

बृहन्मुंबई महानगरपालिका

सार्वजनिक आरोग्य खाते

मुंबई महानगरपालिका अधिनियम (१८८८) च्या कलम १९१(अ)

अंतर्गत श्वान अनुज्ञापत्रकरीता कारवाईच्या अर्जाचा नमूना

Form of application for Tax on Dogs u/s. 191A of the Mumbai Municipal Corporation Act 1888
(as Amended upto date)

* खूप केलेले रकाने भरणे आवश्यक आहे / Field Marked with * are Mandatory Fields

Licence no.: Year
अनुज्ञापन क्रमांक वर्ष
अर्जाचा प्रकार / Category of Application: Individual / Institution
प्रभाग क्रमांक / Ward Name :
अर्जदाराचे नाव / Name of Applicant :
Mr./Mrs/Ms. First Name : Middle Name : Last Name :

श्वान मालकाचे नाव / Name of the owner (In case applicant is not the owner)

Please Tick, if Name of the Owner is same as Name of the applicant mentioned above.

Mr./Mrs/Ms. First Name : Middle Name : Last Name :

श्वान मालकाच्या घरचा पत्ता / Residential Address of the Owner:

House No. House Name *
Street 1* Street 2*
Area 1* Area 2*
City Mumbai Pin Code
Tel. Off.: Tel Resi :
Mobile : E-mail :

संस्थेचे नाव / Name of the Firm : (if the applicant is a firm)

श्वानाची माहिती Details of the Dog :

Dog Name * Sex* : Breed* :
ID Mark : Colour : Age : Years ____ Months ____
Dog is with the owner since - Date :
Name of the Veterinary Doctor* : Date of ARV Vaccination
Is dog being transferred : Yes / No. Is dog being Bought* : Yes / No.
Whether Stray Dog adopted* Whether brought from outside Mumbai* Yes / No.
Is it the puppy born to owner's dog* : Yes / No.

मी याद्वारे श्वान अनुज्ञापत्राच्या सर्व शर्ती व अटीचे पालन करीन, असे मान्य करतो.

I hereby agree to abide by the terms and conditions under which the above licence is issued.

Signature of Applicant