

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: Multistoried Residential
Apartment ComplexDate:

**Self Attested Passport
size
Photograph**

To be filled-in by the ApplicantMoney Receipt No. : Money Receipt Date:

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)

Mother

Husband

03. Address for correspondence:

Permanent AddressPresent 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	<input type="text"/> <input type="text"/> <input type="text"/>
12. Gender			
13. Occupation			
(Please specify name of Employer)			

14. Details of EMD & Processing Fee

a) EMD	<input type="text"/>	DD/Cash Scroll No	<input type="text"/>	Date <input type="text"/>
		UTR No	<input type="text"/>	
b) Processing Fee	<input type="text"/>	DD/Cash Scroll No	<input type="text"/>	Date <input type="text"/>
		UTR No	<input type="text"/>	
c) GST	<input type="text"/>			

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 any 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.
- (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 12cm. x 26 cm.
- (ix) Valid Email ID and Mobile number

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 ofat 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 AgedSon/ 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: _____

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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: _____

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(Applicant's Copy)Ref. No.

1. Applicant's Name _____

2. Details of Deposit:

Particulars	Amount (Rs.)	DD/ UTR NO.	Date
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Authorized Signatory

O.S.H.B.

Date: _____