

FORM-13A (under Rule 24 of WALTA)

APPLICATION FORM FOR FELLING EXEMPTED TREES

1. Name of the Applicant/Firm/Company
2. Father's Name:
3. Age in completed years:
4. Complete postal address of the Applicant:

5. Contact Number of Applicant:
 - a. Phone
 - b. Mobile
6. E-mail ID of the Applicant:
7. Photo I.D. of Applicant: PAN/Aadhar/Voter I.D./Driving License/Passport.

8. Address/Location of premises/Land/Plot where tree felling is proposed
 - h) Survey No./Plot No./Door No.
 - i) Classification of the land
 - j) Village/Street
 - k) Mandal/Municipality/Municipal Corporation
 - l) District
 - m) Latitude and Longitude of premises
 - n) Boundary description:

North	
South	
East	
West	

9. Category of Premises (Please tick the relevant):
 - (e) Industrial – New proposed or existing.
 - (f) Commercial
 - (g) Institutional
 - (h) Others - Specify

10. Area of the Premises

11. No. of trees and species proposed to be felled:

Tree Species	No. of Trees existing in the premises/plot	No. of Trees proposed for felling	Whether exempted from WALTA or not.
(1)	(2)	(3)	(4)

12. Age (approximate) of the tree proposed to be felled:
13. Reason for proposing to fell the tree/trees: Details of the Payment of fee for tree felling.
14. Whether enumeration list of trees to be felled in Annexure-II enclosed: YES/NO.
15. Whether surveyed sketch map of the land enclosed: YES/NO.
16. Whether location map of the land enclosed: YES/NO.
17. Whether security deposit towards replanting paid: YES/NO.

CERTIFICATE

I hereby certify that the species and other details of trees as disclosed above are correct to the best of my knowledge and other information furnished above is true and correct.

I further certify that trees proposed for felling only consists of Eucalyptus/Subabool/Casuarina for which prior permission is not required under the provisions of WALTA / Rules.

I undertake that I shall replant immediately tree / trees in place of the trees felled as per T.S. WALTA Rules, failing which, plants will be raised by the Authority / Designated Officer at my cost.

Place:

Date:

Signature.

Name of the Applicant:

Sd/-P.K.Sharma
Principal Chief Conservator of Forests
(Head of Forest Force)

//t.c.b.o//


Superintendent 25/2/16

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25/2/16