

## New Delhi Municipal Council PALIKA KENDRA: NEW DELHI-110001

## DEPARTMENT OF HEALTH

## APPLICATION FORM FOR RENEWAL/GRANT OF LODGING HOUSE LICENCE IN N.D.M.C.

## Section-I

1. Citizen ID			
2. Citizen Name			
3. Citizen Addr	ss :		
City:			Pin Code :
4. Citizen Phon	No:		
5. Citizen Emai	ID :		
		Section-II	
Medical Officer	of Health,		
New Delhi Mun	cipal Council,		
New Delhi.			
<b>-</b> 2000-200			
Dear Sir,	amping a ladging house in	the promises No	No
Delhi in the nam	e and Style of	The license for th	
for the year/year	s Nece	ssary particulars are as ur	nder:-
1. Name of th	e Establishment :		
T. Name of the	I I I I I I I		
2. Location of	premises No:		
<ol> <li>Whether Pr</li> </ol>	oprietorship/Partnership :		
(Attach a conv	of Partnership Deed in case of	Partnershin )	
	e Proprietor/Partners :		
5. Father's Na	me:		
6. Caste			
	2 22		
7. Residential	Address :	T T T T T	
		<del></del>	
City:			Pin Code :

8.	Name of the keeper in whose name License to be issued :				
9.	Whether Owner or tenant				
10.	Whether single storeyed or multi-storeyed (specify):				
2.	Years of grant of the Original License :				
13.	Last Year's License no. & Date :				
	• License no :				
	• Date : M M / D D / Y Y Y Y				
14.	Authorized sanctioned Elect Power Load:				
15.	Number of beds to be licensed				
16.	Sanctioned plan, if any, be attached :				
7.	Number of rooms G.F. Ist.F. IInd.F. IIIrd.F. IVth.F.				
	No. of single rooms				
	No. of double rooms				
	No. of suits				
18.	Size of rooms:				
19.	Sanctioned Plan, if any to be attached :				
20.	No. of workers:				
21.	Fire fighting arrangement provided:				
22.	Whether proper ventilation exists : (Yes/No)				
22.	Letter No. & Date wide which registered under Sarai Act or with police:				
Dat	ted:				
	M M I D D I Y Y Y Y				

Yours Faithfully,

Signature of applicant/Prop.