### FORM-2

# (UNDER RULE 5 (4) (C))

### **OBJECTIONS AND SUGGESTIONS FOR DECLARATION OF INTENTION**

**REFERENCES:** (1) Notification under rule 5(4) (C) in Form - 1 dated.

I am herewith submitting my objections/ suggestions on the Land Pooling scheme under the above reference cited.

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### <u>Schedule I</u>

### **AREA UNDER LPS**

| Distric | ct:Visakhapat | nam        | Mandal:Sab    | bvaram     |            |            |
|---------|---------------|------------|---------------|------------|------------|------------|
| S.No    | Revenue       | RSR Extent | Gram          | Hamlet (s) | Habitation | Habitation |
|         | Village       | (Ac)       | Panchayat (s) | Covered    |            | code as in |
|         |               |            | covered       |            |            | census     |
| 1       | Sabbavaram    |            |               |            |            |            |
| 1       | Sabbavarani   |            |               |            |            |            |
|         |               |            |               |            |            |            |
|         |               |            |               |            |            |            |
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|         |               |            |               |            |            |            |

**READ:** 

Aadhar Number: Mobile:

District:Visakhapatnam

# <u>Schedule I</u>

# **AREA UNDER LPS**

Mandal:Sabbvaram

| S.No                 | Revenue     | RSR Extent | Gram          | Hamlet (s) | Habitation | Habitation |
|----------------------|-------------|------------|---------------|------------|------------|------------|
|                      | Village     | (Ac)       | Panchayat (s) | Covered    |            | code as in |
|                      |             |            | covered       |            |            | census     |
| 1                    | Sabbavaram  |            |               |            |            |            |
|                      |             |            |               |            |            |            |
|                      |             |            |               |            |            |            |
|                      |             |            |               |            |            |            |
|                      |             |            |               |            |            |            |
|                      |             |            |               |            |            |            |
|                      |             |            |               |            |            |            |
| Other C              | Objections: |            |               |            |            |            |
|                      |             |            |               |            |            |            |
| Sugges               | tions:      |            |               |            |            |            |
|                      | tions:      |            |               | Signature: |            |            |
| Place :              | tions:      |            |               | Signature: |            |            |
| Sugges Place : Date: |             |            |               |            |            |            |