

APPLICATION FORM**ODISHA STATE HOUSING BOARD**

Sachivalaya Marg, A/32, Kharavel 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

Self Attested
Passport Size
Photograph

To

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

Sir,

I request to register my name for consideration of allotment of LIG/MIG House/Shop/Plot at

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**Present Address**

At
P.O.
P.S.
Dist.
Pin

At
P.O.
P.S.
Dist.
Pin

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 Online refund in the event of non-allotment :

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

10. Do you or any of your family members own/have any House/Plot/Flat/Shop-cum-Residence within the locality where the Housing Scheme exists. (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	<input type="text"/>	<input type="text"/>
2.	Son(s)	<input type="text"/>	<input type="text"/>
3.	Daughter(s)	<input type="text"/>	<input type="text"/>

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

(Rupees) only.

13. Bid Value quoted in respect of Shop/Plot
(Applicable only in case of Auction)
14. 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 one LIG/MIG House/Shop/Plot, in detail as mentioned in the Brochure and hereby agree to abide fully by these terms and conditions and accordingly, put my signature on this.
15. 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

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 am an applicant to the Odisha State Housing Board for allotment of a LIG/MIG House/
Shop/Plot at
2. That I or any of my family members do not own/owns or have been allotted any residential House/Plot/
Flat/Shop-cum-Residence by OSHB or any Govt. authority in the locality where the Housing Scheme
exists.
3. That I have not sold/transferred/purchased any residential House/Plot/Flat/Shop-cum- Residence
allotted by OSHB or any Govt. authority in the locality where the Housing Scheme exists.
4. That my annual family income from all sources is Rs. /-.
5. That I undertake to pay the bid value of the Plot/Shop or full cost of the House as fixed by OSHB after
allotment and before taking over possession.
6. That the facts stated in this application appended to it are true to the best of my/our 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
and below.

Deponent

Executive Magistrate/Notary Public