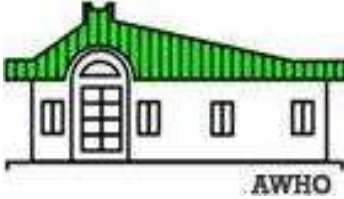


Include additional DD toward the cost of Master Brochure which will be sent later on by Regd post:- Rs. 168/- if applying under Annual Registration/Spot Scheme OR Rs. 177/- for Sale/Purchase case.



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

(MACHINE NO.)

Annual Registration / Spot Scheme / Sale-Purchase

PHOTOGRAPH DULY  
 ATTESTED BY CLASS 1  
 GAZETTED OFFICER

1. Full Name of Applicant
2. Father's / Spouse's Name
3. Date of Birth of Applicant     
 Day      Month      Year
4. Nationality \_\_\_\_\_

5. Attach photocopy of following documents (Mandatory) duly attested by class 1 Gazetted Officer

- (a) PAN Card \_\_\_\_\_
- (b) Proof of Residence i.e. Passport, Electoral Card, Adhaar Card (anyone)

6. Address with Telephone Nos.

Correspondence Address

Permanent Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

E mail id : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

E mail id : \_\_\_\_\_

7. Choice station \_\_\_\_\_

8. Choice of Type of Dwelling Unit in the order of priority :

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

Signature \_\_\_\_\_

9 (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.

10. Property Detail (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

Signature

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

CORRESPONDENCE ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

11. I hereby declare that my nominee is as under :

NAME

RELATIONSHIP

Sex M/F

ADDRESS

Date of Birth

Day            Month            Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

13. All the particulars contained in the application are correct and I have not willfully 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.

14. 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.

15. 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.

16. I/We hereby declare that I/We are not involved in any Police or Criminal Case.

17. Specimen Signatures of Applicant      1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Place :

Date :

Name \_\_\_\_\_

**(Signature of Applicant)**

**COUNTERSIGNATURE**

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

Place :

Date :

(Signature of Class 1Gazetted Officer)

Rank/Appointment \_\_\_\_\_

Name \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART-II**

I, Name \_\_\_\_\_ hereby remit the necessary payment vide

DD/UTR No \_\_\_\_\_ dated \_\_\_\_\_

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

Amount \_\_\_\_\_.

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

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

**PART III (A)**

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

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

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

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

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

2. I, hereby enclose a cancelled Cheque No. \_\_\_\_\_ for verification.

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

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

\_\_\_\_\_  
**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)**