

APPLICATION FORM



ODISHA STATE HOUSING BOARD

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

Phone : 0674-2393524, EPBX : 2390141, 2391542

Fax : 0674-2393952

For Office Use

Ref. No.

Date

To be filled-in by the Applicant

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

1. Plot at Jagamara, Bhubaneswar
2. Shop at Kalarahanga, Bhubaneswar
3. 3BR flat at Kharavela Enclave, Bhubaneswar
4. HIG Core houses at Kananvihar, Bhubaneswar
5. Commercial plot at Dhenkanal Ph-I
6. EWS flat at Dhenkanal Ph-II.
7. EWS flat at Muktapur, Nayagarh
8. MIG Flat at Modipada, Sambalpur

I/We furnish below the particulars for the purpose.

01. Name (Block letter)

02. Name of Parents (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

Phone

Email

Self Attested
Passport Size
Photograph

04. Nationality 05. Cast
 06. PAN No. 07. Aadhaar No.
 08. Age Date of Birth

09. Occupation
 (Please specify
 name of Employer)

10. Details of EMD

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

11. Bank Account details, in case opting for Online refund in the event of non-allotment :
 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"/>

12. Do you or any of your family members own/have been allotted by any Govt. Agency/ Authority/ OSHB any House/ Plot/ Flat/ Shop/ Shop-cum-Residence within the locality/Bhubanerswar Municipal Corporation Area where the Housing Scheme exists. (Family means husband, wife and minor children)

Yes ☐ No ☐

13. 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"/>

14. 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 & Allotment Regulation 1970*, 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/House/Flat/Plot/Shop/EWS Flat 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.

☐

(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) Recent Passport size photograph duly attested - 01

☐

(vi) One cancelled cheque of the applicant (in case opting for refund through NEFT/RTGS).

☐

(vii) 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 EWS/MIG Flat/
Plot/Shop/HIG Core House at (Name of the Scheme)
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/Bhubaneswar
Municipal Corporation area (as per the scheme applied for) where the Housing Scheme exists, 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/ Bhubaneswar Municipal Corporation area(as per
the scheme applied for) where the Housing Scheme exists, 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 bid value of the HIG Core House/Flat/Plot/Shop or 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.

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 and belief.

Deponent

Executive Magistrate/Notary Public

ODISHA STATE HOUSING BOARD

ALLOTMENT OF HIG CORE HOUSE/FLAT/ /PLOT/SHOP

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/Plot/Shop 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

Authorised Signatory

O.S.H.B.

Date :

ODISHA STATE HOUSING BOARD

ALLOTMENT OF HIG CORE HOUSE/FLAT/ /PLOT/SHOP

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/Plot/Shop 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

Authorised Signatory

O.S.H.B.

Date :

ODISHA STATE HOUSING BOARD

ALLOTMENT OF HIG CORE HOUSE/FLAT/ /PLOT/SHOP

ACKNOWLEDGMENT RECEIPT

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

(Applicants Copy)

Ref. No.:

1. Applicant's Name :

2. Type of Flat/Plot/Shop 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

Authorised Signatory

O.S.H.B.

Date :