

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

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 :

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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