

9. Name of person(s) liable to pay tax (Owner / Occupier / Lessee / Lessor / Tenant)
 Name of sub-lessee, if any

10.	Purpose of application (Tick Mark the adjacent box wherever applicable):	
(1)	Mutation due to succession (intestate)	<input type="checkbox"/>
(2)	Mutation due to succession (testamentary)	<input type="checkbox"/>
(3)	Mutation of flats registered under Cooperative Societies Registration Act 1973 under section 178(2)(III) of KMC Act 1980	<input type="checkbox"/>
(4)	Mutation of flats registered under WB Apartment Ownership Act 1972 under section 178(2)(IV) of KMC Act 1980	<input type="checkbox"/>
(5)	Mutation due to transfer except under Cooperative Societies Registration Act and WB Apartment Ownership Act	<input type="checkbox"/>
(6)	Mutation of Wakf property	<input type="checkbox"/>
(7)	Mutation of thika/ bustee	<input type="checkbox"/>
(8)	Mutation of colony	<input type="checkbox"/>
(9)	Mutation cum separation	<input type="checkbox"/>
(10)	Mutation cum amalgamation	<input type="checkbox"/>
(11)	Mutation and apportionment of consolidated rate	<input type="checkbox"/>
(12)	Transfer of property from colony to non colony (other than amalgamation/ apportionment/ separation)	<input type="checkbox"/>
(13)	Assessment of unassessed property (In cases where clearance KIT/ KMDA/ LA Collector are not involved)	<input type="checkbox"/>
(14)	Assessment of unassessed property (In cases where clearance KIT/KMDA/LA Collector are involved)	<input type="checkbox"/>
(15)	Change in company's name	<input type="checkbox"/>
(16)	Transfer from minor to major	<input type="checkbox"/>
(17)	Scheme of amalgamation (with respect to several companies)	<input type="checkbox"/>

11. Whether consolidated rate bill is paid up-to-date [Against the quarters falling within the period from date of issue of NOC to date of filing of application] YES NO
 Please tick the appropriate box. If YES, please attach duly attested photocopies

12. Annual Valuation as per latest Property Tax Bill (in Rupees)
 Date of effect of this valuation (DD-MM-YYYY) - -

13. Number of documents enclosed as per checklist in Appendix 1
 Indicate serial numbers of documents as given in checklist (separated by commas)

14. In case of multiple mutations, indicate number of mutations (Separate affidavit /

copies of title deeds need to be attached, to indicate how the title devolved)

15. Date of transfer of property (in case of mutation from - -
Thika/Bustee/Khasmahal/WAKF/Colony) (DD-MM-YYYY)
Date of last such transfer, in case of multiple transfers - -
(DD-MM-YYYY)

16. Measurement of Premise (in sq.ft.):

Area of total vacant land / land
Area of tank/pond within land
Total land area including the building/flat
Total covered area on which the premises/flat/portion is situated
Floor/carpet area of the flat¹
Area of closed garage / car parking space
Area of open garage / car parking space
Area of exclusive garden

17. Whether any mobile or cable tower is erected on the premise. Please tick the appropriate box. YES NO
If YES, please indicate monthly rent received. (in Rupees)
Please attach copies of agreements.

18. Whether a hoarding or any other outdoor advertising device is erected on the premise. Please tick the appropriate box. YES NO
If YES, please indicate monthly rent received. (in Rupees)
Please attach copies of agreements.

19. Construction details of premise (please tick the correct alternative)

(a) Pucca (Buildings with load bearing roof like R.C.C.)
(b) Semi pucca (Buildings with normal load bearing roof like tukri)
(c) Kuccha (Buildings with walls and roof of temporary material like tin / asbestos)

20. Whether Completion Certificate issued by the Building Department (Please tick the appropriate box.) YES NO
If YES, date of issue of Completion Certificate (DD-MM-YYYY) - -
If NO, date of payment of the first Electricity Bill (DD-MM-YYYY). Please attach a copy of the first Electricity Bill. - -

21. Number of stories in premise

22. Name of road on which the premise is situated

23. Flat number & Floor number (in which the assessee is situated):

¹ Super built-up area will be assumed to be 25% over and above the Carpet area

24.	Description of commercial portions	Number	Total area (sq. ft.)
(a)	Shops / Showrooms / Offices	<input type="text"/>	<input type="text"/>
(b)	ATM	<input type="text"/>	<input type="text"/>
(c)	Nursing Home / Health Club / Data centre	<input type="text"/>	<input type="text"/>
(d)	Any other (Please provide description. Use separate sheet if necessary)	<input type="text"/>	<input type="text"/>

25. Assessee's rental status (Please fill in description of all tenants and attach copies of all agreements)

	Name of tenant	Details of Monthly Rent (in Rupees)	Details of status of each Tenant (Floor No, Flat No, Area occupied in sq. ft.)	Nature of use
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

26.	Details of premises/flat/portion for determination of Commercial Surcharge (Please tick the appropriate box) Specify usage in detail (including Statement)					
	Non-Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>
	Bank	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Shop	<input type="checkbox"/>
	Showroom	<input type="checkbox"/>	Factory	<input type="checkbox"/>	Guest House	<input type="checkbox"/>
	Cinema Hall	<input type="checkbox"/>	Educational Centre	<input type="checkbox"/>	Ceremonial House	<input type="checkbox"/>

VERIFICATION

I, _____(full name in block letters), son/ daughter of _____solemnly declare that to the best of my knowledge and belief, the information given in the form A-42 is correct and complete.

Date:

Place:

Name and Signature

Seal of the Firm or Co-operative Society whichever is applicable is to be used wherever necessary

PROFORMA – I
(To be submitted separately)

Application indicating willingness to pay pro-rata liability of arrear dues where valuation already determined in respect of mother premises.

To
The Municipal Commissioner
The Kolkata Municipal Corporation.

Sir,

I am to inform you that I am willing to pay the pro-rata liability of arrear dues in respect of the Premises No. under Ward No..... out of the valuation of the mother premises already determined for effecting mutation/separation/amalgamation/apportionment of taxes.

Yours faithfully,

Dated:

Signature of the applicant(s)

PROFORMA – II
(To be submitted separately)

Undertaking on Solemn affirmation for payment of pro-rata of arrear Taxes where valuation is yet to be determined

By Affidavit

I, Sri.

S/O/D/O.

by occupation

by faith.....

residing at

.....
.....
.....

do hereby solemnly declare and undertake to pay the pro-rata share of taxes in respect of the Premises No.

.....in Ward

No. for the period up-to-the quarter prior to the transfer of it/or a portion of it being Flat No.

..... which may be determined after the mutation of the said Premises/Flat No.

..... in my name.

The above declaration is true to my knowledge.

Yours faithfully,

Dated:

Signature of the applicant(s)

PROFORMA – III

(Not applicable in respect of separation of Premises comprised of vacant land only)

Proforma Certificate

This is to certify that no mandatory space is required to be maintained as per the existing KMC's extant Building Rules in respect of Premises No. In Ward No. Borough No. which is sought for separation with reference to the application made by for this 'No Objection Certificate'.

Departmental procedure of C.A.'s Deptt

*Signature of the E.E. (B)
or City Architect*

PROFORMA – IV

(To be submitted separately)

Affidavit of succession (describing family tree, date of intestate death of owner and all other successors)

APPENDIX – 1

Current Citizen Charter for Assessment-Collection Department may be consulted.

https://www.kmcgov.in/KMCPortal/downloads/citizen_charter_assessment_2016.pdf