

**Include additional DD toward the cost of Master Brochure which will be sent later on by Regd post:-  
Rs. 168/- if applying under Annual Registration/Spot Scheme OR Rs. 177/- for Sale/Purchase case.**

AH-30



**ARMY WELFARE HOUSING ORGANISATION**  
**APPLICATION FORM FOR REGISTRATION**  
(Form to be filled in block capital letters only)

(MACHINE NO.)

Annual Registration / Spot Scheme

Passport size  
photograph  
duly attested  
with stamp &  
signature of  
countersigning  
authority

**PART-I**

1. (a) Personal No.           Rank

(b) Any Previous No. like EC/SS/JC           Rank

2. Full Name of Applicant

3. (a) Father's / Spouse's Name

(b) Service No. of Spouse if applicable           Rank

4. Date of Birth of Applicant

Day Month Year

5. PAN

6. Nationality

7. Unit / Fmn

Arm/Service

8. Date of Commission / Enrolment

Day Month Year Type of Commission

9. Total Service

Years Months

10. Date of Retirement / Release

Day Month Year Reason for Release \_\_\_\_\_

(Photocopy of Release / Retirement order and PPO to be attested by the countersigning authority)

11. Are you eligible for "Recently Retired or Retiring Personnel" quota in terms of para 58 (b) (i) of the Master Brochure? YES / NO (Attach certificate of date of retirement signed by the Commanding Officer) (APPLICABLE FOR SPOT SCHEME ONLY)

12. Date of husband's / ward's death           (Attach copy of Death Certificate and Pension Order) (FOR WIDOWS/PARENTS ONLY) Day Month Year

13. Address with Telephone Nos.

Correspondence Address	Permanent Address
<input type="text"/> <input type="text"/> <input type="text"/> Tel. No. <input type="text"/> e-mail ID : <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Tel. No. <input type="text"/> e-mail ID : <input type="text"/>

14. Choice station \_\_\_\_\_

15. Choice of Type of Dwelling Units in the order of priority:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Note:** Applicants giving more than one choice of 'Type of DU' will be allotted their 2<sup>nd</sup>/ 3<sup>rd</sup> and so on choice in case their 1<sup>st</sup>/2<sup>nd</sup> and so on choice is not available at the time of booking.

Signature \_\_\_\_\_

16(a). Are you or your spouse presently a registrant / allottee of AWHO YES/NO

Registration No.

(b). Were you or your spouse ever allotted a DU/Plot from AWHO in the past which you do not own now? YES/NO

Registration No.

17. Property Details (Write NIL and sign if no property held.)  
I hereby declare that I/my spouse and minor children own immovable residential property including part ownership as under :-

Ser No.	Details of property	Address	Size of plot/house	Purchased/acquired from
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Signature \_\_\_\_\_

**Note : ANY CHANGES IN THE PROPERTY DETAILS WILL BE INTIMATED IMMEDIATELY.**

**DECLARATION**

18. I hereby declare that my nominee is as under :-

NAME

RELATIONSHIP

SEX M / F

Date of Birth  Day  Month  Year

ADDRESS \_\_\_\_\_

19. I have read the rules & procedures given in AWHO's Master Brochure July'87 (as amended) and will abide by them.

20. All the particulars contained in the application are correct and I have not wilfully suppressed any material information. I understand that I will be disqualified from registration of my application and / or allotment of a dwelling unit if the said particulars are found to be incorrect/incomplete.

21. I undertake to abide by all Rules & Regulations that may be announced by the Board of Management and the Executive Committee of Army Welfare Housing Organization (AWHO) from time to time.

22. All the agreements between AWHO and local Land Housing Development Authorities in connection with the land purchased from such agencies will be binding on me.

23. Specimen Signatures of Applicant 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Signature of Applicant)

No. \_\_\_\_\_

Place :

Rank \_\_\_\_\_

Date :

Name \_\_\_\_\_

**COUNTERSIGNATURE**

I certify that above particulars are correct to the best of my knowledge and belief.

(Signature of OC Unit/Head of the Branch/Directorate or other attesting Officer)

Place: \_\_\_\_\_



Date: \_\_\_\_\_

No. \_\_\_\_\_

Rank \_\_\_\_\_

Name \_\_\_\_\_

Office / Unit \_\_\_\_\_

**PART-II**

I, I, Name \_\_\_\_\_ hereby remit the necessary payment vide DD No \_\_\_\_\_ dated \_\_\_\_\_

issued by (Bank) \_\_\_\_\_ Branch \_\_\_\_\_

Amount \_\_\_\_\_

(a) Application Fee Rs \_\_\_\_\_

(b) Registration Fee Rs \_\_\_\_\_

2. CDA account No is \_\_\_\_\_

Signature of Applicant

**FOR USE BY AWHO ONLY**

**L & L SECTION**

Registration No. \_\_\_\_\_

verified as per check list

Date \_\_\_\_\_

Supdt (Checked) \_\_\_\_\_

DD (L&L) SECTION

**ACCOUNTS SECTION**

Account No. allotted \_\_\_\_\_ Receipt No. \_\_\_\_\_

Dated \_\_\_\_\_ issued.

Amount correctly received as required for the scheme.

ACCOUNTANT (Checked) \_\_\_\_\_

Dir(F&A) \_\_\_\_\_

**PART - III**

**TO BE FILLED BY APPLICANT FOR RECEIPT**

Received an application bearing Machine No \_\_\_\_\_

alongwith Demand Draft No/Nos \_\_\_\_\_ date \_\_\_\_\_

for Rs \_\_\_\_\_ in respect of \_\_\_\_\_

for \_\_\_\_\_ Project.

Date :

Office Stamp

Signature of Receipt Clk

**PART III (A)**

1. Bank Account details of the Applicant for electronic transfer of funds by AWHO :-

(a) Beneficiary Name : \_\_\_\_\_

(b) Beneficiary Accounts No. & Type of Account : \_\_\_\_\_

(c) Bank Name & Branch Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(d) IFSC Code : \_\_\_\_\_

2.1. hereby enclose a cancelled Cheque No. \_\_\_\_\_ for verification.

Place: \_\_\_\_\_

Date No.: \_\_\_\_\_

Rank \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant