

SOCIO ECONOMIC & CASTE CENSUS 2011

Form B

(Form for Corrections/ Modifications of Particulars in the Draft Publication of Information for SECC 2011)

Serial number.....

Date.....

(To be filled in by Officials)

Identification Particulars (To be filled by the Applicant)

1. State 2. District
3. Town/City 4. Ward No.
5. EB/ sub Block No.....

To,

The Ward Officer of SECC 2011
Ward No

Madam/ Sir,

I request that the following correction(s)/ modification(s) concerning myself and other member(s) of my family appearing at serial number..... in the draft Publication of information collected during the SECC 2011 may be made against the following entry/ entries published:

Sl. No	Serial number of members of HH in the draft SECC 2011 Publication	Particulars of item objected	As published	As desired	Remarks/ Evidence

I declare that the aforesaid changes requested by me are based on the factual position as existing on this day.

Signature/ thumb impression of the objector.....

Name (in BLOCK letters).....

Present Address.....

Landline/Mobile No. Date.....

General Instructions

1. Only one copy of the Application is to be filled.
2. Bulk Forms by any individual, organization or political party will not be accepted.
3. Incomplete forms will be rejected.
4. Forms that are not duly signed by the applicant or containing his/her thumb impression will be rejected.
5. Manuscript, typewritten or cyclostyled or photocopied forms or forms downloaded from the NIC website can be submitted so long as they conform in every respect to the prescribed form.
6. Producing documentary evidence is optional at the time of submitting claims and objection form.

Order of Designated Officer

Name, Designation and Seal
& Date

Signature

-----*(cut here)*-----

ACKNOWLEDGEMENT

Serial number.....

Date.....

Received from _____ an application for making corrections of particulars in the Draft Publication of Information for SECC 2011. His application will be taken up by (Officer Appointed) for hearing and disposal on (Date) at..... (Time) in (Location). S/He may remain present during the hearing.

Signature of Receiving Officer.....

Name of Receiving Officer

Date.....

Ward No.....

Town/City.....

District/ State.....