ARMY WELFARE HOUSING ORGANISATION

APPLICATION FORM FOR REGISTRATION

(Form to be filled in block capital letters only)

(MACHINE NO.)

PART-1

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

1. (a) Personal No. Rank
   (b) Any Previous No. like EC/SS/JC Rank
   (c) Adhaar Card No
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 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 Day Month Year (Attach copy of Death Certificate and Pension Order)
    (FOR WIDOWS/PARENTS ONLY)
13. Address with Telephone Nos.

Correspondence Address	Permanent Address
Tele _____	Tele _____
e-mail ID _____	e-mail ID _____

14. Choice station _____
15. Choice of Type of Dwelling Units/ Plots 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 2nd/ 3rd and so on choice in case their 1st/2nd 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 minorchildren 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 CHANGES IN THE PROPERTY DETAILS WILL BE INTIMATED IMMEDIATELY.

CORRESPONDENCE ADDRESS

_____
_____
_____
_____

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 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.

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._____

No _____

Place : Rank _____

Date : Name _____

COUNTERSIGNATURE

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

Place : (Signature of OC Unit/Head of the Branch/Directorate or other

Office Seal

No. _____

Rank _____

Name _____

Office/Unit_____

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. _____

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. _____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. I, hereby enclose a cancelled Cheque No._____for verification.

Place: _____
Date:No. _____
Rank _____
Name _____

_____
Signature of Applicant