

# 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 14<sup>th</sup> 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. (01)	Name of Project/ Applicant's Name and Registered Address/Local Authority's Reference (02)	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)

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 : .....