

**ONLINE SANCTION OF BUILDING PLAN UNDER EODB**  
**Form for User ID creation/authorization changes etc.**

No. \_\_\_\_\_

Date: \_\_\_\_\_

1. Nature of Request (Tick)	New User ID Creation / Transfer of User ID / Change in Authorizations / Reset of Password/Closure of ID															
2. Department	(a) Bldg./TP/Law (b) Zone _____ (I / II)															
3. Name of Employee																
4. Designation																
5. BMID																
6. Mobile no.																
7. Email ID																
8. Whether ID was created for OBPS earlier																
Reason for new ID creation / Changes in Authorization (Tick)	New user / Leave /Transfer / Additional Charge / Closure of ID Other (Please Specify)															
Details of change/authorizations required	<table border="0"> <tr> <td></td> <td align="right">Yes</td> <td align="right">No</td> </tr> <tr> <td>1. Sanction of Building Plan</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>2. Issue of C1/C2 (Plinth Inspection) Certificate</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>3. Issue of Completion Certificate</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>4. Comments by Other Deptt.</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>		Yes	No	1. Sanction of Building Plan	<input type="checkbox"/>	<input type="checkbox"/>	2. Issue of C1/C2 (Plinth Inspection) Certificate	<input type="checkbox"/>	<input type="checkbox"/>	3. Issue of Completion Certificate	<input type="checkbox"/>	<input type="checkbox"/>	4. Comments by Other Deptt.	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No													
	1. Sanction of Building Plan	<input type="checkbox"/>	<input type="checkbox"/>													
	2. Issue of C1/C2 (Plinth Inspection) Certificate	<input type="checkbox"/>	<input type="checkbox"/>													
3. Issue of Completion Certificate	<input type="checkbox"/>	<input type="checkbox"/>														
4. Comments by Other Deptt.	<input type="checkbox"/>	<input type="checkbox"/>														
	Signature of Applicant															
----- Details of Office Order	Office Order No. _____ date _____ (Pl. Attach copy of O.O. reg. allocation of work)															
----- Approval of Authorised Officer EE (B) / SE /Approving Authority	Sign. Name: Designation with Stamp															
<b>TO BE FILLED BY I.T.Deptt.</b>																
Ticket Number Roles Attached / Authorization given/ changed Job status with date on which job done Communication to applicant																