

FORM - 1

[See rule 3 (2)]

[To be submitted along with the instrument]

**Description of the property
[In the case of land in urban area]**

1. Locational detail -
 - a) House / plot / holding No
 - b) Name of the land / road / street
 - c) Ward No.
 - d) Pin Code No.
 - e) Police Station
 - f) District
 - g) Dag No.
 - h) Khatian No
 - i) Mouza
 - j) J.L.No.
2. Name of the Municipal Corporation/
Municipality / Notified Area /
Cantonment Area
3. Total Land
 - a) in cottahs
 - b) in square metre
4. Vacant Land
 - a) in cottahs
 - b) in square metre
5. Built-up-area.
 - a) in cottahs
 - b) in square metre
6. a) No.of floors in the building
 - b) Carpet area in each floor
7. Type of construction of the building (please tick
right against each item which is applicable)
 - a) Construction
 - i) Pucca []
 - ii) Semi pucca []
 - iii) Kutcha []

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- d) Roof
 - i) Thatched []
 - ii) Tile-Shed []
 - iii) Tin-Shed []
 - iv) Pucca []
 - v) Other (Please specify) []
- 8. Brief description of the nature of sanitary / electrical / other fitting on the Building / flat :
- 9. Year of construction of the Building / flat :
- 10. Renovation of the building / flat made, if any-
 - a) Year of renovation :
 - b) Details of addition / alteration :
- 11. Other facilities available within 1 kilometer (Please Tick)
(Not to be filled in for Calcutta Municipal Corporation Area -
 - a) Railway Station []
 - b) Bus stop []
 - c) Market Place []
 - d) City center []
 - e) School []
 - f) College []
 - g) Hospital []
- 12. Approximate distance from the road —
 - a) Width of the nearest pucca / main road (in meter) :
 - b) Distance from this pucca / main road (in meter) :
 - c) Width of the approach road, if different from :
 - d) Above in meters :
- 13. Purpose for which the building / flat in being used (Please tick the relevant column)
 - a) Residential []
 - b) Commercial []
 - c) Industrial []
 - d) Others (Please specify) []
- 14. Property tax paid with reference to tax records

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18. Transferee —

a) Name :

b) Full address :

19. Deed writer —

a) Name :

b) Licence No. :

20. Advocate, if any —

a) Name :

b) Full address :

The above statement is true to the best of any knowledge and belief. I undertake to indemnify the Government for any lose of revenue due to misstatement of suppression of facts herein above.

Place :

Date :

Signature of person
executing the instrument for registration