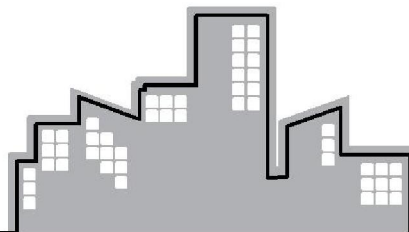


Annexure - I

No.

**Auction Sale of
MIG Core Houses
at Nandan Enclave
Kalarahanga, Bhubaneswar**



APPLICATION FORM FOR ALLOTMENT



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 consideration of allotment of MIG core House at _____
_____, by way of auction.

I furnish below the particulars for the purpose.

1. Name (Block
letter)

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

Mother

03. Permanent Address

At

P.O.

P.S.

Dist.

Pin

Email

Mobile

Present Address

At

P.O.

P.S.

Dist.

Pin

Email

Mobile

04. Nationality

Attested
Passport Size
Photograph

05. Age Date of Birth
06. Occupation
(Please specify name of Employer)
07. Caste

8. Details of EMD & Processing Fee

- a) E.M.D. Amount DD/Cash Scroll No.
Date
- b) Processing Fees DD/Cash Scroll No.
with Service Tax & Cess Date

9. Bank Account* details, incase opting for Online refund of EMD, 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"/>

*The account must be in name of applicant.

10. Do you or any of your family members own/have been allotted any house/flat/Shop-cum-Residence/Plot by Odisha State Housing Board or any other Govt. Agency in the area covered under BDA and 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 as noted in statement below. (Family means Husband, Wife and minor Children)

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. House No. and Bid Value quoted :
House No. Bid Value
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 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, Processing fee with service tax & cess. | <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/We, Shri/Smt..... Aged

Son/Daughter/Wife of Shri Resident

of P.O. P.S.

in the district of at present by
profession by caste do

hereby solemnly affirm and state as follows :

1. That I am an applicant to the Odisha State Housing Board for allotment of a MIG house at Kalarahanga, Bhubaneswar by way of auction.
2. That I or any of my family members as per condition in brochure do not own or have been allotted any residential Plot/ Flat/ House/ Shop-cum-Residence by OSHB or any Govt. authority in the area covered under BDA and locality where the Housing Scheme exists.
3. That I have not sold/ transferred/ purchased any residential Plot/ Flat/ House/ Shop-cum-Residence allotted by OSHB or any Govt. authority in the area covered under BDA and locality where the Housing Scheme exists, as per conditions in brochure.
4. That my annual family income from all sources is Rs. _____
(Rupees _____)
5. That I undertake to pay the full cost of house as fixed by OSHB after allotment and before taking over possession.
6. That the facts stated in this Application Form 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 Advocate.

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 by caste..... 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