**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:

Self Attested Passport size Photograph

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. Shop/Department Store at Dumduma, Ph-VI, Bhubaneswar
2. Shop at Kalarahanga, Bhubaneswar
3. HIG Residential Plot/Commercial plot/MIG Core House at Dhenkanal Ph-I
4. EWS flat at Dhenkanal Ph-II
5. LIG Core House at Badapatrapali, Sundargarh, Ph-II

I/We furnish below the particulars for the purpose.

1. Name :

(Block letter)

1. Name of Parents

(Block letter) Father / Husband

Mother

|  |  |
| --- | --- |
| Permanent Address | Present Address |
|  | At: |

Dist:

At:

Po: P.S:

Pin:

Po: P.S:

Dist.: Pin:

State

Mobile No.:

04.Nationality:

State :

Contact Phone No.: E-mail:

05. Caste:

06.PAN No.: 07. Aadhaar No.-

/ /

1. Age: Date of Birth :
2. Occupation

(Please specify name of Employer)

1. Details of EMD & Processing Fee
   1. EMD Amount DD/**UTR** No. & Date
   2. Processing Fee DD/**UTR** No. & Date
   3. GST
2. 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. |
|  |  |  |  |  |

1. 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/Bhubaneswar Municipal Corporation area where the Housing Scheme exists.

(Family means husband, wife and minor children)

Yes No

1. 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)

|  |  |  |  |
| --- | --- | --- | --- |
| **SI.No.** | **Relation** | **Name(s)** | **Age** |
| i. | Husband/Wife |  |  |
| ii. | Son(s) |  |  |
| iii. | Daughter(s) |  |  |

1. The Present Annual Income of my family from all sources is Rs. (Rupees ) only.
2. **Bid Value quoted in respect of Shop/HIG Residential Plot/commercial Plot/House at\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Plot/House/Shop No.** | **Quoted Bid Value** |
| 1. Shop No. |  |
| 1. Department Store |  |
| 1. HIG plot No. |  |
| 1. Commercial Plot |  |
| 1. MIG House No. |  |

1. 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 MIG House/flat/Plot/Shop/Department store/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.

1. I/We hereby enclose the following documents as required. (Please put ‘tick mark’ against the document enclosed)
2. Identity Proof – Copy of Voter ID/ PAN Card/ Driving License/Aadhar Card.
3. Residential Proof – Copy of Telephone Bill/ Electricity Bill/ Bank Pass Book
4. Original Affidavit in prescribed format
5. Copy of Receipt in support of payment of EMD
6. Recent Passport size photograph duly attested – 01
7. One cancelled cheque of the applicant (in case opting for refund through NEFT/RTGS).
8. Two self addressed envelopes of size 12 cm. X 26 cm.

Specimen Signature

1.

2.

3.

FULL SIGNATURE OF THE APPLICANT 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 Flat /MIG/ LIG House/ Plot/Shop/HIG Plot 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 plot /Plot/Shop/MIG House or full cost 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 PLOT/FLAT/ /PLOT/SHOP**

**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/Plot/Shop/House applied: Scheme Name
3. Details of Deposit :

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

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

Authorized Signatory O.S.H.B.

Date

**ODISHA STATE HOUSING BOARD ALLOTMENT OF HIG PLOT/FLAT /PLOT/SHOP**

**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/Plot/Shop/House applied: Scheme Name
3. Details of Deposit :

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

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

Authorized Signatory O.S.H.B.

Date

**ODISHA STATE HOUSING BOARD ALLOTMENT OF HIG PLOT/FLAT /PLOT/SHOP**

**ACKNOWLEDGEMENT RECEIPT**

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

**(Applicant’s Copy)** Ref. No.

1. 1. Applicant’s Name
2. Type of Flat/Plot/Shop/House applied: Scheme Name
3. Details of Deposit :

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

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

Authorized Signatory O.S.H.B.

Date