

APPLICATION FOR CERTIFIED COPY

Name of the applicant :
S/o or W/o or D/o :
Address :

To
The Sub-Registrar,

Please search the records of your office and grant
a copy of the particulars as which are given below:

1. Nature of document :
2. Name of the Executants with address :
3. Name of the Claimant with address :
4. Village (Street) where the property is situated:
5. Survey No./Door No. :
6. Name of the property boundaries of the property : Doct.No.
7. Year or years of the records to be searched. : Volume/C.D.No.
Page No.
8. If the applicant desires to search any additional year the year to years
The above years/verified copy is required

Date: _____

Signature of the Applicant

Note:- The applicant any given the above particulars, so far as he know he shall state here how is eligible for the same for the same for copy of the enters in Book(3) and (4) if desires them the fee in payable per Act, 13(i) 14 and Registration Fees.

S.No. _____

C.No. _____

Application Fee Rs. _____

Search Fee Rs. _____

Copying Fee Rs. _____

Total Rs. _____

Signature

Search made in index() for years

DOCUMENT FEE

Book No. Vol.No. Page No. Doct.No.of Year Stamp
No.of words.

Search made by :

Search verified by :

Copy prepared by :

Copy compared by :