadhaar Number of 3 rd Girl child	8. Total No. of children in family including live birth:- No. of boys <input type="checkbox"/> No. of Girls <input type="checkbox"/>
9.	Category of applicant SC BC Other Please tick one only Below Poverty Line BPL <input type="checkbox"/> Yes BPL No.	10. Is there Toilet in the house? <input type="checkbox"/>

Documents Required**Submitted Tick (v)/ YES**

1.		
2.		

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma for Registration under PMMVY and claim for Instalments (1st, 2nd, 3rd)**Part-1**

1.	Name of Service	Registration under PMMVY and claim for Instalments (1 st , 2 nd , 3 rd)
2.	Name of Department/Service Provider (Pre- filled into the system)	Women & Child Development Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Beneficiary Details	2.	Husband Details
	(i) Name of Beneficiary(as in Identity Card): _____	(i) Name of Beneficiary(as in Identity Card) _____	
	(ii) Identity Number: _____	(ii) Identity Number : _____	
3.	Applying for 1 st Instalment <input type="radio"/> 2 nd Instalment <input type="radio"/> 3 rd Instalment <input type="radio"/>	4. Last Menstrual Period (LMP) Date: _____ (dd/mm/yy) (This field is mandatory for claiming 1 st and/ or 2 nd instalment)	
5.	Date of registration of MCP card at AWC/ Village/Approved Health Facility: - _____.	6. Number of living child prior to the pregnancy/delivery for which claiming benefits under the scheme :- _____	
7.	Category SC/ST/Others		
8.	Bank details/ Post office details (By which means are you availing pensionable pension in your village/ ward? Please give details of the account with the Bank /Post office / BCA of that medium. Bank / Post office)	Name of Bank/Post Office..... Branch..... IFSC Code..... A/c No.....	
9.	Was the beneficiary enrolled in old MBP scheme? (Yes/ No)	10. If yes, please put on the Instalment already received by beneficiary under old MBP. (i) None (ii) 1 st Instalment (3000/-) 2 nd Instalment (3000/-)	
11.	Health ID of Beneficiary:- _____		

Documents Required**Submitted Tick (v)/ YES**

1.	1. Identity Proof provided: a) Enclose copy of Bank / Post Office passbook b) Voter ID Card c) Ration Card d) Kishan Photo Passbook e) Passport f) Driving License g) PAN Card h) MGNREGS Job Card (i) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking J) Any other Photo Identity Card issued by State Government or Union Territory Administrations; k) Certificate of identity with photograph issued by a Gazetted Officer on official letter head ; l) Health Card issued by Primary Health Centre (PHC) or Government Hospital m) Any other document specified by the State Government or Union Territory Administration (n) enclose copy of MCP card	2. Identity Proof provided: a) Enclose copy of Bank / Post Office passbook b) Voter ID Card c) Ration Card d) Kishan Photo Passbook e) Passport f) Driving License g) PAN Card h) MGNREGS Job Card (i) Her husband's Employee Photo Identity Card issued by the Government or any Public Sector Undertaking J) Any other Photo Identity Card issued by State Government or Union Territory Administrations; k) Certificate of identity with photograph issued by a Gazetted Officer on official letter head ; l) Health Card issued by Primary Health Centre (PHC) or Government Hospital m) Any other document specified by the State Government or Union Territory Administration
2.	Undertaking by beneficiary	3. Undertaking by Husband
4.	Details to be field by Anganwadi Worker/ASHA/ANM*	

Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Aadhaar Seeding of Bank Account/ Post Office beneficiary**Part-1**

1.	Name of Service	Aadhaar Seeding of Bank Account/ Post Office beneficiary
2.	Name of Department/Service Provider (Pre- filled into the system)	Women & Child Development Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

Documents Required**Submitted Tick (v)/ YES**

1.		
2.		

Declaration

I submit my Aadhaar number and voluntarily give my consent to:

Seed my Aadhaar I UID number issued by the UIDAI, Government of India, in my name in the aforesaid account

Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) form Government of India in my above account. I understand that if more than one Benefit transfer if due to me, I will receive all Benefit Transfers in this account

Use my Aadhaar details to authenticate me from UIDAI

Use my mobile number which is registered with the Bank for sending SMS alerts to me

I the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on IPPB's website as revised from time to time, in relation to all of my I our accounts for present and future, maintained I opened I to be maintained I to be opened with India Post Payments Bank

Post Office use only

The Aadhaar number Of Mr./Mrs./Ms. has been seeded from the Account number With IPPB _____Branch.

Name of Post Office Authorized Official _____

Date

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Aadhaar Enrollment and Correction**Part-1**

1.	Name of Service	Aadhaar Enrollment and Correction
2.	Name of Department/Service Provider (Pre- filled into the system)	Women & Child Development Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Pre-Enrolment ID:	2. NPR Receipt/Tin Number:
3.	Gender: Male/ Female/ Transgender	
4.	Details of Father Mother Guardian Husband Wife For children below 5 years Father/ Mother/ Guardian's details are mandatory. Adults can opt to not specify this information, if they cannot/do not want to disclose.	

Documents Required**Submitted Tick (v)/ YES**

1.	a) POI (Proof of Identity) b) POA (Proof of Address) c) DOB (Date of Birth) d) POR (Process of Record) (Mandatory in case of Verified Date of Birth)	
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Signature of Applicant**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for Updating/Changing details of Registered PMMVY Beneficiary**Part-1**

1.	Name of Service	Updating/Changing details of Registered PMMVY Beneficiary
2.	Name of Department/Service Provider (Pre- filled into the system)	Women & Child Development Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Anganwadi Centre/Village Name	2. Anganwadi Centre/Village Code
3.	Anganwadi Worker/ASHA/ANM Name	4. Request for change (Please Tick)of: Address/ Mobile No./Bank Account/ Name as in Aadhaar card
5.	Change in name as in Aadhar : Old Name of Aadhar New Name of Aadhar	6. Replacing Identity Proof with Aadhaar For Beneficiary For Husband

Documents Required**Submitted Tick (v)/ YES**

1.	Latest Aadhaar Card of beneficiary	2. Old Aadhaar Card of beneficiary
3.	Page of new Pass Book showing name, account number and bank name	4. Copy of Alternate ID Card (Identity Card should be same as the one used for registration under the scheme)

Declaration by Beneficiary/Husband

I hereby, solemnly affirm that I provide my consent for making use of my Aadhaar for availing the benefit under this scheme,

Signature of Applicant

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

10. Employment

Sr. No	Name of the Services	Notification No.
1	Registration for SAKSHAM Scheme Haryana	
2	Registration for Job Seekers Haryana	
3	Registration for one family one Job Haryana	
4	Addition of Qualification and other related certificates Haryana	
5	Registration Renewal and Grace Period of two months of Renewal Haryana	
6	Transfer of Registration from One Exchange to another Exchange Haryana	
7	Relaxation in Renewal after delay of two months Haryana	
8	Providing of free travel vouchers for interviews to all eligible applicants Haryana	
9	Unemployment Allowance Haryana	
10	Employer Registration in Employment Exchange Haryana	

Simplified Proforma: Service Registration for SAKSHAM Scheme Haryana.**Part-1**

1.	Name of Service	Registration for SAKSHAM Scheme
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Applicant should be a domicile of Haryana	
4.	Applicant should be registered in the Live Register	
5.	Applicant should have degree obtained only through regular courses from Punjabi University Patiala and any recognised Universities in UT Chandigarh or NCT Delhi or Haryana.	
6.	Applicant's age should be between 21 to 35 years	
7.	Applicant should not be an employee dismissed from Government Service	
8.	Applicant should not be any kind of employment e.g., public/private sector/quasi-government or self-employment.	
9.	Is the annual family income of applicant upto exceed rupees three lakhs (Rs.3 lakhs) from all sources? (Yes/No) Further, the applicant shall furnish a self-attested declaration with the following conditions:- i) Is that the house of applicant has a functional toilet? If the applicants house no functional toilet he/she shall make a functional toilet within two months from the date of registration. ii) Is that the family of the applicant is not a defaulter of any Co-operative Bank? And if in default, then he/she undertakes to utilize part of the honorarium/allowance towards payment of such dues. iii) Is that the family of the applicant is not a defaulter of house tax payable to a Urban Local Body? And if in default, then he/she undertakes to utilize part of the honorarium/allowance towards of such dues.	iv) Is that the family of the applicant has no pending dues payable to/is defaulter of the Power Department or its companies? And if in default, then she/he undertakes to utilize part of the honorarium/allowance towards clearance of the dues. v) Is that there is no encroachment on public/Panchayat land by any member of his/her family?

Documents Required**Submitted Tick (v)/ YES**

1.	Age Proof	
2.	Matric Certificate	
3.	Address Proof	
4.	Aadhaar Card Copy	
5.	Haryana Resident Proof	
6.	Domicile Certificate	
7.	Income Proof	
8.	Income Certificate	
9.	Academic Qualification	
10.	Degree Certificate	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: Service Registration for Job Seekers Haryana**Part-1**

1.	Name of Service	Registration for Job Seekers
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (v)/ YES**

1.	Registration ID	
2.	Provisional ID card of Employment Registration	
3.	Address Proof	
4.	Aadhaar Card/Voter ID/Domicile/Ration Card/Driving Licence.(Any two)	
5.	Category Certificate(SC/BC/PH/EXM/Widow)	
6.	Self Attested copies of Educational Certificate	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: Service Registration under one family one Job Haryana**Part-1**

1.	Name of Service	Registration for one family one Job
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (v)/ YES**

1.	Affidavit (At the time of physical verification)	
2.	Affidavit attested by the 1 st Class magistrate as prescribed by the Department.	
3.	Eligibility Documents	
4.	Ration Card Family History Sheet	
5.	Haryana Resident Certificate	
6.	Domicile Certificate	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: Service for Addition of Qualification and other related certificates Haryana**Part-1**

1.	Name of Service	Addition of Qualification and other related certificates
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (v)/ YES**

1.	Registration ID (At the time of physical verification)	
2.	Verified ID of Employment Registration	
3.	Qualification Documents	
4.	Copies of all certificates of Additional Qualification	

(Signature of the applicant)**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: Service for Registration Renewal and Grace Period of two months of Renewal Haryana

Part-1

1.	Name of Service	Registration Renewal and Grace Period of two months of Renewal
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (v)/ YES**

1.	Registration ID (At the time of physical verification)	
2.	Verified ID of Employment Registration	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: Service for Transfer of Registration from One Exchange to another Exchange Haryana

Part-1

1.	Name of Service	Transfer of Registration from One Exchange to another Exchange
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (v)/ YES**

1.	Registration ID (At the time of physical verification)	
2.	Verified ID Card of Employment Registration	
3.	Address Proof for New Address	
4.	Aadhaar Card/Voter ID/Domicile/Ration Card/Driving Licence.	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**Simplified Proforma: Service for Relaxation in Renewal after delay of Grace Period
Haryana**

Part-1

1.	Name of Service	Relaxation in Renewal after delay of Grace Period
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (√)/ YES**

1.	Registration ID (At the time of physical verification)	
2.	Verified ID Card of Employment Registration	
3.	Certificate for the reason mentioned for delay in renewal	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: Service for providing of free travel vouchers for interviews to all eligible applicants Haryana

Part-1

1.	Name of Service	Providing of free travel vouchers for interviews to all eligible applicants
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (v)/ YES**

1.		
2.		
3.		
4.		
5.		

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: Service for Unemployment Allowance Haryana

Part-1

1.	Name of Service	Unemployment Allowance
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)		
2.	Relationship with applicant		
3.	Registration No. and Date		
4.	N.C.O. No.		
5.	Detail of examination passed:	Year of passing	Name of Board/University
	Matric 10+2 OR any other 2 year certificate/diploma course after Matric Graduation degree OR above OR 3 year certificate/diploma after 10+2		
6.	Whether Husband/Wife is employed	Yes	NO
7.	Family annual income from all sources (Rs.)		
	Father _____ Mother _____	(for married female candidates) Father-in-laws _____ Mother-in-laws _____	
	Wife _____ Brother _____	Husband _____ Brother-in-laws _____	
	Sister _____	Sister-in-laws _____	
8.	Details of Property		
		Area	Location
	Residential Property		Value
	Commercial Property		
	Agriculture land		

Documents Required**Submitted Tick (v)/ YES**

1.	Registration ID (At the time of physical verification)	
2.	Three years Old Verified ID Card of Employment Registration	
3.	UEA Form and Affidavit (UEA form verified by Patwari/Municipal Official and Tehsildar/Naib Tehsildar/SDM Affidavit)	
4.	Address Proof	
5.	Aadhaar Card/Voter ID/Domicile/Ration Card/Driving Licence.	
6.	Bank A/c Passbook (PNB)	
7.	Self attested copies of educational certificates	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma: For Service for Employer Registration in Employment Exchange Haryana**Part-1**

1.	Name of Service	Employer Registration in Employment Exchange
2.	Name of Department/Service Provider (Pre- filled into the system)	Employment Department, Haryana

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		
4.		

Documents Required**Submitted Tick (√)/ YES**

1.		
2.		
3.		
4.		
5.		

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

11. Mines and Geology

Sr. No.	Name of Services	Notification No.
1.	Application for the grant of permit for extraction of ordinary clay/earth	
2.	Application for the grant of permission for disposal of mineral extracted incidental to developmental activities	
3.	Application for the grant of permit for excavation of Brick Earth by the Brick Kiln Owners	321
4.	Application for grant or renewal of Mineral Dealer's Licence	
5.	Application for Grant/ Renewal of Licence for Running a Crusher	320

Simplified Proforma- Service for the grant of permit for extraction of ordinary clay/earth- 1**Part-1**

1.	Name of Service	Application for the grant of permit for extraction of ordinary clay/earth
2.	Name of Department/Service Provider (Pre- filled into the system)	Mines and Geology Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant
3.	Location of area	4. Purpose
5.	Total area to be excavated/ levelled	6. Extent of the area (Length, breadth & depth)
7.	Quantity of the ordinary clay to be removed and disposed off	8. Existing status of the land as compared to general ground level of the area
9.	Advance royalty	10. Security (refundable)

Documents Required**Submitted Tick (✓)/ YES**

1.	Proof of ownership of land /consent of the land owner	2. The particulars/details of the land, i.e., revenue estate, rectangle number, field numbers etc. from where he proposes to extract/remove the brick earth
3.	Lay out Plan of the area from where earth is to be removed	4. Written consent of the land owner(s) or a certified copy of the agreement signed between the landowner and the applicant after mutual settlement of compensation between the parties.
5.	A copy of the partnership deed or Articles of Memorandum in case the applicant is a partnership firm or a company, as the case may be.	

(Signature of the applicant)**(ACKNOWLEDGEMENT SLIP)**

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for the grant of permission for disposal of mineral extracted incidental to developmental activities - 2

Part-1

1.	Name of Service	Application for the grant of permission for disposal of mineral extracted incidental to developmental activities
2.	Name of Department/Service Provider (Pre- filled into the system)	Mines and Geology Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant
3.	Location of area	4. Purpose
5.	Total area to be excavated/ levelled	6. Extent of the area(Length, breadth & depth)
7.	Quantity of the ordinary clay to be removed and disposed off	8. Existing status of the land as compared to general ground level of the area
9.	Advance royalty	10. Security (refundable)

Documents Required**Submitted Tick (v)/ YES**

1.	Copy of the requisite conditions by the applicant	
2.	Proof of ownership of land	
3.	Site plan along with a copy of permission/sanction of competent authority to undertake development activities or construction of building etc	
4.	The area in question is free from forest/ PLPA./ Aravalli Plantation	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for the grant of permit for excavation of Brick Earth by the Brick Kiln Owners
Department- 3

Part-1

1.	Name of Service	Application for the grant of permit for excavation of Brick Earth by the Brick Kiln Owners
2.	Name of Department/Service Provider (Pre- filled into the system)	Mines and Geology Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant
3.	Location of Brick Kiln (Village/tehsil/district)	4. Number of Ghoris in the Brick Kiln
5.	Extent of the land from which brick earth is to be excavated (rectangle no, Khasra Nos.)	6. Lay out plan of the area applied for permit
7.	Existing status of the land as compared to general ground level of the area	8. Quantity of brick kiln required to be removed
9.	Advance amount of Permit fee/royalty	10. Security (refundable)

Documents Required**Submitted Tick (v)/ YES**

1.	Copy of the requisite conditions by the applicant	
2.		
3.		

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Service for grant or renewal of Mineral Dealer's Licence Department- 4**Part-1**

1.	Name of Service	Application for grant or renewal of Mineral Dealer's Licence
2.	Name of Department/Service Provider (Pre- filled into the system)	Mines and Geology Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service****Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant
3.	Name of the applicant with complete address	4. Status of the applicant(Individual/private company/Public company/Firm or Association) Specify
5.	Profession or nature of business of applicant	6.(i) In case of renewal of Mineral Dealer licence, (ii) No. of the existing Mineral Dealer licence; (iii) Date of grant of last Mineral Dealer licence; and Date of expiry of Mineral Dealer licence
7.	Whether the applicant holds any Mineral concession/Mineral Dealer licence in the state, if yes please furnish details of such mineral concession or Mineral Dealer licence	8. Mineral/minerals or its products, for which the applicant intend to hold licence (Specify whether major or minor)
9.	Quantity of each mineral to be stocked during the year.	10. Details of the land proposed to be used as stock yard or sale- depot where applicant intends to store or trade the mineral/minerals or its products along A) District:- B)Tehsil:- C) Village:- D)Khasra Nos.:- E) Extent of area:-
11.	Proof of ownership and possession of the land proposed to be used as stock yard/sale depot (where the land is not owned by the applicant, lease agreement of the land owner be attached)	12. The area applied for should be marked on a Cadastral plan or sketch plan drawn to scale, showing the location and extent of area with boundary marks to be used for the purpose of stack yard or processing unit and sales depot separately
13.	14. Route/roads of mineral transportation from the source of mineral	15. Any other details

Documents Required**Submitted Tick (✓)/ YES**

1.	A Demand Draft or Treasury Receipted Challan for Rs. 1000/-	4. Details of the area from where mineral shall be source procured
2.	Location map or survey sketch showing the exact location of stockyard (survey number and other details of the area proposed to be used as stockyard where the applicant intends to store and conduct the sale sale of minerals or its products shall be delineated on the map	
3.	Proof of the ownership or lease agreement or Memorandum of understanding and possession of the property or land proposed to be used as stockyard by the applicant	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Simplified Proforma- Servicefor Grant/ Renewal of Licence for Running a Crusher Department- 5**Part-1**

1.	Name of Service	Application for Grant/ Renewal of Licence for Running a Crusher
2.	Name of Department/Service Provider (Pre- filled into the system)	Mines and Geology Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Permanent Address	
4.	Correspondence Address	
5.	Correspondence Phone No.	
6.	Correspondence e-mail	
7.	Aadhaar Card No. (Attach copy)	

Part-3**Information/documents required specific to the service Information.**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant
3.	Name and address of the individual/firm/company	4. Nationality of individual/members of the firm/company
5.	Place of registration or in corporation of the firm/company	6. Address of the individual/firm/company/society
7.	Whether the applicant is for fresh licence or its renewal of previous licence	8. IN case of renewal, the number and date of the previous licence and its date of expiry
9.	The name of the Mineral/Minor Mineral to be crushed at the crusher	10. The quantity of Raw material required annually as per installed capacity of the crusher
11.	The details of Machinery installed to be installed for the Crusher	12. Total investment on land, building & Machinery &working capital
13.	Distance From:- 1) National Highway:- 2) State Highway:- 3)Metalled Road:- 4) Town or approved urban estate area:- 5)Village Abadi:- 6) School:- 7)Canal:- 8) Government Hospital/Dispensary/Tourist Complex:-	
14.	Detail of the first aid facilities available at the Crusher	
15.	Total number of workers employed at the Crusher:- Number of Workers:- 1)Skilled 2)Unskilled:-	
16.	Number of trucks/carries engaged in transporting raw material from the quarry to the Crusher	
17.	Approximate annual production in quantity as well as its value	
18.	Details of steps taken for control of dust pollution and for ensuring comp licence of water(Prevention and control of Pollution) Act, 1974 the Air (Prevention and Control of Pollution) Act, 1981. The Environment Protection Act, 1986 and the rules and notification framed or issued there under.	19. Source of water supply for sprinkler
20.	Whether run on electricity supplied by state Electricity Board or by captive generated power.	21. Area of land where stone crusher is set up. A) For Building Machinery B) For storage of raw material C) Total
22.	Village, Tehsil & District in which the Crusher is situated	23. Khasra Nos./Detail of land where Crusher is installed to be installed
24.	Whether Crusher is situated in the zone earmarked by the town and Country planning Department or not	

Documents Required**Submitted Tick (✓)/ YES**

1.	A fee of Rs. 30,000/- (Rupees thirty thousand only)	2. No objection Certificate from Haryana State Pollution Board for the Prevention and Control of water Pollution regarding the site of stone crusher specifying pollution control devices installed or to be installed by the crusher's owner.
3.	Proof of ownership of land or a copy of lease deed entered into with the owner of land, leasing the land to the crusher owners	4. Copy of Partnership deed and power of attorney and in case of sole proprietorship, an affidavit of sole proprietor.

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

12. Home

Sr. No	Name of the Services	Notification No.
1	Registration of Marriage under Hindu Marriage Act.	154
2	Copy of FIR or DDR	160
3	Tenant/Servant Verification (if resident of local area)	164
4	Copy of untraced report in cases pertaining to stolen vehicles	168
5	NOC for pre-owned vehicles.	170
6	Service Verification (in cases of Resident of Haryana)	171
7	Character Verification	172
8	Passport Verification	176
9	(i)Registration of Foreigners (Arrival and Departure)	158(A)
	(ii)Arrival (Disembarkation) Card for Foreign Nationals	158(B)
	(iii)Departure (Embarkation) Card for Indian Nationals	158(C)

1. Simplified Proforma: Service Registration for Hindu Marriage Act.(FORM-A) [See Rules (1)]**Part-1**

1.	Name of Service	Registration of Hindu Marriage Act
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
Full Name of Parties		Husband
		Wife
3.	Full Name of parties	
4.	Religion and Caste of the parties	
5.	Age at solemnisation of the marriage	
6.	Rank of Profession	
7.	Permanent place of residence before solemnisation of marriage	
8.	Date of Birth	
9.	Place with name of Taluk and District at which marriage was solemnised.	
10.	Date of solemnisation of the marriage (Name in full)	
11.	Name of Father	
12.	Name of Mother	
13.	Guardian if any the wife with relationship (See Section 6)	
14.	Address of the Guardian (information to be furnished in case of divorced persons who may marry again (See Section 15)	
15.	Date of the decree in the Court of the first instance.	
16.	Whether the period of one year has elapsed from the date noted in the Col (12) to the date of the application See Section 151.	
17.	Remarks	

Documents Required**Submitted Tick (v)/ YES**

1.		
2.		
3.		
4.		

(Signature of the applicant)

We hereby declare that the particulars mentioned above are correct to the best of our knowledge and belief that our marriage is one to which the Hindu Marriage Act, 1955 (Central Act xxv of 1995) applies and that we have fulfilled the conditions, laid in Section 5, 6 or 15 wherever necessary.

(If the wife is a minor, signature of the guardian in marriage at the time of marriage)

Station:

Signature with Date

Date:

Husband:

Wife:

Witnesses:

Name:

Name:

Address:

Address:

Signature:

Signature:

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

2. Simplified Proforma: Service Registration for Reporting the First Information (FIR) of a Cognizable Offence (under Section 154 of the Criminal Procedure Code).

Part-1

1.	Name of Service	Reporting the First Information (FIR) of a Cognizable Offence
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3

Information/documents required specific to the service

Information

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Place of Occurrence	
	a. Distance from the Police Station	
	b. Direction from the Police Station	
4.	Date and Hour of Occurrence	
5.	Offence	
	a. Nature of the Offence (e.g. murder, theft, rape, etc.)	
	b. <u>Section</u> (To be decided/written by Office only)	
	c. Particulars of the property (in case one has got stolen):	
6.	Description of the accused:	
7.	Details of witnesses (If any)	
8.	Complaint: Briefly lay down the facts regarding the incident reported in an accurate way.	

Documents Required

Submitted Tick (✓)/ YES

1.	Copy of [Complainant/Informant] I.D. proof	
2.		

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Application for FIR

From

(Applicant's Name), Father's/Husband's Name

(Applicant's contact address)

(Applicant's contact mobile number/phone number)

Applicant's e-mail id. (If any)

Date _____

To,

The Police Officer In charge

Address (Name of Local Police Station)

Subject:

Through, Proctor, AMU, Aligarh

Application

Respected Sir,

I would like to bring the following facts to your kind notice:

(Include details/contents Part-2 and Part-3 as given in Proforma)

I seek your help and request you to kindly register my FIR in the subject matter.

Hope you will do the needful favourable at the earliest.

Thanks and regards

Yours sincerely

_____(Complainant/Informant Signature)

_____(Complainant/Informant Name)

Note: You should make 2 copies of the Application. (1 copy for Police Station record, 1 copy for your own record)

3. Simplified Proforma: Service Registration for Tenant/Servant Verification (if resident of local area)

Part-1

1.	Name of Service	Tenant/Servant Verification (if resident of local area)
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Local (Current) Address	
	House No.	
	Sector/Village/Locality	
	Name of Landlord	
	Address (If residing elsewhere)	
	Nature of Employment (Domestic Servant/Shop Employee/Industrial/Worker/Chowkidaar/Dhobi/Tradesman/Craftsman etc.	
	Place of work	
4.	Residing at current address since	
5.	Police Station	
6.	Police Post	
7.	Particulars of Previous Employment (in case of employee)	
	Nature of Employment	
	Address	
	Particulars of Previous Employer	
8.	Particulars of family members residing with the Tenant/Employee	
	Sr. No.	Name
		Age
		Sex
		Relation
		Occupation
	1	
	2	
9.	Particulars of relatives locally	
	Sr. No.	Name and Father's Name
		Occupation and Local Address
	1	
	2	

Documents Required**Submitted Tick (v)/ YES**

1.	Proof of Identity (Voter Card/Driving Licence/Ration Card etc.)	
2.	Application Fee An all-Inclusive fee of Rs.500/- has to be deposited with application from against proper receipt. A copy of this receipt must be attached with the application form.	

(Signature of the applicant)

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

3.5mm-3.5mm
Photo Self
Signature

To

Deputy Commissioner of Police,
Hqrs,

Subject: Application for Police Verification Report (PVR)

Name of Applicant (Block Letters)_____

Father/Husband Name_____

Address to verified (with period)_____

Police Station_____

Permanent Address_____

Purpose for PVR_____

Signature of Applicant

4. Simplified Proforma: Service Registration for Copy of untraced report in cases pertaining to stolen vehicles.

Part-1

1.	Name of Service	Untraced report in cases pertaining to stolen vehicles
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2

Personal Details

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3

Information/documents required specific to the service

Information

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Registration No of the Vehicle:	
3.	Relationship with applicant	
4.	FIR Details	
5.	FIR No. _____ FIR Date _____ Police Station _____ District _____ State _____	
6.	Vehicle details: (Please fill up in capital letters only & in neat and clean handwriting) Type _____ Make _____ (e.g. Bus, Truck, Car, Scooter. M/C etc.) (e.g. Fiat, Tata, Bajaj, LML, Maruti) Vehicle Registration No. _____ Model _____ Chassis No. (write Alpha Numeric Number) _____ Engine No. (write Alpha Numeric Number) _____	

Signature of Applicant

Documents Required

Submitted Tick (v)/ YES

1.		
2.		

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

**5. Simplified Proforma: Service Registration for No Objection Certificate Pre-owned vehicles
RTS Act, Form 28 [See Rules 54, 58 (1), (3) and (4)]**

Part-1

1.	Name of Service	No Objection Certificate Pre-owned vehicles
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Registration No of the Vehicle:	
3.	Relationship with applicant	
4.	Class of vehicle:	
5.	Son/Wife/daughter of :	
6.	Registering Authority which originally registered the Vehicle.	
7.	Engine No.:	
8.	Chassis No.-Affix pencil print:	
9.	Period of stay in the state:	
10.	Period up to which motor vehicle tax has been paid	
11.	Whether any demand for tax is pending, if so, give details.	
12.	Whether the vehicle is invalid in theft case, if so give details	
13.	Whether any action under Section 53, 54 or 55 of the motor Vehicles Act 1988 is pending authority, if so give details	
14.	Whether the vehicle is involved in any case of transport of Prohibited goods, if so give details.	
15.	We solemnly declare that the above statements are true	

Signature of Applicant

Submitted Tick (✓)/ YES

Documents Required

(POI)Proof of Identity/(POR)Proof of residence		
1.	Pan Card, Aadhaar Card, Driving Licence, Govt. ID, Ration Card, Voter Card, Electric Bill DHBVN, Water Bill MCG, Telephone Bill.	
2.	Photograph Passbook of Running accounts SBI/PNB, Residence Certificate by SDM/Tehsildar	

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

6. Simplified Proforma: Service Verification (in cases of Resident of Haryana).**Part-1**

1.	Name of Service	Service Verification (in cases of Resident of Haryana)
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant :
3.	Name of Post : _____	4. Place of birth, Distt. And State in which it is situated
5.	District and State of which you belong:	6. District and State in which property is held:
7.	Particular of place where you have resided for more than one year, during proceeding five years. From _____ To _____ Residential address in full i.e. Village, Tehsil Thana and District/H.No./Street and Road.	8. Father's Details: a) Present postal address (if dead, give last address). b) Permanent Home Address c) Profession d) If any service, give designation and official address.
9.	Exact date of birth as given in the Matriculation Certificate: _____	10. Present Age: _____
11.	Height : _____	12. Age at the time of passing Matric: _____
13.	Marks of Identification : _____	14. a) Are you a member of SC or ST/BC of Haryana If so, State the name there of : _____ b) If member of SC, State your religion/Caste. If a member of Backward, State your State : _____
15.	Educational qualification showing place of education with years in school and college since 15 th years of age:	
	Name of the School/College with full address	Date of entering
		Date of examination on leaving passed

16.	Details of previous employment:-			
	Designation of Post Held or description.	Period	Full address of office/firm and Institution.	Detailed reasons for previous service
17.	Are you an Ex-Eco, ESSC or Ex-Serviceman or likely to be released? If so, state the (i) rank (ii) officer (iii) Jr. Commissioner/officer and; _____		18. Have you ever been convicted by court of any offence? If so, full particulars of the convictions and the sentences should be given :-	
19.	Name of the two responsible persons of your locality or two references to whom you are known with their full address. i) ii)		20. Are you married? If yes, name and address of spouse.	

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under the Government.

Date _____

Place _____

Signature of Applicant

Documents Required

Submitted Tick (v)/ YES

1.		
2.		

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Certificates to be signed by a Gazette officer or a member of Legislature or other authority prescribed by the appointing authority.

Countersign by Institute Incharge

Certified that I have known Sh. /Smt./Km. _____ Son/daughter/wife of Sh. _____ for the 1st _____ years _____ months and that to the best of my knowledge and belief the particulars furnished by him/ her are correct.

Signature, Name and designation
of status and address

Remarks of the verifying officer _____

Signature
Name and Designation of verifying officer

7. Simplified Proforma: Service Registration for Character Verification**Part-1**

1.	Name of Service	Character Verification
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.		

Documents Required**Submitted Tick (✓)/ YES**

	(POI)Proof of Identity/(POR)Proof of residence	
1.	Pan Card, Aadhaar Card, Driving Licence, Govt. ID, Ration Card, Voter Card, Electric Bill DHBVN, Water Bill MCG, Telephone Bill.	
2.	Photograph Passbook of Running accounts SBI/PNB, Residence Certificate by SDM/Tehsildar	

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

8. Simplified Proforma: Service Registration for Passport Verification RTS Act.**Part-1**

1.	Name of Service	Passport Verification
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	
8.	Aadhaar Card No. (Required)	

Part-3**Information/documents required specific to the service****Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	
2.	Relationship with applicant	
3.	Police Station	
4.	Passport No.	
5.	Date of issue of Passport	
6.	Place of Issue of Passport	
7.	Purpose for the PCC	

Documents Required**Submitted Tick (v)/ YES**

(POI)Proof of Identity/(POR)Proof of residence		
1.	A valid passport	
2.	Residential Proof (In addition to passport).	
3.	Letter/Instructions of the Embassy demanding the PCC	
4.	Passport size photograph	

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

9. Simplified Proforma: Service Registration of Foreigners Rules, 1992 Form A (Rule-6)**Part-1**

1.	Name of Service	a) Registration of Foreigners Rules, 1992 Form A (Rule-6) b) Arrival (Disembarkation) Card for Foreign Nationals c) Departure (Embarkation) Card for Indian Nationals
2.	Name of Department/Service Provider (Pre- filled into the system)	Home Department

Part-2**Personal Details**

1.	Name of Applicant	
2.	Husband/Father's/Mother's Name	
3.	Date of Birth / Age	
4.	Permanent Address	
5.	Correspondence Address (Pin Code)	
6.	Correspondence Phone No.	
7.	Correspondence e-mail	

A)158 Part -A Registration of Foreigners Rules, 1992 Form A (Rule-6)**Part-3****Information/documents required specific to the service
Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy)	2. Relationship with applicant :
3.	Serial Number _____	4. Sex _____ Height _____ Colour of eyes _____
5.	Place of Birth _____	6. Present Nationality _____ Previous Nationality _____
7.	Manner and date of acquiring present nationality:	8. Occupation or profession, and purpose of visiting India: _____ _____
9.	If a member of any country's naval, military or air-force, or its reserves, state which country's and rank held : _____	7. Number, date and office of issue of passport or particulars of other proof of identity. _____ _____
11.	Address or intended address in India _____ _____	12 Post or place of embarkation or departure for India. _____ _____
13.	Date and place of arrival in India _____	14 Name of vessel on which or how arrived for India. _____
15	Address of last residence outside India _____ _____	16 Name of Husband/wife and children and their nationalities (If accompanying the visitor) _____
17	Signature of registree:	18 Date of expiry of registration (only for tourists)

(Signed)-----

(Seal)

Signed

(Registration Officer)

Documents Required**Submitted Tick (✓)/ YES**

1.		
2.		

Registration transferred to:

Sr.No.	District	Date	Signature and seal of Registration Officer of district in column I
1.			
2.			
3.			

NOTICE**1. Every registered foreigner is required:**

- I. On the demand of any Registration Officer or Magistrate or any police officer not below the rank of head constable to produce this Certificate and his passport or such other proof of identity as may be required of him by such Magistrate or officer.
 - II. To surrender his certificate of registration, if he is about to depart finally from India either to the Registration Officer of the place where he is registered or of the place from where he intends to depart or to the Immigration Officer at the post/check post of exit from India.
 - III. To intimate in person or through an authorized representative or by post under certificate of posting the Registration Officer of the district in which his registered address is situated----
 - a. Before he leaves his registered address, if he proposes to be absent from his registered address for a continuous period of eight weeks or more, the address or addresses at which he proposes to stay and the date on which he expects to return to his registered address.
 - b. If he proposes to change his registered address or to leave India, the particulars of his new address and the date of the proposed change or departure; and
 - c. Any circumstances which in any way affect the accuracy of any of the particulars set out in his Certificate of Registration.
 - IV. If he stays for more than eight weeks at any place (other than a hotel or other premises where travelers are accommodated) in any district other than district in which his registered address is situated to report his presence in that other district to the Registration officer thereof within seven days of his arrival.
2. Failure to comply with the foregoing provisions will render the holder of this certificate liable to be punished with imprisonment or fine or both, under section 5 of the Registration of Foreigners Act, 1939 (XVI of 1939)

Form B
Temporary Certificate of Registration
(Rule 7)

Serial Number-----

Mr.-----a foreigner of -----nationality who arrived in India on the -----20-----is directed to report to the ----- at within seven days for the purpose of registration.

1. For a period of one week or until the report prescribed above has been made, whichever, is less, this form will be deemed to be a Certificate of Registration in Part III of Form A and must be provided on the demand of any Registration Officer, Magistrate, or police officer not below the rank of head constable.
2. If for any reason that report prescribed in paragraph 1 cannot be made within one week the holder of this Form is directed to report in person at the office of the undersigned or of the nearest Registration Officer and to comply with such directions as to registration as may then be given.
3. The contents of this Form have been explained to the holder thereof.

(Signed)
Registration Officer

Form C
(Rule 14)
Hotel Arrival Report
(To be completed in duplicate)

1.	Name of hotel	
2.	Name of foreign visitor. (in full in block capitals, surname first)	
3.	Nationality	
4.	Number, date and place of issue of passport	
5.	Address in India	
6.	Date of arrival in India	
7.	Arrived from	
8.	Whether employed in India ---Yes or No	
9.	Proposed duration of stay in India	
10.	Number, date and office of issue of certificate of registration, if any	

Manager's signature

**158 Part -B: Service Arrival (Disembarkation) Card for Foreign Nationals Form D
(Rule-5 and 15)**

**Information/documents required specific to the service
Information**

1.	Name of beneficiary, if not applicant. (Aadhaar No. of beneficiary attach copy):	2 Relationship with applicant :
3.	Name (as in passport) Leave one box blank after every part of the name/initial □□□□□□□□□□□□□□	4 Sex: (put ,v,in box) Male <input type="checkbox"/> Female <input type="checkbox"/>
5.	Nationality:	6 Country of birth □□□□□□□□□□□□
7.	Passport No. _____ Date of Issue(DD/MM/YY) □□□□□□ _____ Place of issue (city and country) _____	
8.	Date of Arrival (DD/MM/YY) □□□□□□ □□□□□□ _____ Flight No. _____ Port of Boarding _____	
9.	Visa Number □□□□□□□□□□ Date of Issue (DD/MM/YY) □□□□□□□□ City of Issue _____ Date of expiry (DD/MM/YY) □□□□□□□□	
10.	Occupation (put ,v,in appropriate box) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Doctor Business Employed Media Lawyer Government Sports Person Other	
11.	Purpose of visit (put ,v,in appropriate box) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tourism Business Transit Official Employment Education Conference Social Med Treatment Other	
12.	Countries visited in last 6 days	13. Address in India & Tel contact No. _____ _____ Pin Code:- _____ Tel No.: _____
15.	IMMIGRATION STAMP(ARRIVAL)	16. FO3

Signature of the passenger

Documents Required

Submitted Tick (v)/ YES

1.		
2.		
3.		
4.		
5.		

1.	Name (as in passport) Leave one box blank after every part of the name/initial) □□□□□□□□□□□□□□	
2.	Sex: (put ,v,in box) Male <input type="checkbox"/> Female <input type="checkbox"/>	
3.	Nationality: □□□□□□□□□□□□□□	
4.	Passport No. □□□□□□□□□□	5. Date of birth(DD/MM/YY) □□□□□□

GOVERNMENT OF INDIA
DEPARTURE (EMBARKATION) CARD
(FOR FOREIGN NATIONALS)

1.	Name (as in passport) Leave one box blank after every part of the name/initial) □□□□□□□□□□□□□□		
2.	Sex: (put ,v,in box) Male <input type="checkbox"/> Female <input type="checkbox"/>		
3.	Nationality: □□□□□□□□□□□□□□		
4.	Passport No. □□□□□□□□□□	5.	Date of birth(DD/MM/YY) □□□□□□
6.	Date of departure (DD/MM/YY) □□□□□□	Flight No. □□□□□□	Port of Boarding -----
Signature of passenger			
IMMIGRATION STAMP(ARRIVAL)		IMMIGRATION STAMP(DEPARTURE)	

**ON ARRIVAL HAND OVER THIS PART OF THE CARD TO THE CUSTOM OFFICER IN INDIA WHILE
LEAVING THE AIRPORT/CHECKPOST**

CUSTOMS

1.	Name in Full <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	Flight No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	No. of checked in baggage(s) _____
4.	No. of hand baggage(s) _____
5.	Total value of dutiable goods being imported _____
Signature of the passenger	

Documents Required**Submitted Tick (√)/ YES**

1.		
2.		

(ACKNOWLEDGEMENT SLIP)

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorised official	

Form E
(Rule 17)
(Passenger manifest)

Name of shipping company:				
Name of vessel:				
Port and date of embarkation/disembarkation in India:				
Sl. No.	Name of passenger	Nationality	Port of embarkation (abroad)	Port of disembarkation (abroad)
1.	2	3	4	5

Form F
(Rule 14)
(Hotel Register)

1.	Serial No.	
2.	Name of visitor in full (in block capitals, surname first)	
3.	Nationality	
4.	Number, date and place of issue of passport	
5.	Address in India	
6.	Date of arrival in India	
7.	Whether employed in India Yes or No.	
8.	Proposed duration of stay in India.	
9.	Arrived from	
10.	Number, date and place of issue of certificate of Registration, if any	
11.	Purpose of visit	
12.	Date and time of departure from hotel	
13.	Address to which processing	
14.	Signature of visitor	

