## **ODISHA STATE HOUSING BOARD**

## RESIDENTIAL APARTMENT COMPLEX AT **DUMDUMA, PHASE-VI,** BHUBANESWAR

## FOR **HIG** CATEGORY

ACKNOWLEDGMENT RECEIPT (DETAILS TO BE FILLED UP BY APPLICANT EXCEPT REF. NO.)

Applicant's Copy)				Ref. No.:		
1.	Applicant's Name : .					
2.	Type of Flat Applied	l :				
3.	• • • • • • • • • • • • • • • • • • • •		Amount (Rs.)	DD/Scroll No.	Date	
		1. E.M.D	7 mile dine (1.co.)			
		2. Processing Fee				
		with Service Tax & Cess				
	Category of Applica	nt : General/E <u>mployee/R</u>	etd. Employee/SC-S	T/Disabled Person/Defenc	e Personnel/	
	Ex-Serviceman/Freedom Fighter				atoni	
)	Kindly quote this reference no. in all your future co		ure correspondence	Authorised Signatory O.S.H.B.		
				Date :		
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		OSHB : ACI (DETAILS TO BE FILI	KNOWLEDGMEN LED UP BY APPLICAN	IT RECEIPT IT EXCEPT REF. NO.)		
Δ	llotment Branch	Copy)	Ref. No.:			
		- C- P J J		1101111011		
	Applicant's Name : .					
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	Details of Deposit:		Amount (Rs.)	DD/Scroll No.	Date	
		1. E.M.D				
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	Oatawawa af Amaliaa	with Service Tax & Cess		T/D:	- Danasanal/	
			eta. Employee/SC-S	T/Disabled Person/Defenc □	e Personnel/	
	Ex-Serviceman/Freedom Fighter			Authorised Signatory		
	Kindly quote this reference no. in all your future correspondence			O.S.H.B.		
				Date:		
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			KNOWLEDGMEN LED UP BY APPLICAN			
Accounts Branch Copy)				Ref. No.:		
	Applicant's Name : .					
· .	Type of Flat Applied	l :				
3.	Details of Deposit:		Amount (Rs.)	DD/Scroll No.	Date	
		1. E.M.D				
		2. Processing Fee with Service Tax & Cess				
	Category of Applica		etd. Employee/SC-S	T/Disabled Person/Defenc	e Personnel/	
	Ex-Serviceman/Freedom Fighter					
•		ference no. in all your fut	Authorised Signatory O.S.H.B.			
	•			Date :	Date :	