Annexure - I	No.	<u>n</u>
APPLICATION FORM FOR ALLO	TMENT B	aji Rout Housing Scheme
	Mahisa	PHASE-II apat, Dhenkanal
ODISHA STATE HOU Sachivalaya Marg, A/32, Kharvela Nagar		
ومهنا مامتا جود مخاله معنى Phone: 0674-2393524, EPABX- 2390141		
For Office Use		
Ref. No.	_	
To be filled-in by the applicant		Attested Passport Size
Money Receipt No.		Photograph
Money Receipt Date		
To <b>The Housing Commissioner-Cum-Sec</b> Odisha State Housing Board, Bhubanes Sir, I request to register my name for consi Core House/HIG Core House in the <b>Ba</b>	war deration of allotment of EWS F	
Dhenkanal. I furnish below the particulars for the pu	roose.	
01. Name (Block letter) 02. Name of Parents/Husband (Block letter) Father/Husband Mother		
03. Permanent Address	Present Address	
At	At	
P.O.	P.O.	
P.S.	P.S.	
Dist. Pin	Dist.	
Contact No. Cell	Land	
04. Nationality		

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 Onlin	e 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)
- 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.

Yes

No

SI. 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.
- (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)
3.	Date

## FORM OF AFFIDAVIT

In the Court/Office of Shri			. Executive Magistrate/N	lotary 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 solemn	ly affirm and

state as follows:

- 1. That I am an applicant to the Orissa State Housing Board for allotment of a EWS Flat/ LIG Core House/MIG Core House/ HIG Core House in the Baji Rout Social Housing scheme, Ph.-II at Mahisapat, Dhenkanal.
- 2. That I or any of my family member do not own or have been allotted any residential Plot/ Flat/ House/ Shop-cum-Residence by OSHB or any Govt. authority within the locality where the Housing Scheme is proposed to be undertaken.
- 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 locality where the Housing Scheme is proposed to be undertaken.
- 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 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	Age	ed
Son/Daughter/Wife of Shri		Resident
of P.O	P.S	
in the district of	at present	by
Profession		
By Shri		advocate
appears before me and states on oath that co		
knowledge.		