



## Error Reporting For E-stamping System

Certificate Number : IN - \_\_\_\_\_  
(if any)

Unique Doc Reference : SUBIN- \_\_\_\_\_  
(if any)

Supervisor Name : \_\_\_\_\_  
(complete)

Supervisor ID : \_\_\_\_\_

ACC Name : \_\_\_\_\_

Branch Name : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_

Nature of error :  
 Connectivity failure     Power failure     Certificate on multiple pages   
 Paper Jam in printer     Certificate torn     Others  (please specify

below)

Remarks : \_\_\_\_\_

(Complete description) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Party Name : \_\_\_\_\_

Second Party Name : \_\_\_\_\_

Amount of Stamp Duty : \_\_\_\_\_

Certificate Generation Date : \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Supervisor : \_\_\_\_\_

\_\_\_\_\_ *For Confirmation by ACC Branch Head / Authorized Signatory*

Request Approved By : \_\_\_\_\_ Signature \_\_\_\_\_ *Affix Seal/Stamp*

Designation : \_\_\_\_\_ Location : \_\_\_\_\_

\_\_\_\_\_ *For Confirmation by SHCIL Authorized Officer*

Request Approved By : \_\_\_\_\_ Signature \_\_\_\_\_ *Affix Seal/Stamp\_*

Designation : \_\_\_\_\_ Location : \_\_\_\_\_

\_\_\_\_\_ *For CRA Use Only*

Action : \_\_\_\_\_ Date : \_\_\_\_\_ Time : \_\_\_\_\_

User Name : \_\_\_\_\_ User Id : \_\_\_\_\_

Remarks : \_\_\_\_\_