

DGM (R&D),
Water Resources Board

Requisition of Groundwater Information

Client's name :
Client's address :
Contact No. (WhatsApp) :
Email :
Requisition party : Government Organization/ Non-government organization/ Individual
Name of the Institute :
Purpose : Academic / Commercial

(Please refer the “**Data Availability**” to fill this)

Requested data field	Data type		
	1)	2)	3)
Frequency			
Period of data Requesting			
Area (River basin, District, DSD, GND)			

Note: *The estimate for the requested data will be delivered and upon completing payment only, the data will be issued.*

Please make necessary arrangement to issue data.

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(Signature)

Date: