

**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](http://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 MIG/LIG/EWS flat at  
**SUBHADRA ENCLAVE**, Dumduma, Phase-III, Bhubaneswar.

I/we furnish below the particulars for the purpose.

01. Name   
 (Block letter)

02. Name of Father   
 (Block letter)

Mother

Husband

03. Permanent Address Present Address

At  At

P.O.  P.O.

P.S.  P.S.

Dist.  Dist.

Pin  Pin

State  State

Mobile  Phone

Email

04. Nationality  05. Caste   
 06. Category  07. PAN No.   
 08. Aadhaar No.  09. Voter ID No.   
 10. Age  11. Date of Birth   
 12. Gender

13. Occupation   
 (Please specify name of Employer)

14. 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

15. 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"/>

16. Do you or any of your family members own/have been allotted any House/Plot/Flat/Shop-cum-Residence within the locality/Bhubaneswar Municipal Corporation area where the Housing Scheme is being implemented. (Family means husband, wife and minor children)  
 Yes  No

17. 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"/>

18. That Present Annual Income of my family from all sources is Rs.   
 (Rupees  only.

19. 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. 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 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.

I also undertake that in the event of any information submitted above is found to be fraud, misleading and false in future or in the event of more than one allotment / possession / ownership in favour of my family in the same locality, from any Government agency, the authority will be at liberty to cancel the allotment and forfeit the entire amount deposited by me at my cost and risk.

20. 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 MIG/LIG/EWS flat at **SUBHADRA ENCLAVE** at Dumduma, Ph-III, Bhubaneswar.
2. That I/We or any of my/our family members do not own 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 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 and belief.

**Deponent**

**Executive Magistrate/Notary Public**