

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) MIG/HIG house/Plot at Dhenkanal Ph-I.
- II) EWS Flat/MIG/HIG houses at Dhenkanal Ph-II.
- III) EWS flat at Muktapur Nayagarh
- IV) MIG flat at Nandighosh Enclave, Bhubaneswar
- V) MIG/LIG flat at Dumduma Ph-VII, Bhubaneswar
- VI) HIG flat at Dumduma Ph-VI, Bhubaneswar.
- VII) HIG(3BR) flat at Kharavel Enclave, Bhubaneswar.

I opt to purchase the house/flat on OUTRIGHT PURCHASE/SELF FINANCING NORM ONLY and accordingly, I/We furnish below the particulars for the purpose.

01. Name

(Block letter)

02. Name of Parents/ Husband

(Block letter)

Father / Husband

Mother

03.

Permanent Address

Present Address

At

At

P.O.

P.O.

P.S.

P.S.

Dist.

Dist.

Pin

Pin

State

State

Mobile No.

Contact Ph No.:

E-mail:

04. Nationality 05. Caste

06. PAN No. Aadhaar No.-

07. Age Date of Birth

08. Occupation
(Please specify name of Employer)

09. Details of EMD/FULL COST & Processing Fee

a) EMD/FULL COST DD/Cash Scroll No. & Date
Amount UTR NO.

b) Processing Fee DD/Cash Scroll No. & Date
c) GST UTR NO.

10. Choice Flat/House No. in case of outright purchase in _____
Scheme

Flat/House No.

11. Bid value quoted in respect of HIG/MIG Core house/Plot at Bijirout Housing Scheme
at Mahisapat, Ph-I, Dhenkanal for House/Plot No. _____

Rs.

12. 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"/>

13. Do you or any of your family members own/have been allotted any house/plot/flat / shop/Shop-cum-Residence in the locality where the Housing Scheme exists.
(Family means husband, wife and minor children)

Yes ☐ No ☐

14. 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"/>

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

16. 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/Plot in _____ scheme, 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.

17. 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. | <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 | <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) One cancelled cheque of the applicant (in case opting for refund through NEFT/RTGS). | <input type="checkbox"/> |
| (viii) Two self addressed envelopes of size 12 cm. X 26 cm. | <input type="checkbox"/> |

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 MIG Flat at Nandighosh Enclave / EWS Flat at Nayagarh / EWS flat / MIG / HIG core house / MIG Plot at Dhenkanal Phase-I/II; HIG / MIG / LIG Flat at Dumduma Ph-VI / VII / Kharavela Enclave scheme of OSHB.
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 / Shopping 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 / Shopping 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 Plot / Flat or full cost of the Flat /House/Plot/Shop 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 HOUSES / PLOTS AT BHUBANESWAR, DHENKANAL, NAYAGARH

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/Plot applied : _____ Scheme Name _____

3. Details of Deposit :	Particulars	Amount (Rs.)	DD / Scroll No. / UTR 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 HOUSES / PLOTS AT BHUBANESWAR, DHENKANAL, NAYAGARH

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/Plot applied : _____ Scheme Name _____

3. Details of Deposit :	Particulars	Amount (Rs.)	DD / Scroll No. / UTR 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 HOUSES / PLOTS AT BHUBANESWAR, DHENKANAL, NAYAGARH

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/Plot applied : _____ Scheme Name _____

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	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