

FORM M

[Rule 2]

LOCAL AUTHORITY'S RETURN: ISSUANCE OF CERTIFICATE OF FITNESS

(This form is to be submitted to the Director General on a monthly basis before the 14th day of the following month.)

JPPH Code :

Name of Local Authority :

Address :

Month :

January	February	March	April	May	June	July	August	September	October	November	December	Year: <input type="text"/>
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(Please circle whichever is applicable)

No.	Name of Project/ Applicant's Name and Registered Address/Local Authority's Reference	Title Particulars					Details of Certificate of Fitness				
		Lot No. / P.T. No. / Plot No. (03)	Section (04)	Mukim/ Town/ City (05)	District (06)	Location (07)	Date Issued (08)	No. of Floors (09)	No. of Units/ Plots (10)	Type of CF Issued (*) (11)	Property Type (12)
(01)	(02)										

Note:

(*) For Temporary Certificate of Fitness, please attach the conditions imposed.

I certify that the above information/details are correct.

Signature :
Name of Officer :
Designation :

Official Seal/Stamp of Local Authority :
Date :