Baji Rout Social Housing Scheme

APPLICATION FORM FOR ALLOTMENT

PHASE-II Mahisapat, Dhenkanal



ODISHA STATE HOUSING BOARD

Sachivalaya Marg, A/32, Kharvela Nagar, Bhubaneswar-751001 Phone: 0674-2393524, EPABX- 2390141, 2391542

For C	Office Use					
Ref. I	No.					
Date						Attested
To be	filled-in by the	applicant				Passport Size
Mone	y Receipt No.					Photograph
Mone	y Receipt Date					
То	_	Commissioner-Cum		у,		
Sir,	Odisna State H	ousing Board, Bhuba	aneswar			
		-				/LIG Core House/MIG e, PhII at Mahisapat,
	I furnish below	the particulars for the	e purpose			
01. 02.	Name (Block letter) Name of Paren (Block letter)	ts/Husband Father/Husband				
		Mother				
03.	Permanent Ad	dress		Prese	ent Address	
	At			At		
	P.O.			P.O.		
	P.S.			P.S.		
	Dist.			Dist.		
	Pin			Pin		
	Contact No.	Cell			Land	
04.	Nationality					

05.	Age				Da Da	ate of Birth [
06.	(Plea	upation ase specify e of Employei	r)					
07.	Cast	te						
08.		ills of EMD & E.M.D. Amoui	Processing Fee DD No./Scroll No. Date					
	b)	Processing Fe	ees		DI	No./Scroll No.		
	,	with Service T	ax		Da	ate		
09.	09. Bank Account* details, incase opting for Online refund in the event of non-a				of non-allot	ment :		
	В	ank Name	Branch Name	1	IFSC code	Name of the Account Holder	Accou	nt No.
	*Acc	count holder m	nust be the	Apr	olicant.			
10.	_	Do you undertake that you will pay the balance cost (Sale price minus EMD) of the house/lat as intimated by the Board ? Yes No						
11.	Shop	Do you or any of your family members own/have been allotted 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)						
12.	2. I undertake that the following persons are the members of my family (Family me Husband, Wife and minor Children) as noted in statement below.				ily means			
	SI. Relation/ No. Other Dependants		Name(s)			Age		
	1.	Husband / V	Vife					
	2.	Son(s)						
	3.	Daughter(s)						

13.	That Present Annual Income of my family from all sources is Rs.							
•	(Rupees) only.					
14.	I hereby declare that the above information is corre	ect	, - ,					
	I agree to abide by the conditions contained in the extant Rules and Regulation and Board decisions to instruction duly issued by the Board from time to time, scheme for any reason whatsoever, I will not claim a	Orissa Housing Board Act, 19 ramed there under or any othe In case of voluntary withdrawal f	r order, rom the					
	I have read the contents relating to the terms and codetail as mentioned in the Brochure annexed hereto a terms and conditions and accordingly, put my/our significant.	and hereby agree to abide fully b						
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/ Dr	iving License/ Aadhaar Card.						
	(ii) Residential Proof – Copy of Telephone Bill/ Elec	tricity 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.						
Spec	imen signature							
1.								
2.		Full Signature of the Applica	nt(s)					
3.		Date						

FORM OF AFFIDAVIT

In the	Court/Office of Shri	Executive Magistrate/Notary Public			
Place.					
I Shri/	Smt	Aged			
Son/D	aughter/Wife of Shri	Resident			
of	P.O	P.S			
in the	district of	at present by			
Profes	sion	do hereby solemnly affirm and			
state a	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/ HIG Core House in the Baji Rout Social Housing scheme, PhII 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			
	(Rupees)			
5.	That I undertake to pay the full cost taking over possession.	of house as fixed by OSHB after allotment and before			
6.	The facts stated in this application apbelief and shall be construed as a part	pended to it are true to the best of my knowledge and of this affidavit.			
Identif	fied by me.				
		SIGNATURE OF THE DEPONENT			
IShri/	Smt	Aged			
Son/Daughter/Wife of Shri					
of	P.O	P.S			
in the	at present by				
Profession					
BySh	ri	advocate			
appea	rs before me and states on oath that	content of this affidavit are true to the best of his/her			
knowl	edge.				