

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.

Place :

Date :

No

Rank

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

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