

FORM '1-A'
[See Rule 4(4)(ii)]
Register of claims for Registration

Municipal area of the Corporation _____
Ward No. _____

Tehsil _____

District _____

Sr. No	Ward in which registration is claimed	Name, Father's name and occupation of claimant	Date of presentation of claim, authority to whom it is presented with initials of such authority	Date of decision with note as to presence of parties	Decision		Signature of Revising Authority	Signature of official by whom effect was given to the decision of the Revising Authority and date
					Admitted	Rejected		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)