



New Delhi Municipal Council
PALIKA KENDRA: NEW DELHI-110001

DEPARTMENT OF HEALTH
APPLICATION FOR DHOBI GHAT LICENCE

Section-I

1. Citizen ID :
2. Citizen Name :
3. Citizen Address :

City : Pin Code :
4. Citizen Phone No :
5. Citizen Email ID :

Section-II

1. Name of the applicant :
2. Father's Name :
3. Address :

City : Pin Code :
4. Caste :
5. Trade or profession : _____
6. Purpose of license : _____
7. Period for which the license is required :
From : To :
M M / D D / Y Y Y Y M M / D D / Y Y Y Y
8. Previous License No :
9. No. of children under 14 years of age :
10. Date of application :
M M / D D / Y Y Y Y

Signature/L.T.I. of the Applicant

Certified that the applicant is a resident of the premises mentioned in item No.3 above.

**Signature and designation
of member In charge of the Ghat**

Grant/Renew/Reject

MEDICAL OFFICER OF HEALTH