

Application Serial No.

EH-01

GREEN HILLS

Triveni Dham, Shahpura, Rajasthan

APPLICATION FORM

Certificate issued by Government of Rajasthan - Revenue Department
Certificate Ref. No: LC/2024-25/190392

FIRST APPLICANT:

Details of the Applicant

Full Name Mr./ Ms. / Mrs. / Dr. /Col. _____

Son / Wife / Daughter of _____

Guardians Name (if the applicant is a minor) and relationship with the minor

Date of Birth _____ Gender [not mandatory] Male Female Transgender

Nationality _____

Occupation

Employed Sector / Industry _____

Self-employed Profession _____

Business Sector / Industry _____

Housewife Student Others _____

Residential Status Resident Non-Resident Person of Indian Origin Others

Marital Status Married Unmarried Other

IT PAN _____ Aadhar No. _____

Correspondence Address _____

City _____ PIN _____ State _____

Phone (Home) _____ (Work) _____ Mobile _____

Permanent Address _____

City _____ PIN _____ State _____

Phone (Home) _____ (Work) _____ Mobile _____

Email Address _____

Alternative Email Address _____

Details of the Applicant

JOINT / SECOND APPLICANT:

Full Name Mr./ Ms. / Mrs. / Dr. /Col. _____

Son / Wife / Daughter of _____

Guardians Name (if the applicant is a minor)

Date of Birth _____ Gender [not mandatory] Male Female Transgender

Nationality _____

Occupation

Employed Sector / Industry _____

Self-employed Profession _____

Business Sector / Industry _____

Housewife Student Others _____

Residential Status Resident Non-Resident Person of Indian Origin Others

Marital Status Married Unmarried Other

IT PAN _____ Aadhar No. _____

Correspondence Address _____

City _____ PIN _____ State _____

Phone (Home) _____ (Work) _____ Mobile _____

Permanent Address _____

City _____ PIN _____ State _____

Phone (Home) _____ (Work) _____ Mobile _____

Email Address _____

Alternative Email Address _____

Relation with first applicant _____

COMPANY / FIRM / TRUST AS AN APPLICANT

Name of Company / Firm / Trust _____

Date of Incorporation _____

Registered Office Address _____

City _____ PIN _____ State _____

Correspondence Address _____

City _____ PIN _____ State _____

Name & Designation of the contact person: _____

Phone(Home) _____ (Work) _____

Email Address _____

Company / Firm / Trust PAN Card (Mandatory) _____

Company Identification Number (CIN) _____

Name of Director / Partner / Trustee _____

Address of Director / Partner / Trustee _____

(Signature/s of the Applicant)

(Signature of Co-Applicant)

Annexure 3

Payment Plan

Milestone	Payment Percentage
At the time of application	10% Of BSP
With in 30 Days of Application	40% Of BSP
With in 60 Days of Application	25% Of BSP
With in 90 Days of Application	25% Of BSP

Other Charges

- Electricity Meter Charges as per Govt. Norms
- Septic Tank Facility by Allottee
- Water Supply Free by Society (Green Hill View)
- Registry Charges as Applicable
- Plot Dimension: 25 x 45 Feet

(Signature/s of the Applicant)

(Signature of Co-Applicant)
