

## APPLICATION FOR TITLE VERIFICATION

( For Submission to forwarding authority concerned in the City/District i.e DM/SDM/CMM/JMM/DCP etc.)

**Note:-** (Kindly affix seal and signature of forwarding authority on each page separately.)  
(Overwriting/Cutting/Editing/ and use of white fluid is not permissible in the application.)

<b>PRINT CODE NUMBER.</b>	2019116422
<b>OWNERSHIP CATEGORY</b>	INDIVIDUAL
<b>NAME OF THE OWNER OF THE PROPOSED TITLE IN ENGLISH/HINDI</b>	DALI /DALI
<b>NAME OF APPLICANT IN ENGLISH(INDIVIDUAL OR PERSON AUTHORIZED BY NON-INDIVIDUAL ENTITY)</b>	VISHAL GOYAL
<b>NAME OF APPLICANT IN HINDI(INDIVIDUAL OR PERSON AUTHORIZED BY NON-INDIVIDUAL ENTITY) DEVNAGRI SCRIPT(HINDI)</b>	VISHAL GOYAL
<b>DATE OF BIRTH OF APPLICANT</b>	1979-09-07
<b>WHETHER OWNER HAS ANY FOREIGN DIRECT INVESTMENT IN THE BUSINESS?</b>	NO
<b>COMPLETE ADDRESS OF THE APPLICANT</b>	A-22, NEW INDIA APARTMENT, PLOT NO-6, SECTOR-9, ROHINI DELHI DISTRICT - DELHI STATE - DELHI
<b>COMPLETE ADDRESS OF THE OWNER</b>	A-22, NEW INDIA APARTMENT, PLOT NO-6, SECTOR-9, ROHINI DELHI DISTRICT - DELHI STATE - DELHI
<b>COMPLETE ADDRESS OF PLACE OF PUBLICATION</b>	A-22, NEW INDIA APARTMENT, PLOT NO-6, SECTOR-9, ROHINI DELHI DISTRICT/CITY - DELHI STATE - DELHI PIN CODE - 110085
<b>MOBILE NUMBER</b>	9810833397

<b>EMAIL</b>	vishal.goyal@comdez.com		
<b>PHOTO I.D. PROOF OF APPLICANT</b>	PS- F6383746		
<b>STATE OF PROPOSED PUBLICATION</b>	DELHI		
<b>CITY/DISTRICT OF PROPOSED PUBLICATION</b>	DELHI		
<b>LANGUAGE/S IN WHICH PROPOSED PUBLICATION IS TO BE PRINTED IN EACH &amp; EVERY ISSUE</b>	ENGLISH		
<b>PERIODICITY OF PROPOSED PUBLICATION</b>	BI-MONTHLY		
<b>LIST OF THE PROPOSED TITLES IN ORDER OF PREFERENCE</b> <i>NOTE:- RNI DOES NOT OWN RESPONSIBILITY FOR REJECTION DUE TO SPELLING ERROR.</i>			
<b>SRNO.</b>	<b>TITLE NAME IN ENGLISH</b>	<b>TITLE NAME IN HINDI</b>	<b>MEANING OF TITLE IN ENGLISH</b>
1	DALI	DALI	STAMP OF THE TREE
<b>CLASSIFICATION OF PERIODICALS</b>	1 ARCHITECTURE AND DESIGN, 2 ARTS ,		
<b>CONTENT OF PUBLICATION</b>			
Design / new innovations/ hospitality / lifestyle/ architects / lifestyle tech			
<b>WHETHER THE PROPOSED TITLES ARE SAME/SIMILAR TO TITLES OF FOREIGN PUBLICATION</b>			
<b>DOES THE OWNER HAS ANY TITLES PREVIOUSLY VERIFIED BY RNI?</b>	NO		
<b>LIST OF TITLES VERIFIED IN THE NAME OF SAME OWNER BUT NOT REGISTERED</b>	, , ,		
<b>SIGNATURE OF APPLICANT</b>			
----- DATE: ---- 15/7/2021 --			

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FOR OFFICIAL USE OF AUTHORISED AUTHENTICATING/FORWARDING AUTHORITY AS PER PUBLICATION DISTRICT

(Kindly affix seal and signature of forwarding authority on each page separately.)  
(Overwriting/Cutting/Editing and use of white fluid is not permissible in the Application.)

Office ref. no.	Seal/Stamp of Authority	Name & designation, phone no & email of forwarding authority	Signature of forwarding authority
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