Annexure - I

No.

APPLICATION FORM FOR ALLOTMENT
of EWS Flat/LIG/MIG Core Simplex House

Pathani Samanta
Composite Housing Scheme
At Muktapur, Nayagarh

ODISHA STATE HOUSING BOARD
Sachivalaya Marg, A/32, Kharavela Nagar, Bhubaneswar - 751 001
Phone: 0674-2393524, EPABX- 2390141, 2391542
Fax : 0674-2393952

For Office Use

Ref. No. _____

Date _____

Attested Passport Size Photograph

To be filled-in by the applicant

Money Receipt No. _____

Money Receipt Date _____

To

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

Sir,

I request to register my name for consideration of allotment of **EWS Flat/ LIG core house/ MIG core house in the Pathani Samant Composite Housing Scheme at Muktapur, Nayagarh.**

I furnish below the particulars for the purpose.

01. Name (Block letter) _____

02. Name of Parents (Block letter) Father _____

Mother _____

03.

Permanent Address		**Present Address**	
At		At	
P.O.		P.O.	
P.S.		P.S.	
Dist.		Dist.	
Pin		Pin	

Contact No. Cell _____ Land _____

04. Nationality _____

05. Age _____ Date of Birth _____

06. Occupation
(Please specify
name of Employer) _____

_____

07. Details of EMD & Processing Fee

a) E.M.D. Amount _____ DD No./Scroll No. & Date _____

b) Processing Fees _____ DD No./Scroll No. & Date _____
with Service Tax

08. Do you or any of your family members own/owns/ house/plot/flat/Shop-cum-Residence in the locality where the Housing Scheme is being implemented by OSHB.

(Family means husband, wife, minor children)

Yes ☐ No ☐

09. I undertake that the following persons are the members of my family (Family means Husband, Wife and minor Children) as noted in statement below.

Sl. No.	**Relation/ Other Dependants**	**Name(s)**	**Age**
1.	Husband / Wife		
2.	Son(s)		
3.	Daughter(s)		

10. That Present Annual Income of my family from all sources is Rs. _____

(Rupees _____) only.

11. I hereby declare that the above information is correct.

I 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. In case of voluntary withdrawal from the scheme for any reason whatsoever, I will not claim any interest on the deposited amount.

I have read the contents relating to the terms and conditions of allotment of a house/ flat in detail as mentioned in the Brochure annexed hereto and hereby agree to abide fully by these terms and conditions and accordingly, put my signature on this.

12. 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. ☐

(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) Two self addressed envelopes of size 12 cm. X 26 cm. ☐

Specimen Signature

1.

2. **Full Signature of the Applicant(s)**

Date

3.

FORM OF AFFIDAVIT

In the Court/Office of Shri ..... Executive Magistrate/Notary Public

Place.....

I 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 am an applicant to the Odisha State Housing Board for allotment of a EWS Flat/ LIG core house/ MIG core house in the Pathani Samant Composite Housing Scheme at Muktapur, Nayagarh.
2. That I or any of my family member do not own or have been allotted residential Plot/Flat/House/Shop-cum-Residence by OSHB or any Govt. authority in the locality where the Housing Scheme is being implemented by OSHB.
3. That I have not sold/ transferred any residential Plot/Flat/House/Shop-cum-Residence earlier allotted by OSHB or any Govt. authority in the locality where the Housing Scheme is being implemented by OSHB.
4. That my annual family income from all sources is Rs. _____ /- .
5. That I undertake to pay the full cost of house as fixed by OSHB after allotment and before taking over possession.
6. The facts stated in this application form appended to it are true to the best of my knowledge and belief and shall be construed as a part of this affidavit.

Identified by me.

SIGNATURE OF THE DEPONENT

I Shri/Smt. ..... Aged .....

Son/Daughter/Wife of Shri ..... Resident

of ..... 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 knowledge.

Executive Magistrate/Notary Public