

APPLICATION FORM FOR ALLOTMENT**ODISHA STATE HOUSING BOARD**

Sachivalaya Marg, A/32, Kharavela Nagar, Bhubaneswar-751 001

Phone : (0674) 2393524, 2393277, 2392587, Fax : (0674) 2391542

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www.oshb.org**Multistoried Residential
Apartment Complex****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 HIG/MIG/LIG/EWS flat
at **ANUGUL ENCLAVE**, Anugul

I/we furnish below the particulars for the purpose.

01. Name
(Block letter)
02. Name of Father/Husband
(Block letter)
- Mother

- | 03. Permanent Address | Present Address |
|-----------------------------|----------------------------|
| At <input type="text"/> | At <input type="text"/> |
| P.O. <input type="text"/> | P.O. <input type="text"/> |
| P.S. <input type="text"/> | P.S. <input type="text"/> |
| Dist. <input type="text"/> | Dist. <input type="text"/> |
| Pin <input type="text"/> | Pin <input type="text"/> |
| State <input type="text"/> | State <input type="text"/> |
| Mobile <input type="text"/> | Phone <input type="text"/> |
| Email <input type="text"/> | |
04. Nationality

05. Cast 06. Category
 07. PAN No. 08. Aadhaar No.
 09. Age Date of Birth

10. Occupation
 (Please specify name of Employer)

11. Details of EMD & Processing Fee

a) E.M.D. Amount DD/Cash Scroll No. Date
 UTR No. Date
 b) Processing Fees DD/Cash Scroll No. Date
 UTR No. Date
 c) GST

12. Bank Account details, in case opting for Online refund in the event of non-allotment :

Bank Name	Branch Name	IFSC code	Name of the Account Holder (Applicant only)	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 within the locality/Angul Municipal Corporation area where the Housing Scheme is being implemented. (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	Names	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. That 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 a Flat, in detail as mentioned in the Brochure annexed hereto and hereby agree to abide fully by the terms and conditions and accordingly, put my/our signature on this.

I also do undertake that in case, I avail EMD loan finance from the Bank(s) and in case of being unsuccessful in getting allotment, I authorize OSHB to refund the total EMD to the Bank directly.

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.

☐

(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/Processing Fees/GST

☐

(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(s)

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/We am/are an applicant to the Odisha State Housing Board for allotment of a HIG/ MIG/ LIG/ EWS flat at **ANUGUL ENCLAVE**, Angul.
2. 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/Angul Municipal area where the Housing Scheme is being implemented, as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".
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/ Angul Municipal area where the Housing Scheme is being implemented, as per the conditions contained in the Brochure under "Terms and Conditions of Allotment".
4. That my/ our annual family income from all sources is Rs. _____/-.
5. 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.
6. 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.
7. 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.
8. That, in case I avail EMD loan finance from the Banks, and in case of being unsuccessful in getting allotment, I authorize OSHB to refund the total EMD to the Bank directly.

Identified by me.

Advocate

SIGNATURE OF THE DEPONENT

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.

Deponent

Executive Magistrate/Notary Public

ODISHA STATE HOUSING BOARD

ALLOTMENT OF HIG/MIG/LIG/EWS FLAT AT ANUGUL ENCLAVE, ANGUL.

ACKNOWLEDGMENT RECEIPT

(DETAILS TO BE FILLED UP BY APPLICANT EXCEPT REF. NO.)

(Allotment Branch Copy)

Ref. No.:

1. Applicant's Name :

2. Type of Flat Applied :

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

Authorised Signatory

O.S.H.B.

Date :

ODISHA STATE HOUSING BOARD

ALLOTMENT OF HIG/MIG/LIG/EWS FLAT AT ANUGUL ENCLAVE, ANGUL.

ACKNOWLEDGMENT RECEIPT

(DETAILS TO BE FILLED UP BY APPLICANT EXCEPT REF. NO.)

(Accounts Branch Copy)

Ref. No.:

1. Applicant's Name :

2. Type of Flat Applied :

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

Authorised Signatory

O.S.H.B.

Date :

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ACKNOWLEDGMENT RECEIPT

(DETAILS TO BE FILLED UP BY APPLICANT EXCEPT REF. NO.)

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	2. Processing Fee			
	3. GST			

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

Authorised Signatory

O.S.H.B.

Date :