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,
FAX (0674) 2393952,
Website : https://oshb.org.

APPLICATION FORM FOR ALLOTMENT OF RESIDENTIAL VACANT PLOT AT CHANDRASEKHARPUR ON "AS IS WHERE IS AND WHATEVER THERE IS" BASIS

For Office Use

Ref No:

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 Residential Vacant Plot at Chandrasekharpur.

Category of unit & number:

I/we furnish below the particulars for the purpose.

01. Name of the applicant : (Block letter)

02. Name (in Block letter) of
Father
Mother
Spouse

03. Address for correspondence:

Permanent Address

At:
Po:
P.S:
Dist.:
Pin:
State:
Telephone No.:

Present Address

At:
Po:
P.S:
Dist.:
Pin:
State:
Mobile Phone No.:
E-mail:

04. Nationality:

05. Caste:

06. PAN No.

07. Aadhaar No.-

08. Date of Birth:

9. Age as on as 01.09.2026:

10. Gender:

11. Marital Status :

12. Occupation
(Please specify name of Employer)

13. 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/ Municipality/Municipal Corporation where the housing scheme exists. (Family means husband, wife and minor children).

Yes ☐ If Yes, give details ☐

No ☐

14. 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)		

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

16. 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 plot, in detail as mentioned in the Brochure/Advertisement and hereby agree to abide fully by the terms and conditions of same and accordingly, put my/our signature on this.

I/we 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.

17. Bank Account Details:-

i. Details of EMD & Processing Fee paid: Amount:- ☐
UTR No./Date:- ☐

ii. Name as in the Bank record : ☐
iii. Account Number of applicant : ☐
iv. Name of the Bank : ☐
v. Name of the Branch : ☐
vi. IFSC Code : ☐
vii. MICR Number : ☐

18. 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) Copy of 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).
(vii) Valid E-mail ID and Mobile Number.

Specimen Signature

1.

FULL SIGNATURE OF THE APPLICANT

2. **DATE:-**

3.

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 residential Plot at Chandrasekharpur, Ph-II to V.
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/Municipality/Municipal Corporation 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/balance bid value of the plot 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