



OFFICE OF THE NOTIFIED AREA COUNCIL, KUCHINDA

At/Po-Kuchinda, Dist-Sambalpur, Pin-768222

NEW ASSESSMENT / SURVEY FORM OF HOLDING TAX

Name of the Owner of the Holding & Address : _____

A. LOCATION DETAILS

- Geographical Ward No. : _____
- Tax Collection Ward No. : _____
- Street Name : _____
- Holding No. : _____
(if already assessed) : _____
- Year of Assessment : _____
- Annual assessed value : _____

B. LAND DETAILS

- Khata No. / Plot No. : _____
- Total area in Sq.ft./Decimal : _____

B. BUILDING DETAILS

- Type of Building : R.C.C. A.C.C. OTHERS
- If Flat / Apartment (Floor No.) : _____

- Total plinth area Of the building : _____
- Month & Year of completion Of the Building : _____

- Whether the Building plan is Approved by Competent Authority : Yes No
- If yes plan, approval No. & Year : _____

C. Nature of use of the Building

(✓ Tick in the appropriate item)

- Residential (Self-occupied)
- Residential (On rent)
- If on Rent, (indicates the Monthly Rent) : _____
- Commercial
- Part Residential / Commercial) Residential Commercial

E. NATURE OF COMMERCIAL USE (✓ Tick in the appropriate item)

- Star Hotel
- Other Hotels / Lodging
- Houses / Restaurants
- Market Complex
- Cinema Theaters
- Kalyan Mandap
- Hospital / Nursing Home etc.
- Educational Institution
- Industries, Factories
- Other Uses

F. CAPITAL COST OF THE BUILDING

(if used commercially)

I hereby certify that above facts are true to the best of my knowledge & belief.

Place : _____

Date : _____

Signature of the Applicant

FOR OFFIE USE ONLY

A.

Tax Collector Name : _____

No. of the tax Assessment Ward : _____

Comment of the Tax-Collector : _____

On above information

B.

Name of the Tax-Daroga : _____

Comments of the Tax-Daroga : _____

Signature of the Executive Officer

Signature of the Tax Collector