

Annexure-I



ODISHA STATE HOUSING BOARD

Sachivalaya Marg, Bhubaneswar-751001

Phone No-(0674)2393524/2392587/2393277

EPBAX - (0674) 2391542, 2390141 - Ext.- 147, 160 /134/163,

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APPLICATION FORM FOR ALLOTMENT OF HOUSE/FLAT AT DHENKANAL, SUNDARGARH, NAYAGARH AND JHARSUGUDA

For Office Use

Ref No:

Date:

To

The Managing Director,
Odisha State Housing Board,
Bhubaneswar

Self Attested
Passport size
Photograph

Sir/ Madam

I/We request to register my/our name for consideration of allotment of

1. EWS flat at Mahisapat ph-II, Dhenkanal
2. LIG house at Badapatrapali Ph-I, Sundargarh
3. LIG house at Badapatrapali Ph-II, Sundargarh
4. EWS flat at Muktapur, Nayagarh
5. LIG house at Jharsuguda.

(Put tick mark for the scheme applied for)

I/we furnish below the particulars for the purpose.

- | | | |
|-----|---|----------------------|
| 01. | Name of the applicant :
(Block letter) | <input type="text"/> |
| 02. | Name (in Block letter) | <input type="text"/> |
| | Father | <input type="text"/> |
| | Mother | <input type="text"/> |
| | Spouse | <input type="text"/> |

03. Address for correspondence:

Permanent Address

Present Address

At:	<input type="text"/>	At:	<input type="text"/>
Po:	<input type="text"/>	Po:	<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"/>
Telephone No.:	<input type="text"/>	Mobile Phone No.:	<input type="text"/>
		E-mail:	<input type="text"/>

04. Nationality:	<input type="text"/>	05.Caste:	<input type="text"/>	06. Category	<input type="text"/>
07. PAN No	<input type="text"/>	08. Aadhaar No.-	<input type="text"/>		

09. Age:	<input type="text"/>	10.Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11. Gender	<input type="text"/>
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12. Occupation	<input type="text"/>
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(Please specify name of Employer)	<input type="text"/>
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13. Details of EMD & Processing Fee

a) EMD Amt.	<input type="text"/>	DD / UTR No	<input type="text"/>
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Date	<input type="text"/>
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b) Processing Fee with GST	<input type="text"/>	DD/ UTR No	<input type="text"/>
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Date	<input type="text"/>
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14. 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"/>

15. Do you or any of your family member(s) own/have been allotted any house/plot/flat/shop/Shop-cum-Residence by OSHB or Govt. Agency within the locality where the housing scheme exists. (Family means husband, wife and minor children).

Yes	<input type="text"/>	If Yes, give details	<input type="text"/>
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No	<input type="text"/>
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16. 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)		

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

18. 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 house/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 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 is detected at any stage in the same locality, from any Govt. Agency, the authority will be at liberty to cancel the allotment and forfeit the entire amount deposited by me at my cost and risk.

19. 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) Recent Passport size photograph duly attested – 01
- (vi) One cancelled cheque of the applicant (in case opting for refund through NEFT/RTGS).

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 LIG house/ EWS flat at_____.
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 where the housing scheme exists as per the conditions contained in the Brochure.
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 where the housing scheme exists, as per the conditions contained in the Brochure.
4. That my/ our annual family income from all sources is Rs. _____/-.
5. That I/We undertake to pay the full cost of the house/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.

Identified by me

Advocate

Signature of the Deponent

I/We Sri/Smt.....Aged.....Son/Daughter/Wife
of ShriResident.....
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 LIG HOUSE/EWS FLAT AT MAHISAPAT, PH-II DHENKANAL, BADAPATRAPALLI, SUNDARGARH,
MUKTAPUR, NAYAGARH & JHARSUGUDA

ACKNOWLEDGEMENT RECEIPT

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

(Allotment Branch Copy)

Ref. No.

1. Applicant's Name _____
2. Type of house/ flat applied: _____ at _____
3. Details of Deposit:

Particulars	Amount (Rs.)	DD/ UTR NO.	Date
1. E.M.D.			
2. Processing Fee			
3. GST			

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

Authorized Signatory

O.S.H.B. Date

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