



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

(MACHINE NO.)

PART-1

1. (a) Personal No.	<input type="text" value="_____"/>	<input type="text" value="_____"/>	Passport size photograph duly attested with stamp & signature of countersigning authority	
(b) Any Previous No. like EC/SS/JC	<input type="text" value="_____"/>	Rank <input type="text" value="_____"/>		
(c) Adhaar Card No	<input type="text" value="_____"/>			
2. Full Name of Applicant	<input type="text" value="_____"/>			
3. (a) Father's / Spouse's Name	<input type="text" value="_____"/>			
(b) Service No. of Spouse if applicable	<input type="text" value="_____"/>	Rank <input type="text" value="_____"/>		
4. Date of Birth of Applicant	<input type="text" value="____"/> Day	<input type="text" value="____"/> Month	<input type="text" value="____"/> Year	
5. PAN	<input type="text" value="_____"/>			
6. Unit / Fmn	<input type="text" value="_____"/>			
7. Date of Commission / Enrolment	<input type="text" value="____"/> Day	<input type="text" value="____"/> Month	<input type="text" value="____"/> Year	
8. Total Service	<input type="text" value="____"/> Years	<input type="text" value="____"/> Months	<input type="text" value="____"/> Year	
9. Date of Retirement / Release	<input type="text" value="____"/> Day	<input type="text" value="____"/> Month	<input type="text" value="____"/> 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

Tele _____
 e-mail ID _____

Permanent Address

Tele _____
 e-mail ID _____

14. Choice station KALLINDIPURAM, PRAYAGRAJ

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

1. PL-1 (SIZE 115 TO 150 SQM)
2. PL-2 (SIZE 151 TO 200 SQM)
3. PL-3 (SIZE 201 TO 250 SQM)

4. _____

5. _____

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 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.
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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 1. _____ 2. _____ 3. _____
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

Place :



No. _____

Rank _____

Name _____

Office/Unit _____

PART-II1. 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