

Annexure - I

No.

**APPLICATION FORM FOR AUCTION OF
DUPLEX FLAT NO. C-C/D 3-2 IN
CHANDRAMA APARTMENT, BHUBANESWAR**

Chandrama
COMPLEX

Duplex Flat



ODISHA STATE HOUSING BOARD

Sachivalaya Marg, A/32, Kharvela Nagar, Bhubaneswar-751001

Phone: 0674-2393524, EPABX- 2390141, 2391542

For Office Use

Ref. No.

Date

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 auction of duplex flat no. C-C/D 3-2 in **Chandrama Apartment, Bhubaneswar.**

I furnish below the particulars for the purpose.

01. Name
(Block letter)

02. Name of Parents/Husband
(Block letter) Father/Husband

Mother

03. Permanent Address

At

P.O.

P.S.

Dist.

Pin

Contact No. Cell

Present Address

At

P.O.

P.S.

Dist.

Pin

Land

04. Nationality

Attested
Passport Size
Photograph

05. Age Date of Birth

06. Occupation
(Please specify name of Employer)

07. Caste

08. Details of EMD & Processing Fee

a) E.M.D. Amount DD No./Scroll No.

Date

b) Processing Fees DD No./Scroll No.

with Service Tax Date

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

Bank Name	Branch Name	IFSC code	Name of the Account Holder	Account No.

10. Do you or any of your family members own/owns any house/plot/flat/Shop-cum-Residence within the locality where the Housing Scheme is proposed to be undertaken. (Family means Husband, Wife and minor Children)

Yes ☐ No ☐

11. 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)		

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

(Rupees)
only.

13. 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/our signature on this.

14. 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. | <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 | <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) Two self addressed envelopes of size 12 cm. X 26 cm. | <input type="checkbox"/> |

Specimen signature

1.

2.

Full Signature of the Applicant(s)

3.

Date

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 Orissa State Housing Board for auction of duplex flat no. C-C/D 3-2 in Chandrama Apartment, Bhubaneswar.
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 within the Bhubaneswar Municipal Corporation area.
3. That I have not sold/ transferred/ purchased any residential Plot/Flat/House/Shop-cum- Residence allotted by OSHB or any Govt. authority within the Bhubaneswar Municipal Corporation area.
4. That my annual family income from all sources is Rs.
5. That I undertake to pay the full bid value quoted by me within due date, before taking over possession.
6. The facts stated in this application 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