

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 EWS flat/LIG flat/LIG core House/MIG core house/ Shop/Plot on as is where is basis 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

At :

Po :

P.s:

Dist:

Pin:

Telephone :

Present Address

At:

Po:

P.s:

Dist:

Pin :

Telephone

04. Nationality:

Email :

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/Cash Scroll/UTR No.

Date :

b) Processing Fees DD/Cash Scroll/UTR No.

with Service Tax Date :

09. Bank Account details of applicant, 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 been allotted any house/plot/flat/shop/Shop-cum-Residence within the locality where the Housing Scheme exists. (Family means husband, wife, 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	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
units under 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 EWS flat/LIG flat/LIG core House/MIG core house/ Shop/Plot, in detail as mentioned in the Brochure and hereby agree to abide fully by the 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. ☐
- (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) One cancelled cheque of the applicant (in case opting for refund through NEFT/RTGS). ☐
- (viii) Two self addressed envelopes of size 12 cm. X 26 cm. ☐

Specimen Signature

1.

2.

3.

FULL SIGNATURE OF THE APPLICANT

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 EWS flat/LIG flat/LIG core House/MIG core 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/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/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.

Advocate

Signature of the Deponent

I Shri/Smt..... Aged..... Son/Daughter/Wife of
Shri Resident..... 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 belief.

Deponent

Executive Magistrate/Notary Public

ODISHA STATE HOUSING BOARD

ALLOTMENT OF FLAT/CORE HOUSE/SHOP/PLOT

ACKNOWLEDGEMENT RECEIPT

(Details to be filled up by Applicant except Ref. No.)

(Applicant's Copy)

Ref. No.	
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1. Applicant's Name :
2. Type of House/Flat/Shop/Plot applied :
3. Details of Deposit :

	Amount (Rs.)	DD/Scroll No.	Date
1. E.M.D.			
2. Processing Fee with Service Tax			
4. Kindly quote this reference no. in all your future correspondence

Authorized Signatory

O.S.H.B.

Date

ODISHA STATE HOUSING BOARD

ALLOTMENT OF FLAT/CORE HOUSE/SHOP/PLOT

ACKNOWLEDGEMENT RECEIPT

(Details to be filled up by Applicant except Ref. No.)

(Allotment Branch Copy)

Ref. No.	
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1. Applicant's Name :
2. Type of House/Flat/Shop/Plot applied :
3. Details of Deposit :

	Amount (Rs.)	DD/Scroll No.	Date
1. E.M.D.			
2. Processing Fee with Service Tax			
4. Kindly quote this reference no. in all your future correspondence

Authorized Signatory

O.S.H.B.

Date

ODISHA STATE HOUSING BOARD

ALLOTMENT OF FLAT/CORE HOUSE/SHOP/PLOT

ACKNOWLEDGEMENT RECEIPT

(Details to be filled up by Applicant except Ref. No.)

(Accounts Branch Copy)

Ref. No.	
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1. Applicant's Name :
2. Type of House/Flat/Shop/Plot applied :
3. Details of Deposit :

	Amount (Rs.)	DD/Scroll No.	Date
1. E.M.D.			
2. Processing Fee with Service Tax			
4. Kindly quote this reference no. in all your future correspondence

Authorized Signatory

O.S.H.B.

Date