



ODISHA STATE HOUSING BOARD

Sachivalaya Marg, Bhubaneswar-751001

Phone No-(0674)2393524/2392587/2393277

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

FAX (0674) 2393952,

Website :<https://oshb.org>.

APPLICATION FORM FOR ALLOTMENT OF RESIDENTIAL HOUSES/FLAT AT SUNDARGARH AND NAYAGARH

For Office Use

Ref No:

Date:

Self Attested
Passport size
Photograph

To

The Secretary
Odisha State Housing Board,
Bhubaneswar

Sir/ Madam

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

1. LIG house at Badapatrapali Ph-I, Sundargarh
2. EWS flat at Muktapur, Nayagarh

(Put tick mark for the scheme applied for)

I/we furnish below the particulars for the purpose.

01. Name of the applicant :
(Block letter)

02. Name (in Block letter)

Father

Mother

Spouse

03. Address for correspondence:

Permanent Address

At:

Po:

P.S:

Dist:

Pin:

State:

Present Address

At:

Po:

P.S:

Dist.:

Pin:

State :

Telephone No.:

Mobile Phone No.:

E-mail:

04. Nationality:

05.Caste:

06. Category

07. PAN No. 08. Aadhaar No.-
09. Age: 10. Date of Birth:
11. Gender
12. Occupation
(Please specify name of Employer)
13. Details of EMD & Processing Fee
- a) EMD/Full cost. DD / UTR No
Date
- b) Processing Fee with GST DD/ UTR No
Date
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.

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 If Yes, give details

No

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)

Sl.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 ahouse/flat on “as is where is basis and whatever there is ”, 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 Plot/House/Flat at_____on_“as is where is basis and whatever there is ”.
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 plot/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.
8. That I/We have neither withdrawn from the process after selection as an allottee nor my/our allotment get cancelled due to default in payment.

Identified by me

Advocate

Signature of the Deponent

I/We Sri/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

ODISHA STATE HOUSING BOARD

ALLOTMENT OF LIG HOUSE/EWS FLAT AT BADAPATRAPALLI, SUNDARGARH, & MUKTAPUR, NAYAGARH

ACKNOWLEDGEMENT RECEIPT

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

(Allotment Branch Copy)

Ref. No.

1. Applicant's Name _____
2. Type of plot/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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