



Thumb Impression of Tenant	Signature of Tenant/ PG
Signature of Landlord	

Signature of Beat Officer
Rank, Name & No.
Beat No. _____ PS _____ Date: _____

FOR OFFICE USE ONLY

Entered in PS \_\_\_\_\_ record by MHC, Vide No. \_\_\_\_\_ Dated \_\_\_\_\_ in Verification register.