



Price: ` 1

EXTRACT OF NOC UNDER EXPLOSIVE ACT APPLICATION FORM

Applicant Details:-

Aadhar Number: _____ Applicant Name*: _____
Father Name*: _____ District*: _____
Mandal*: _____ Village/Ward*: _____
Door No: _____ Locality/Landmark: _____
Pin code: _____ Survey Number*: _____ Extent*: _____ Guntas Acres
Sub Division No. *: _____ File No/Reference No. *: _____
Date of File/Reference *: _____ (DD/MM/YYYY)
Purpose for Extract of NOC *: _____

Informant Details:-

Informant Name*: _____ Informant Relation: _____
Mobile No. *: _____ Email ID: _____
Delivery Type*: At Kiosk Post Local Post Non-Local

Postal Details:-

State*: _____ District*: _____
Mandal*: _____ Village/Ward*: _____
Door No: _____ Pin code: _____

Documents List: - (Note: Please Upload only in Pdf Format)

Application Form*

Copy of NOC

(* - Indicates Mandatory)

Applicant's Signature