## <sup>1</sup>[FORM-D] [see rule 10 (4)]

No.

Dated:

## **REVISED CONVERSION ORDER**

- 1. Name/Names of tenant or co-tenants:
- 2. Aadhar number:
- 3. Bhamashah number
- 4. Father's/husband's name:
- 5. Address with mobile number
- 6. E-mail ID (if any)
- 7. Whether the applicant is a member of SC/ST.:
- 8. Purpose of original conversion indicating the Number and date of the order.
- 9. Revised Purpose of conversion.
- 10. Details of the land converted:
  - (a) (i) Name of District
    - (ii) Name of tehsil
    - (iii) Name of village
  - (b) Khasra No. of the land along with area of each Khasra No. (in hectare).
  - (c) Area converted (in sq. mtr.)

Indicating the area of each Khasra No.

- **Note:** A duly verified copy of the relevant part of revenue map showing the land converted for revised non-agriculture purpose is enclosed.
- 11. Rate of conversion payable on original conversion.
- 12. Amount of premium deposited with original
- 13. Amount of penalty deposited, if any, with date & No. of challan.

<sup>&</sup>lt;sup>1</sup> Substituted by Notification no. F.6(6)rev-6/14/33, dated 06-10-16

- 14. Amount of interest deposited, if any, with date and No. of challan.
- 15. Other particulars, if any
- 16. The above conversion order shall be subject to the following conditions:-
  - (i) The land converted for the above non-agricultural purpose shall not be used for any other non-agricultural purpose, without obtaining prior permission of the prescribed authority.
  - (ii) If the applicant fails to use the land for the revised converted purpose within a period of 2 years from the date of the issue order, money deposited by the applicant shall be forfeited.
  - (iii) No land as mentioned in rule 4 shall be used for non-agricultural purpose.
  - (iv) No part of the land converted for public utility purpose shall be used for any other non-agricultural purpose without valid permission from the Prescribed Authority.

Signature of the Prescribed Authority (State Government/ District Collector/ SDO/Tehsildar)

Seal of the Prescribed Authority

No. Copy to: Date:

- 1. The District Collector, -----.
- Gram Panchayat-----.
- 3. The Applicant Shri-----.

Signature of the Prescribed Authority