

APPLICATION FORM FOR ALLOTMENT OF PLOTS**ODISHA STATE HOUSING BOARD**

Sachivalaya Marg, A/32, Kharavela Nagar, Bhubaneswar-751 001
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**For Office Use**

**Developed Housing Plot
 at Jagannath Prasad, Bhubaneswar**

Ref. No. Date **To be filled-in by the applicant (N.A. in case of download)**Money Receipt No. Date Outright Option Yes No Mode of Application Single Joint

To,

**The Housing Commissioner-Cum-Secretary,
 Odisha State Housing Board, Bhubaneswar**

Sir,

I/We request to register my/our name for consideration of allotment of MIG/LMIG/LIG/EWS plot in '**VASUDEV VIHAR**, Scheme for developed housing plot' at Jagannath Prasad, Bhubaneswar.

I/We furnish below the particulars for the purpose.

01. Name of the Applicant(s) 1.

(Block letter)

2. 02. Name of Father

(Block letter)

Mother Spouse

03. Permanent Address Present Address

At At P.O. P.O. P.S. P.S. Dist. Dist. Pin Pin State State Mobile Phone Email

Self Attested
 Passport Size
 Photograph

04. Nationality 05. Caste

06. Reservation Category

07. PAN No. 08. Aadhaar No.

09. ID Proof Type No.

10. Age 11. Date of Birth

12. Gender

13. Occupation
(Please specify name of Employer)

14. Details of EMD/Full Cost & Processing Fee

a) EMD/Full Cost Amount DD/Cash Scroll/UTR No. Date

b) Processing Fees with GST DD/Cash Scroll/UTR No. Date

15. Bank Account details, in case opting for Online refund in the event of non-allotment :

Bank Name	Branch Name	IFSC code	Name of the Account Holder (Applicant only)	Account No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Do you or any of your family members own/have been allotted any House / Plot / Flat / Shop- cum- Residence within the locality as defined in the Brochure, where the "Vasudev Vihar-Scheme for Developed Housing Plot" at Jagannath Prasad, Bhubaneswar is proposed to be undertaken. (Family means husband, wife and minor children)

Yes No

17. I/we undertake that the following persons are the members of my/our family as noted in statement below. (Family means husband, wife, and minor children)

Sl.No.	Relation	Name(s)	Age
i.	Husband/Wife	<input type="text"/>	<input type="text"/>
ii.	Son(s)	<input type="text"/>	<input type="text"/>
iii.	Daughter(s)	<input type="text"/>	<input type="text"/>

18. That Present Annual Income of my family from all sources is Rs.
(Rupees only.

19. I/We hereby declare that the above information is correct.

I/We agree to abide by the conditions contained in the *Orissa Housing Board Act, 1968*, the extant Rules and Regulation and Board decisions framed there under or any other order, instruction duly issued by the Board from time to time. I/We have read and fully understood

the contents relating to the terms and conditions of allotment of a Plot, in detail as mentioned in the Brochure annexed hereto and hereby agree to abide fully by the terms and conditions and accordingly, put my/our signature on this.

I also undertake that in the event of any information submitted above is found to be fraud, misleading and false in future or in the event of more than one allotment / possession / ownership in favour of my family is detected at any stage in the same locality, from any Government Agency, the Authority will be at liberty to cancel the allotment and forfeit the entire amount deposited by me at my cost and risk.

20. I/We 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/Aadhar Card. | <input type="checkbox"/> |
| (ii) | Residential Proof - Copy of Telephone Bill/ Electricity Bill/ Bank Pass Book | <input type="checkbox"/> |
| (iii) | Original Affidavit in prescribed format | <input type="checkbox"/> |
| (iv) | Copy of Receipt in support of payment of EMD/Processing Fees/GST | <input type="checkbox"/> |
| (v) | Original Money Receipt towards purchase of Application Form | <input type="checkbox"/> |
| (vi) | Recent Passport size photograph duly attested - 01 | <input type="checkbox"/> |
| (vii) | One cancelled cheque of the applicant (in case opting for refund through NEFT/RTGS). | <input type="checkbox"/> |
| (viii) | Self attested copy of document in support of claim for preference/reservation in specific category of allotment. | <input type="checkbox"/> |

Specimen Signature

1.

2.

3.

Full Signature of the Applicant(s)

Date :

FORM OF AFFIDAVIT
Before Executive Magistrate/Notary Public

In the Court/Office of Shri Executive Magistrate/Notary Public
Place..... I/We,
Shri/Smt. Aged
Son/Daughter/Wife of Shri Resident
of P.O. P.S.
in the district of at present by
Profession do hereby solemnly affirm and
state as follows:

1. That I/We am/are an applicant(s) to the Odisha State Housing Board for allotment of a MIG/LMIG/LIG/EWS plot in **VASUDEV VIHAR** at Jagannath Prasad, Bhubaneswar.
2. That I/We or any of my/our family members do not own or have been allotted any residential house/plot/flat/Shop-cum-Residence by OSHB or any Govt. Authority in the locality, as defined in the Brochure, where '**VASUDEV VIHAR** - Scheme for Developed Housing Plot' is proposed to be undertaken, as per the conditions contained in the Brochure.
3. That I/We have not sold/transferred/purchased any residential House/Plot/Flat/Shop-cum-Residence allotted by OSHB or any Govt. Authority in the locality/ as defined in the Brochure where '**VASUDEV VIHAR** - Scheme for Developed Housing Plot' is proposed to be undertaken, as per the conditions contained in the Brochure.
4. That my/our annual family income from all sources is Rs. _____/-.
5. That I/We undertake to pay the full cost of the Plot at the time of Booking under Outright option or 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 and documents 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/We am/are 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.

Identified by me.

Advocate

SIGNATURE OF THE DEPONENT

I/We Shri/Smt. Aged
Son/Daughter/Wife of Shri
Resident P.O. P.S.
in the district of at present by
Profession who is identified
By Shri advocate
appears before me and states on oath that content of this affidavit are true to the best of his/her/ their
knowledge and belief.

Deponent

Magistrate 1st Class / Executive Magistrate / Notary Public