**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 MIG/LIG/EWS flat *at* SUBHADRA ENCLAVE at Dumdum, Ph-III, Bhubaneswar.
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-cum-Residence by OSHB or any Govt. authority in the locality/Bhubaneswar Municipal area where the Housing Scheme is proposed to be undertaken, 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-cum-Residence allotted by OSHB or any Govt. authority in the locality/ Bhubaneswar Municipal area where the Housing Scheme is proposed to be undertaken, 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 bank(s) 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/WeShri/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**