APPLICATION FORM



ODISHA STATE HOUSING BOARD

Sachivalaya Marg, A/32, Kharavel Nagar, Bhubaneswar-751001 Phone: 0674-2393524, EPABX- 2390141, 2391542

For (Office Use							
Ref N	No:							
Date	:		O off Attacks I					
To b	e filled-in by the Applicant		Self Attested Passport size					
	ey Receipt No.		Photograph					
Mone	ey Receipt Date:							
То								
	The Housing Commissioner-cum-Se	cretary,						
Odisha State Housing Board, Bhubaneswar								
Sir								
	I request to register my name for co	nsideration of allotment of HIG Flat/ N	1IG Flat/ EWS Flat/					
HIG core House/ Plot on as is where is basis at								
01.	Name :	Name :						
	(Block letter)							
02.	Name of Parents / Husband							
	(Block letter) Father / Husband							
	Mother							
03.	Permanent Address	Present Address	Present Address					
	At:	At:						
	Po:	Po:						
	P.s:	P.s:						
	Dist:	Dist:						
	Pin:	Pin:						
	State :	State :						
	Telephone:	Telephone						
	Email :							

04.	Nationality:												
05.	D5. PAN			/Aaad	/Aaadhar No.								
06.	6. Age			Date o	f Birth								
07.	Occupation : (Please specify name of employer)												
08.	Caste:	te:											
09.	9. Details of EMD & Processing Fee												
	a) E.M.D. Amount			DD/Cash Scroll No. & Date				ite					
	b) Processing Fees with Service Tax				DD/Cash Scroll No. & Date								
10.	Bank Account details			opting for					vent	of no	n-all	otme	ent :
	Bank Name	I	Branch Name	IFSC cod		Name coun			,	Acc	ount	No.	
Residence within the locality where the Housing Scheme exists. (Family means husband, wife, minor children) Yes No 12. I undertake that the following persons are the members of my family as noted in statement below. (Family means husband, wife, and minor children)													
SI.	No. Relation			Name(s)						Ag	e	
1	. Husband/Wife												
2	. Son(s)												
3	. Daughter(s)												
13.	13. That Present Annual Income of my family from all sources is Rs.												
	(Rupees) only.							nly.					

14. Bid Value quoted in respect of Plot (MIG-II / MIG-I) - (Applicable only for units under auction)	
15. I hereby declare that the above information is correct. I agree to abide by the conditions contained in the Orissa Housing Board Act, 19 Rules and Regulation and Board decisions framed there under or any other order, issued by the Board from time to time. In case of voluntary withdrawal from the series on whatsoever, I will not claim any interest on the deposited amount. I have rearrelating to the terms and conditions of allotment of one HIG Flat/ MIG Flat/ EWS House/ MIG core house/ LIG core House /Plot, in detail as mentioned in the Broche agree to abide fully by the terms and conditions and accordingly, put my signature of	instruction duly scheme for any ad the contents & Flat/HIG core ure and hereby
 16. I hereby enclose the following documents as required. (Please put 'tick mark' against the document enclosed) (i) Identity Proof – Copy of Voter ID/ PAN Card/ Driving License/ Aadhaar Card. (ii) Residential Proof – Copy of Telephone Bill/ Electricity Bill/ Bank Pass Book (iii) Original Affidavit in prescribed format (iv) Copy of Receipt in support of payment of EMD (v) Original Money Receipt towards purchase of Application Form (vi) Recent Passport size photograph duly attested – 01 (vii) One cancelled cheque of the applicant (in case opting for refund through NEFT/RTGS). (viii) Two self addressed envelopes of size 12 cm. X 26 cm. 	
FULL SIGNATURE OF TH	E APPLICANT
Specimen Signature 1. 2. 3.	

FORM OF AFFIDAVIT

Before Executive Magistrate/Notary Public

In 1	the Court/Office of Shri	Executive Magistrate/Notary Public					
Pla	ce						
I/W	e, Shri/ Smt						
Age	edSon / Daughter/Wife of Shr	i Resident of					
	P.O	Sin the district					
of	at present	by					
Pro	fessiondo hereby solemnl	ly affirm and state as follows:					
1.	That I am an applicant to the Odisha State Housing Bo EWS Flat/HIG core House/ MIG core house/ LIG core House						
2.	That I or any of my family members do not own/owns or have been allotted any residential house/plot/flat/shop/Shop-cum-Residence by OSHB or any Govt. authority in the locality where the Housing Scheme exists as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".						
3.	That I have not sold/ transferred/ purchased any residential house/plot / flat/shop/Shop-cum-Residence allotted by OSHB or any Govt. authority in the locality where the Housing Scheme exists, as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".						
4.	That my annual family income from all sources is Rs						
5.	That I undertake to pay the bid value of the Plot or full cost of the Flat/House as fixed by OSHB after allotment and before taking over possession, as per terms and conditions of the Brochure.						
6.	That the facts stated in this application appended to it are true to the best of my/our knowledge and belief and shall be construed as a part of this affidavit.						
7.	That I am well aware of the terms and conditions contained in the Brochure and filled up the Application Form and agree to abide by the same in all respect.						
lder	ntified by me.						
Adv	vocate	Signature of the Deponent					
1 :	Shri/Smt	Aged Son/Daughter/Wife of					
Shri							
P.S	in the district of	at present					
by Profession who is identified by Shri							
adv	ocate appears before me and states on oath that conter	nt of this affidavit are true to the best of his/her					
kno	wledge and belief.						
Dep	ponent						

Executive Magistrate/Notary Public