

PROCEDURE FOR FILLING UP AUDITORIUM LICENSE APPLICATION FORM

- 1) Fill up the fields given in the application form(all fields are required). Click the Submit Application Button (as indicated by the arrow).

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- Auditorium License
- Firecracker License

APPLICATION STATUS

- Check Application Status

DEPARTMENT LOGIN

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APPLICATION FORM FOR LICENSING OF AUDITORIUM

Name of Applicant	Father/Husband Name	Date of Birth (mm/dd/yyyy)
Test2 Application	Test2 Father	09-07-1990
Applicant's Full Address	District	Pin Code
Test2 Address	Imphal West	795001
Email	Mobile Number	Name of Place/Venue
test222@gmail.com	7899898989	Test2 Place
Venue Address	District of the Venue	Sub-Division of the Venue
Test2 Venue	Imphal West	Wangoi
Permission Sought For	Purpose	Date of Use (mm/dd/yyyy)
Meeting	Purpose	15-08-2021
Time of Use		
12pm		

Declaration :
 I do hereby declared that the particulars furnished in this form are true to the best of my knowledge.

[Submit Application](#)

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- 2) Select the type of Identity Proof Document to be uploaded, choose the appropriate file by clicking on the Choose File Button and click the Upload Button (as indicated by the arrow) and then click Preview Application (on the top right).

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AUDITORIUM LICENSE APPLICATION DOCUMENT UPLOADS

1. Identity Proof

--Documents--

- Documents--
- Passport Photo
- Identity Proof(VoterID/Driving License)
- Others 1
- Others 2
- Others 3

Choose File No file chosen

[Upload](#)

[Preview Application](#)

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- 3) If any mistake had been made while filling up the form, changes can be made by clicking the Edit Application button (on the right top); else click the Confirm Button.

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Application Details
of license for Auditorium

[Print](#) [Edit Application](#) [Confirm](#)

Permission No:	AD0009
Applicant Name:	TEST2 APPLICATION
Father/Husband Name:	TEST2 FATHER
Date of Birth:	09/Jul/1990
Address:	TEST2 ADDRESS
District:	IMPHAL WEST
Pin Code:	795001
Phone No:	7899898989
Email id:	test222@gmail.com
Venue:	TEST2 PLACE
Venue Address:	TEST2 VENUE
Venue District:	IMPHAL WEST
Venue Sub-Division:	PATSOI
Permission Sought For:	MEETING
Purpose:	PURPOSE
Date of Event:	15/Aug/2021
Time of Event:	12pm

Documents	Files
Identity Proof(VoterID/Driving License)	View file

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- 4) Click Submit Application button as indicated by the arrow for final completion of the form submission process.

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Application Details
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[Print](#) [Edit Application](#) [Confirm](#)

No change is allowed after application is submitted. Remember or save your **Permission No.** for future reference. Are you sure you want to submit?

[Close](#) [Submit Application](#)

Permission No:	AD0009
Applicant Name:	TEST2 APPLICATION
Father/Husband Name:	TEST2 FATHER
Date of Birth:	09/Jul/1990
Address:	TEST2 ADDRESS
District:	IMPHAL WEST
Pin Code:	795001
Phone No:	7899898989

Documents	Files
Identity Proof(VoterID/Driving License)	View file

5) Press Ok(as indicated by the arrow)

eservicesmanipur2.mn.gov.in says
Your Application has been submitted successfully

OK

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Print

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District:	IMPHAL WEST
Pin Code:	795001
Phone No:	7899898989

Documents	Files
Identity Proof(VoterID/Driving License)	View file

6) Finally, press Print Button (on the right corner) to print/save your application form for future reference.

Application Details
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