

ANNEXURE - VIII

DELHI DEVELOPMENT AUTHOERITY APPLICATION FOR REVALIDATION OF ENLISTMENT

(The applicant should study carefully the Rules of Enlistment and the list of documents to be annexed with the application form before filling the form. Application found deficient in any respect are liable to be rejected without any further correspondence)

1. Name of applicant & Madou let Shawe Mr RKCoshe	し
2. Nationality Indian Other	
3. Address Regd. Office 11 78 Ullaye Moth Both N. Delli Head office — 11002)	
Head office	
4. Telephone Number Now E-mail address Fax No.	
5. Constitution Individual Partnership firm Private Ltd. Company Sole Proprietorship Concern Public Ltd. Company	
6. If partnership firm, names of the partners/ If Company name of directors 3	>
7. (a) Name of person holding power of attorney	
8. Name of Bank (with full address) The Janle Gorpero tre Bon le Lissuing solvency certificate 9. Place of business Dilling Note Of Le	7
9. Place of business DUH NIV PULL	V
10. Full time technical staff of relevant field in applicant's employment	
(a) Graduate Engineers with minimum 5 years experience (b) Graduate Engineers with minimum 3 years experience [excluding (a) above] (c) Graduate Engineers with minimum 2 years experience [excluding (a) and (b) above]	
(d) Diploma Holder Engineers with minimum 10 years experience (e) Diploma Holder Engineers with minimum 5 years experience [excluding (d) above] (f) Diploma Holder Engineers with minimum 3 years experience	
[excluding (d) and (e) above] (g) Diploma Holder Engineers with minimum 2 years experience [excluding (d), (e) and (f) above]	
(h) Post Graduate in Agricultural Sciences (i) Graduate in Agricultural Sciences with minimum 5 years exp.	



11.	requiremen	pplicant have so ts mentioned in (Attach details	the Enlistme	nt Rules fo	and Equipment r the Class & Ca es No	as per ategory	
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i I/We of Color ii I/We the I iii I/We know enlis iv I/We Gaze Adm We a shall	tificates: e (including ontractors in de certify that the certify the certify that the certify the certification cert	all partners) cert DDA as amende I I/We will not ge under more than at the informat I/e understand t I/e to be cancelled I/none of the or: as any Ga uties in last two hat we have neit	tify that I/We is discussed upto date and the myself/ourse one name, ion given about if any infection of the control of the partners (one years (one years the under our exithin aforesain within aforesain the control of the partners our exithin aforesain the control of the con	have read to d shall abid elves register ever is true ormation is ectors retire employed ar in case of employment	found incorrect d as an Engineering f Group "A" Office t any such persor	f our f our cer of g or cers).	
Name 1.	e(s) of applic	Signature	out whichever	el Shing		Nogn of	Toli saga