

APPLICATION FORM



ODISHA STATE HOUSING BOARD

Sachivalaya Marg, A/32, Kharavela 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/We request to register my/our name for consideration of allotment of

I) LIG flat at Dumduma, Phase-VII, Bhubaneswar.

II) Shop at VSS Nagar, Bhubaneswar

I/We furnish below the particulars for the purpose.

| | | | |
|-----------------|--|----------------------|--------------------------------|
| 01. | Name (Block letter) | <input type="text"/> | |
| 02. | Name of Parents/ Husband (Block letter) | <input type="text"/> | |
| | Father / Husband | <input type="text"/> | |
| | Mother | <input type="text"/> | |
| 03. | Permanent Address | Present Address | |
| | At | At | <input type="text"/> |
| | P.O. | P.O. | <input type="text"/> |
| | P.S. | P.S. | <input type="text"/> |
| | Dist. | Dist. | <input type="text"/> |
| | Pin | Pin | <input type="text"/> |
| | State | State | <input type="text"/> |
| | Mobile No. | Contact Ph No.: | <input type="text"/> |
| | | E-mail: | <input type="text"/> |
| 04. Nationality | <input type="text"/> | | 05. Caste <input type="text"/> |

06. PAN No. Aadhaar No.-

07. Age Date of Birth

08. Occupation
(Please specify name of Employer)

09. Details of EMD & Processing Fee

a) EMD Amount DD/Cash Scroll No. & Date
b) Processing Fee DD/Cash Scroll No. & Date
c) GST

10. Bank Account details, in case opting for Online refund in the event of non-allotment :
On-line refund i.e. RTGS/NEFT will be made only in the name of the applicant :

| Bank Name | Branch Name | IFSC code | Name of the Account Holder (same as the name of the applicant) | Account No. |
|----------------------|----------------------|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

11. 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

12. I/We undertake that the following persons are the members of my/our family as noted in statement below. (Family means husband, wife, and minor children)

| Sl. No. | Relation | Name(s) | Age |
|---------|--------------|----------------------|----------------------|
| i. | Husband/Wife | <input type="text"/> | <input type="text"/> |
| ii. | Son(s) | <input type="text"/> | <input type="text"/> |
| iii. | Daughter(s) | <input type="text"/> | <input type="text"/> |

13. The Present Annual Income of my family from all sources is Rs.
(Rupees) only.

14. Bid Value quoted in respect of SHOP AT VSS NAGAR
(Applicable only for units under auction)

Shop No. B.2

Shop No. B.3

15. I/We hereby declare that the above information is correct.

I/We 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/We will not claim any interest on the deposited amount. I/We have read the contents relating to the terms and conditions of allotment of one HIG/MIG/LIG HOUSE/EWS Flat / SHOP, in detail as mentioned in the Brochure and hereby agree to abide fully by the terms and conditions and accordingly, put my/our signature on this.

16. I/We 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/Aadhar 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.

Full Signature of the Applicant

2.

Date :

3.

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 :

01. That I/We am/are an applicant to the Odisha State Housing Board for allotment of a LIG Flat at Dumduma Phase-VII, BBSR and Shop at VSS Nagar, Bhubaneswar
02. That I/We or any of my/our 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, as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".
03. That I/We 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, as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".
04. That my/ our annual family income from all sources is Rs. _____/-.
05. That I/We undertake to pay the Bid value of the Flat/shop or full cost of the Flat /House as fixed by OSHB after allotment and before taking over possession, as per terms and conditions of the Brochure.
06. That the facts stated in this application and documents appended to it are true to the best of my/our knowledge and belief and shall be construed as a part of this affidavit.
07. That I/We am/are well aware of the terms and conditions contained in the Brochure and filled up the Application Form and agree to abide by the same in all respect.

Identified by me

Advocate

I/We 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/ their knowledge and belief.

Deponent

Executive Magistrate/Notary Public

ODISHA STATE HOUSING BOARD

ALLOTMENT OF FLAT/CORE HOUSE ACKNOWLEDGEMENT RECEIPT

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

(Allotment Branch Copy)

Ref. No. :

1. Applicant's Name : _____

2. Type of Flat/House applied : _____ Scheme Name _____

| | | | | |
|-------------------------|-------------------|--------------|-----------------|------|
| 3. Details of Deposit : | Particulars | Amount (Rs.) | DD / Scroll No. | Date |
| | 1. E.M.D | | | |
| | 2. Processing Fee | | | |
| | 3. GST | | | |

4. Kindly quote this reference no. in all your future correspondence

Authorized Signatory

O.S.H.B.

Date

ALLOTMENT OF FLAT/CORE HOUSE ACKNOWLEDGEMENT RECEIPT

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

(Accounts Branch Copy)

Ref. No. :

1. Applicant's Name : _____

2. Type of Flat/House applied : _____ Scheme Name _____

| | | | | |
|-------------------------|-------------------|--------------|-----------------|------|
| 3. Details of Deposit : | Particulars | Amount (Rs.) | DD / Scroll No. | Date |
| | 1. E.M.D | | | |
| | 2. Processing Fee | | | |
| | 3. GST | | | |

4. Kindly quote this reference no. in all your future correspondence

Authorized Signatory

O.S.H.B.

Date

ALLOTMENT OF FLAT/CORE HOUSE ACKNOWLEDGEMENT RECEIPT

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

(Applicant's Copy)

Ref. No. :

1. Applicant's Name : _____

2. Type of Flat/House applied : _____ Scheme Name _____

| | | | | |
|-------------------------|-------------------|--------------|-----------------|------|
| 3. Details of Deposit : | Particulars | Amount (Rs.) | DD / Scroll No. | Date |
| | 1. E.M.D | | | |
| | 2. Processing Fee | | | |
| | 3. GST | | | |

4. Kindly quote this reference no. in all your future correspondence

Authorized Signatory

O.S.H.B.

Date