

DEMAND SURVEY APPLICATION FORM

Cost of application form as given in notification (Non-refundable.)



To
The Executive Engineer (Housing),

Application No.

<i>Affix Pass port size photograph</i>
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Dear Sir,

I request you for registration of my name for allotment of house / flat / plot in the A.P.Housing Board Scheme under _____

Locality	Category	Tentative Cost of house/flat/plot	Amount paid (EMD + application cost)	D.D. Particulars (DD No. date and bank's name) **

Name of the Applicant : _____ Male / Female

Father's / Husband's / Guardian's Name : _____ Age: _____

Occupation _____ Address: _____

Phone: _____; Mobile No. _____; E-Mail : _____

- 1) Date of Birth / Age (enclose authenticated certificate. Persons whose date of birth is not recorded anywhere shall enclose age certificate obtained from any Doctor)
- 2) **No House Certificate:** The applicant should not own a house / flat on his / her name or in the name of spouse or minor children or other dependents of his / her family in the town /city where he is applying for allotment. In the To that effect he / she should enclose No House / Flat Certificate duly signed by Gazetted Officer.
- 3) Total monthly gross income through all sources (enclose : Rs. authenticated certificate like pay slip, IT return [Salary] etc.). In case of agriculture VAO/ MRO certificate is to be considered.
- 4) Whether the applicant belongs to any one of the reserved categories. If so, proof shall be enclosed.

If the applicant falls under more than one of the categories for which reservation is made, he/she shall choose only one reserved category under which he/she desires his/ her application (tick v whichever applicable) [as per G.O.Ms.No.63,Housing, dt.06/08/97]

Defense	SC	ST	BC	State Govt. Servants	PH	Freedom Fighters	Open category
<input type="checkbox"/>							

Note : i) SC, ST and BC applicants shall enclose a certificate to that effect issued by the MRO.

ii) Physically handicapped applicants shall enclose a certificate to that effect from Medical Officer (Orthopedic), Government Hospital.

iii) Applicants under the category of Freedom Fighters shall enclose a copy of the Pension Payment Order issued by the Government.

5) Name of the Nominee (as declared in the Nomination form enclosed) :

6) Family Member Particulars :

Sl. No.	Name of the Family Member	Age	Relationship with the applicants	Occupation

DECLARATION

I hereby declare that the information given by me in the above application is true and correct and if it is later on noticed to be false or untrue my application under reference should be treated as cancelled by forfeiting EMD paid and if I have been successful in getting a flat on the basis of false or untrue information the allotment may be treated as *void ab-initio*.

I have read the terms and conditions for the allotment of flats by A.P. Housing Board contained herein on the regulations and the instructions to the applicants.

I agree to abide by them and such other conditions or alterations and also by the Regulations of the Authority which may be made from time to time in this regard.

Place :

Date :

SIGNATURE OF APPLICANT

AGE CERTIFICATE

(See Column – 1 of application form)

(To be submitted if no other certificate showing date of birth is available)

Certified that Sri / Smt. / Kum. _____

S/o. W/o. D/o. _____ is aged about _____ years by appearance.

Date :

Place :

Signature of the Doctor
with Official Seal

NO HOUSE CERTIFICATE

(See Column – 2 of application form)

This is to Certified that Sri / Smt. / Kum. _____

S/o.W/o.D/o. _____ R/o. _____ does not own a house / flat in the Municipal Limits of _____, either in his / her own name or in the name of his wife / her husband (as the case may be) or in the name of his / her minor children.

Date :

Place :

Signature of the Gazetted Officer / Employer
with Official Seal

INCOME CERTIFICATE

(See Column – 3 of application form)

This is to certify that Sri / Smt. / Kum. _____

_S/o. W/o. D/o. _____ is known to me personally and his / her total monthly income is Rs. _____ in words (Rupees _____).

Date :

Place :

Signature of the Gazetted Officer / Employer :
/ VAO / MRO in case income is from agriculture

Full Name :

Designation :

Office Seal :

CASTE CERTIFICATE

(See Column – 5 of application form)

This is to certify that Sri / Smt. / Kum. _____ S/o.
W/o. D/o. _____ R/O. _____
Village _____ Mandal _____ District belongs to _____
Caste, Sl.No. _____ in Group _____ of * Backward Class / Schedule
Caste / Schedule Tribe.

Date :
Place :

Mandal Revenue Officer
with Office Seal

* Strike off whichever is not applicable.

PHYSICALLY HANDICAPPED CERTIFICATE

(See Column – 5 of application form)

This is to certify that Sri / Smt. Kum. _____ S/o. W/o.
D/o. _____ R/o.
_____ is having _____ disability
and is a Physically Handicapped person.

Signature of Medical Officer

(Must not be below the rank of Civil Assistant Surgeon)

SERVICE CERTIFICATE

(See Column – 3 & 5 of application form)
(In case of State Government Employee)

This is to Certified that Sri / Smt. / Kum. _____ is working in this
Department as _____ from _____ and
is / her monthly salary is Rs. _____ (Gross).

Date :
Place :

Signature of the Employer :
Full Name :
Designation :
Office Seal :

NOMINATION FORM

(See Column – 6 of application form)

I, _____ S / D / W / of _____
applicant of HIG/MIG house/flat at _____ hereby nominate
_____ aged _____ years who is my _____ and whose
address is _____
as the person to whom the said house / flat shall be transferred / for refund of EMD in the event of my
death. Executed by me this _____ day of _____, 2008.

Specimen Signature / Thumb impress of Nominee

- 1.
- 2.

Witness :-

Signature
Full Name :
Occupation :
Address in full :

Signature of the applicant / Allottee.