Tel : 011-23012619,
23792411/13/16

Website–www.awhosena.in
Email–awho@awhosena.in

APPLICATION FOR DEMAND SURVEY

1. **Personal No.** :
   (a) Present Personal No.
   (b) Any previous Personal No (Like EC,SS,MS,JC or any other) :
   (c) Personal No of Spouse with Rank & Name if eligible to apply for AWHO scheme) :
2. **Rank and Name of Applicant** :
3. **Name of Father/Spouse** :
4. **Nationality** :
5. **Date of Birth of Applicant** :
6. **Date of Commission/Enrolment** :
7. **Date of Retirement** :
8. **Unit/Fmn showing parent Arm/Service** :
9. **Date of Death (In case of Widow)** :
10. **Addresses :**
    (a) Correspondence Address **(b) Permanent Address**

11. **Telephone/Mobile No :** **12. E-Mail ID :**
13. **Details of Next of Kin** :
    (a) Name : **(b) Age :** **(c) Relationship :**
    (d) Address :
14. **(a) Are you or your spouse presently Registrant/ allottee of AWHO? (If yes, give Registration No.)** :
    (b) Were you or your spouse ever allotted a DU/Plot from AWHO in the past which you or spouse do not own now? (If Yes, give full details of Dwelling Unit/Plot & also Regn No.) :
15. **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:-

S No.	Details of property	Address	Size of plot/house	Purchased/acquired from

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

16. **(a) Choice Station/Project** :
    (b) Preferred Configuration (Tick one) : ☐ **Multistorey /** ☐ **Independent Unit**
    (c) Preferred Type of Dwelling Unit (Tick one) : **(For Survey & Planning purpose only)**
    - ☐ **4 BHK (More than 2200, Less than 2200 sq ft)**
    - ☐ **3 BHK (More than 1300, Less than 1300 sq ft)**
    - ☐ **2 BHK (More than 1200, Less than 1200 Sq Ft)**
    - ☐ **JJAY Type (800 sq ft)**
17. **Details of Payment Mode**
    (a) DD No./UTR No.(DD in favour of 'MD AWHO') :
    (b) DD Date/Transaction Date :
    (c) Name of Bank :
    (d) Amount :
18. **Bank Account details of the Applicant for electronic transfer of funds by AWHO :-**
    (Imp Note: Kindly enclose a cancelled cheque for verification)
    (a) Beneficiary Name :
    (b) Beneficiary Account No. :
    (c) Type of Account (Saving / Current) :
    (d) Bank Name & Branch Address :
    (e) IFSC Code :

Station :
Date :

(Signature of the Applicant)