

**FORM IX**  
**[See rule 15(2)]**  
**Application for Renewal of Licence**

1. Name and address of the contractor : \_\_\_\_\_  
\_\_\_\_\_
2. Number and date of the licence : \_\_\_\_\_
3. Date of expiry of the previous licence : \_\_\_\_\_
4. Whether the licence of the Contractor was suspended or revoked : \_\_\_\_\_  
\_\_\_\_\_
5. Original copy of the Treasury Challan showing the payment of the prescribed fee.

Place:  
Date:

Signature of the Applicant

\_\_\_\_\_

(To be filled in the Office of the Licensing Officer)

Date of receipt of the application with crossed demand draft No. and date.

Signature of the Licensing Officer