

**Annexure-I**No. **APPLICATION FORM FOR ALLOTMENT****ODISHA STATE HOUSING BOARD**

Sachivalaya Marg, A/32, Kharavela Nagar, Bhubaneswar-751001

Phone No-(0674)2393524/2392587/2393277

Phone: EPBAX - 0674) 2391542, 2390141 - Extn.-147/160/163/142/155,

Website : <https://oshb.org>**Subhadra  
Enclave**For Office UseRef No: Date: Multistoried Residential  
Apartment ComplexTo be filled-in by the ApplicantMoney Receipt No. : Money Receipt Date: Self Attested Passport  
size  
Photograph

To

The Managing Director,  
Odisha State Housing Board, Bhubaneswar.

Sir

I/We request to register my/our name for consideration of allotment of MIG flat  
at SUBHADRA ENCLAVE, Dumduma, Phase-III, Bhubaneswar.

I/we furnish below the particulars for the purpose.

01. Name :   
(Block letter)02. Name of the Father   
(in Block letter)  
MotherHusband 

03. Address for correspondence:

**Permanent Address****Present Address**At: At: Po: Po: P.S: P.S: Dist: Dist.: Pin: Pin: State: State: Mobile No.: Mobile No.: E-mail:

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) EMD  DD/Cash Scroll No  Date   
UTR No

b) Processing Fee  DD/Cash Scroll No  Date   
UTR No

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/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)

SI. 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 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 ant 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. Do you Opt. for the covered Car parking space alongwith the flat.  
(Kindly mention- Yes/ No)

21. 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.                 | <input type="checkbox"/> |
| (ii) Residential Proof - Copy of Telephone Bill/Electricity Bill/Bank Pass Book               | <input type="checkbox"/> |
| (iii) Original Affidavit in prescribed format   | <input type="checkbox"/> |
| (iv) Copy of Receipt in support of payment of EMD/Processing Fees/GST                         | <input type="checkbox"/> |
| (v) Original Money Receipt towards purchase of Application Form                               | <input type="checkbox"/> |
| (vi) Recent Passport size photograph duly attested – 01                                       | <input type="checkbox"/> |
| (vii) One cancelled cheque of the applicant (in case opting for refund through<br>NEFT/RTGS). | <input type="checkbox"/> |
| (viii) Two self addressed envelopes of size 12cm. x 26 cm.                                    | <input type="checkbox"/> |
| (ix) Valid Email ID and Mobile number   | <input type="checkbox"/> |

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 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 being implemented, as per the conditions contained in the Brochure under the "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 being implemented, as per the conditions contained in the Brochure under the "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.

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 MIG FLAT AT SUBHADRA ENCLAVE, DUMDUMA, PHASE III, BHUBANESWAR

**ACKNOWLEDGEMENT RECEIPT**

(DETAILS TO BE FILLED UP BY APPLICANT EXCEPT REF. NO.)

**(Allotment Branch Copy)**

Ref. No.

1. Applicant's Name \_\_\_\_\_
2. Details of Deposit:

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

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

**Authorized Signatory**

O.S.H.B.

Date:

**ODISHA STATE HOUSING BOARD**  
ALLOTMENT OF MIG FLAT AT SUBHADRA ENCLAVE, DUMDUMA, PHASE III, BHUBANESWAR

**ACKNOWLEDGEMENT RECEIPT**

(DETAILS TO BE FILLED UP BY APPLICANT EXCEPT REF. NO.)

**(Accounts Branch Copy)**

Ref. No.

1. Applicant's Name \_\_\_\_\_
2. Details of Deposit:

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

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

**Authorized Signatory**

O.S.H.B.

Date:

**ODISHA STATE HOUSING BOARD**  
ALLOTMENT OF MIG FLAT AT SUBHADRA ENCLAVE, DUMDUMA, PHASE III, BHUBANESWAR

**ACKNOWLEDGEMENT RECEIPT**

(DETAILS TO BE FILLED UP BY APPLICANT EXCEPT REF. NO.)

**(Applicant's Copy)**

Ref. No.

1. Applicant's Name \_\_\_\_\_
2. Details of Deposit:

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

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

**Authorized Signatory**

O.S.H.B.

Date: