FORM. C. A. I. (RULE)

Application for copy To the District Officer Name of the application whom file/Applicant			SPACE FOR COURT FEE STAMP
Resident of			
Post Office and District			Court fee stamp filed with the Application
P.S.	Goswara No	D.	Signature Date
District			Order on Application Signature of the copying agent with Date Signature of recipient of copy with Date
Date of Order etc.	Name of description of the papers of which copy is required	Purpose for which copy is required whether it is required for private use or for filing in some Court etc.	