

### **APPLICATION FORM - DUMDUMA PH-VI**



### **ODISHA STATE HOUSING BOARD**

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

Date    Attested Passport size Photograph   Attested Passport size Photograph	For Office Use			
Money Receipt No.  Money Receipt Date  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 HIG flat at Dumduma Ph-VI Bhubaneswar.  I furnish below the particulars for the purpose.  101. Name (Block letter)  102. Name of Parents/ Husband (Block letter)  103. Permanent Address Present Address  At At At At At P.O. P.O. P.S. Dist. Pin Mobile No. E-mail:  104. Nationality 05. Caste	Ref No.  Date	Attested		
Money Receipt Date  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 HIG flat at Dumduma Ph-VI Bhubaneswar.  I furnish below the particulars for the purpose.  O1. Name (Block letter)  O2. Name of Parents/ Husband (Block letter)  Father / Husband Mother  O3. Permanent Address Present Address  At P.O. P.S. Dist. Dist.  Pin Mobile No. E-mail:  O4. Nationality 05. Caste	To be filled-in by the Applicant	Photograph		
The Housing Commissioner-Cum-Secretary, Odisha State Housing Board, Bhubaneswar  Sir,  I/We request to register my / our name for consideration of allotment of HIG flat at Dumduma Ph-VI Bhubaneswar.  I furnish below the particulars for the purpose.  O1. Name (Block letter)  O2. Name of Parents/ Husband (Block letter)  Father / Husband Mother  O3. Permanent Address Present Address  At At At P.O. P.O. P.O. P.S. Dist. Dist. Dist. Pin Mobile No. E-mail:	Money Receipt No.			
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01. Name (Block letter) 02. Name of Parents/ Husband (Block letter) Father / Husband Mother  03. Permanent Address  At At At P.O. P.O. P.O. P.S. Dist. Dist. Dist. Pin Mobile No. E-mail:				
(Block letter) Name of Parents/ Husband (Block letter) Father / Husband Mother  03. Permanent Address Present Address  At At P.O. P.O. P.O. P.S. Dist. Dist. Dist. Dist. Pin Pin Pin Mobile No. E-mail:	I furnish below the particulars for the pu	rpose.		
At       At         P.O.       P.O.         P.S.       P.S.         Dist.       Dist.         Pin       Pin         Mobile No.       E-mail:         04. Nationality       05. Caste	(Block letter)  2. Name of Parents/ Husband (Block letter)  Father / Husband			
P.O.	03. Permanent Address	Present Address		
	P.O. P.S. Dist. Pin	P.O. P.S. Dist. Pin Mobile No.		
	04. Nationality	05. Caste		
06. PAN No. 07. Aadhaar No	06. PAN No.	07. Aadhaar No		

08.	Age			Date of	Birth		
09.	9. Occupation (Please specify name of Employer)						
							9
10.	Details of EMD	& Process	ing Fee				
a) l	EMD Amount		DD/ No. & Date				
<b>b</b> )	Processing Fee			DD/Cash So	croll No. & D	Date	
c)	GST						
11.	Bank Account	details, in	case opti	ng for Online	refund in th	ne event of n	on-allotment :
	Bank Name	Branch I	Name I	FSC code		e of the nt Holder	Account No.
					Aoooan	it i i o i de i	
<ul> <li>12. Do you or any of your family members own/have been allotted any house/plot/flat/shop/ Shop-cum-Residence within the locality/ Bhubaneswar Municipality Corporation area where the Housing Scheme exists. (Family means husband, wife, minor children)</li> <li>Yes No</li> <li>13. I undertake that the following persons are the members of my family as noted in</li> </ul>							
	statement below	. (Family n	neans nus			niiaren)	A 222
SI. No.	Relation			Name	e(s)		Age
i.	Husband/Wif	e					
ii.	Son(s)						
iii.	Daughter(s)						
14. The Present Annual Income of my family from all sources is Rs  (Rupees) only.							

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 will not claim any interest on the deposited amount. I have read the contents relating to the terms and conditions of allotment of one HIG Flat in Dumduma Phase-VI, 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.
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.

1/ / / e	hereby enclose the following documents as required.	
(Plea	ase put ' <b>tick mark</b> ' 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	Spe	cime	n Sig	natur
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3.

1.	Full Signature of the Applicant
2.	Date :

# **FORM OF AFFIDAVIT**

## Before Executive Magistrate/Notary Public

In th	e Court / Office of Shri Executive Magistrate / Notary					
Pub	lic Place					
I/We	e, Shri/Smt Aged					
Son	/Daughter/Wife of Shri					
Res	ident of P.O					
P.S.	in the district of at present					
	by Profession do					
here	eby solemnly affirm and state as follows :					
01.	That I/We am/are an applicant to the Odisha State Housing Board for allotment of a HIG flat at Dumduma Ph-VI 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/Bhubaneswar Municipal Corporation area where the Housing Scheme exists, as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".					
03.	3. 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/ Bhubaneswar Municipal Corporation area where the Housing Scheme exists, as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".					
	That my/ our annual family income from all sources is Rs/					
05.	That I/We undertake to pay the full cost of the Flat 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.					
ldei	ntified by me					
Adv	vocate Signature of the Deponent					
I/We	Shri/Smt Aged Son/Daughter/Wife					
of	Shri Resident					
P.O.	P.Sin the district of at					
pres	ent					
iden	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.					

### **ODISHA STATE HOUSING BOARD**

### **ALLOTMENT OF HIG FLAT AT DUMDUMA PH-VI BHUBANESWAR ACKNOWLEDGEMENT RECEIPT**

	(Details to be filled up by Applicant except Ref. No.)						
(Allo	tment Branch Copy	y)	Ref.	. No. :			
1. Aı	pplicant's Name :						
-	etails of Deposit :	Particulars	Amount (Rs.)	DD / Scroll No.	Date		
		1. E.M.D					
		2. Processing Fee					
		3. GST					
4. K	indly quote this refe	rence no. in all your	future correspondence				
	Authorized Signatory O.S.H.B. Date						
	ALLOTMEN	ACK	LAT AT DUMD NOWLEDGEMEN to be filled up by Applical		ANESWAR		
(Acc	ounts Branch Copy			. No. :			
•		•					
	pplicant's Name : ype of Flat applied :						
-	retails of Deposit :	Particulars	Amount (Pa.)	DD / Scroll No.	Data		
0. D	otalio of Bopoolt.	1. E.M.D	Amount (Rs.)	DD / Scroll No.	Date		
		2. Processing Fee					
		3. GST					
4 12	in alle accete this mate		ft				
4. K	inaly quote this rele	rence no. In an your	future correspondence	Authoriz O.S.H.E Date	zed Signatory 3.		
	ALLOTMEN		LAT AT DUMD NOWLEDGEMEN to be filled up by Applicar		ANESWAR		
(Appl	licant's Copy)		Ref.	No.:			
1. Aı	pplicant's Name :						
	ype of Flat applied :						
	etails of Deposit :	Particulars	Amount (Rs.)	DD / Scroll No.	Date		
	•	1. E.M.D	(1 101)	22 / 00/4// 114/	2010		
		2. Processing Fee					
		3. GST					
4. K	indly quote this refe	rence no. in all your	future correspondence				

**Authorized Signatory** O.S.H.B. Date