

DECLARATION

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

NAME

RELATIONSHIP

SEX M / F

Date of Birth
 Day Month Year

ADDRESS _____

18. I have read the rules & regulations given in Facilitation Rules & Guidelines and will abide by them.
19. All the particulars contained in the application are correct and I have not willfully suppressed any material information. I understand that my application will be rejected, if the said particulars are found to be incorrect/incomplete.
20. All the agreements in MoU between AWHO and Builder and Builder Buyer Agreement will be binding on me.

21. Specimen Signatures 1. _____ 2. _____ 3. _____
 of Applicant

(Signature of Applicant)
 No. _____
 Rank _____
 Name _____

Place :
 Date :

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)
 No. _____
 Rank _____
 Name _____
 Office/Unit _____

Place :
 Date :



PART-II

1. I, Name _____ hereby remit the necessary payment vide DD No _____ dated _____ issued by (Bank) _____ Branch _____ Amount _____

- (a) Application Fee Rs. _____
 (b) Registration Fee Rs. _____

Signature of Applicant

FOR USE BY AWHO ONLY

L & L SECTION

Application 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 (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 : _____
 (e) Mobile Number : _____

2. I hereby enclose a cancelled Cheque No. _____ for verification.

3. I hereby undertake the responsibility of informing AWHO of any change in above details and shall not hold AWHO responsibility for any loss due to non updation.

Place:

Signature of Applicant

Date :

No. _____

Rank _____

Name _____

Notes :

1. Commitment money of Rs 2,24,000/- will need to be sent alongwith the registration form (FTH1) for registering towards the Facilitation Scheme/Project to AWHO through Demand Draft in favour of AWHO FACILITATION SCHEME, New Delhi /NEFT.

2. Bank Details for NEFT is as under:
 SB A/C No – 91222160000307,
 Canara Bank,
 Kashmir House Branch,
 New Delhi – 110011,
 IFS Code – CNRB0019122

3. **Para 21, 22, 23 & 24 of Facilitation Rules & Guidelines is not applicable to this Facilitation Scheme with TATAs. Allotment will be made on “First-come-first-serve basis.**

PART – III (B)**TO BE FILLED BY APPLICANT FOR RECEIPT**

Received an application bearing Machine No _____ alongwith Demand
 Draft No/ Nos _____ date _____ for Rs _____ in
 respect of No _____ Rank _____ Name _____ for
 _____ Project.

Date :

Office Stamp

Signature of Receipt Clk