**Format of Power of Attorney FOR appointing signatory**

(On Requisite Stamp Paper)

KNOW ALL MEN by these presents that we, [name of the Company/ Partnership firm/Proprietorship], a Company/ Partnership firm/Proprietorship incorporated under the [Insert relevant act], having its Registered Office at [Address of the Company/ Partnership firm/Proprietorship] (hereinafter referred to as “**Company/ Partnership firm/Proprietorship**”):

WHEREAS in response to the condition of brochure for E-Auction of patch of land within Chandrama Complex, the Company/ Partnership firm/ Proprietorship is submitting its application for the Project issued by **OSHB** and is desirous of appointing an attorney for the purpose thereof.

Whereas the Company/ Partnership firm/ Proprietorship deems it expedient to appoint Ms./Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ daughter/son of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident of \_\_\_\_\_\_\_\_\_, holding the post of \_\_\_\_\_\_\_\_\_\_\_\_\_ as the Attorney of the Company / Firm.

NOW KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of the Company] do hereby nominate, constitute and appoint [name & designation of the person] son/daughter/wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as its true and lawful Attorney so long as she/ he is in the employment of the Company/ Partnership firm/Proprietorship to do and execute all or any of the following acts, deed and things for the Company/ Partnership firm/Proprietorship in its name and on its behalf, that is to say:

* to act as the Company/ Partnership firm/ Proprietorships official representative for submitting the application for the Project and other relevant documents in connection with the brochure.
* to sign all documents in relation to the application and participate in E-auction and other conferences, respond to queries, submit information/documents, sign and execute Lease Deed and undertakings consequent;
* to submit documents, receive and make inquiries, make the necessary corrections and clarifications to the project documents, as may be necessary;
* to sign and execute contracts, Lease Deed relating to the Project, including any variations and modifications thereto;
* to represent the Company/ Partnership firm/ Proprietorship at meetings, discussions, negotiations and presentations with OSHB, Government Authorities, Independent Engineer and any other Project related entity;
* to receive notices, instructions and information for and on behalf of the company/partnership firm;
* to execute all necessary agreements or documents for implementation of the Project, including the Lease Deed for and on behalf of the Company/ Partnership firm/ Proprietorship ; and
* to do all such acts, deeds and things in the name and on behalf of the Company/ Partnership firm/ Proprietorship as necessary for the purpose aforesaid.

And we hereby agree to ratify and confirm all acts, deeds and things done or caused to be done by our said Attorney pursuant to and in exercise of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Attorney in exercise of the power hereby conferred shall always be deemed to have been done by us.

|  |  |
| --- | --- |
| The common seal of [name of the Company/ Partnership firm/ Proprietorship] was here unto affixed pursuant to a resolution passed at the meeting of Committee of Directors held on the \_\_\_\_day of \_\_\_\_\_\_\_,20\_\_\_\_ in the presence of [name & designation of the person] and countersigned by [name & designation of the person] of the Company/ Partnership firm/ Proprietorship of [name of the Company/ Partnership firm/ Proprietorship] | --------------------------------------------------[name & designation of the person]--------------------------------------------------- [name & designation of the person] |

**ODISHA STATE HOUSING BOARD**

**NATIONAL ELECTRONIC FUNDS TRANSFER/REAL TIME GROSS SETTLEMENT**

**(To be filled in by the applicant in BLOCK LETTERS)**

**Customer’s Copy**

**Counterfoil Date:-**

PART-I (Details of applicant/remitter/originator)

1. Remitter’s Name:
2. Bank Name/Branch :
3. Account Name:
4. Account No.:
5. Type of Account : SB/CA/CC :

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Beneficiary

**Instructions to Bankers: PLEASE ENTER A/c No. SEPARATELY FOR EACH CHALLAN AND GENERATE SEPARATE UTR No. FOR EACH CHALLAN.**

Account No. **78350200000330**

IFSC code: **BARB0VJORIS**

Bank **BANK OF BARODA**

Branch **OGNB Branch, Bhubaneswar**

Beneficiary Name **ODISHA STATE HOUSING BOARD**

Type of A/C **CURRENT ACCOUNT**

Account Name **ORISSA HOUSING BOARD FUND**

Amount Rs. (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Charges (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Local bank’s charges extra)

Total Amount Rs. (a+b)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total in Words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* If the Credit amount is less than Total amount the payment reconciliation is liable for rejection.

Instructions for bidders:

1. Do not re-use the challan for other tenders.
2. Do not alter/modify the amount or any other printed matter in the challan
3. Retain a copy of the counterfoil acknowledged by the Bank for your reference.
4. Vendors should preferably use this challan only in the bank to avoid any discrepancies in challan format.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer’s Signature

Contact Phone No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Bankers:

UTR/Remittance No:

**ODISHA STATE HOUSING BOARD**

**NATIONAL ELECTRONIC FUNDS TRANSFER/REAL TIME GROSS SETTLEMENT**

**(To be filled in by the applicant in BLOCK LETTERS)**

**Bank’s Copy**

**Counterfoil Date:-**

PART-I (Details of applicant/remitter/originator)

1. Remitter’s Name:
2. Bank Name/Branch :
3. Account Name:
4. Account No.:
5. Type of Account : SB/CA/CC :

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Beneficiary

**Instructions to Bankers: PLEASE ENTER A/c No. SEPARATELY FOR EACH CHALLAN AND GENERATE SEPARATE UTR No. FOR EACH CHALLAN.**

Account No. **78350200000330**

IFSC code: **BARB0VJORIS**

Bank **BANK OF BARODA**

Branch **OGNB Branch, Bhubaneswar**

Beneficiary Name **ODISHA STATE HOUSING BOARD**

Type of A/C **CURRENT ACCOUNT**

Account Name **ORISSA HOUSING BOARD FUND**

Amount Rs. (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Charges (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Local bank’s charges extra)

Total Amount Rs. (a+b)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total in Words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Customer’s Signature

Contact Phone No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Bankers:

UTR/Remittance No:

**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..............……………Designation…………….on behalf of (in case of company/ firm/ trust, etc.) do hereby solemnly affirm and state as follows:

1. That I am an applicant to the Odisha State Housing Board for allotment of a patch of land within Chandrama Complex, Kharavela Nagar, Unit-III, Bhubaneswar, through e-Auction.
2. That I undertake to pay the full bid amount of the plot as quoted by me after allotment and before taking over possession, as per terms and conditions of the Brochure.
3. That the facts stated in this application and documents appended to it are true to the best of my knowledge and belief and shall be construed as a part of this affidavit.
4. That I am well aware of the terms and conditions contained in the Brochure and e-Auction process and fill up the Application Form and agree to abide by the same in all respect and agree to abide to the instructions/notices issued to me from time to time by OSHB.

Identified by me

Advocate Signature of the Deponent

I 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 Magistrate Ist Class/Executive Magistrate/Notary Public