

SHALIMAR SKYLINE PRIVATE LIMITED

Regd. Office- A-2/3 FF. Safdarjung Enclave, Nauroji Nagar, New
Delhi-110029 DL

CIN: **U68200DL2024PTC436557**; E Mail: atulvyas@shalimar.org;
Telephone No.: 011-40545075

APPLICATION FORM

RERA registration no.
Website RERA: www.up-rera.in/projects
Lauch Date :-

Dear Concern,

I/We hereby apply for the provisional booking of Apartment ("Said Unit") in your esteemed project "**SHALIMAR COURTYARD**" at situated at Railway Land Parcel at Vasundhara, Gata No. 2,3,4,5,6,7,8,9,& 11, Village:- Habibpura, Pargana Dehat Amanat, Tehshil Sadar, Varanasi (U.P.).

I/We also declare that particulars mentioned below by me are true and nothing has been concealed.

Sole/First Applicant.....

Son of/Daughter of/Wife of.....

Mailing Address.....

Mobile No..... E-mail:.....

Date of Birth:..... Nationality:.....

Pan No:.....Aadhar No.....

Co-Applicant.....

Son of/Daughter of/Wife of.....

Mailing Address.....

Mobile No..... E-mail:.....

Date of Birth:..... Nationality:.....

Pan No:.....Aadhar No.....

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Nominee Details:

Name.....

Son of/Daughter of/Wife of.....

Mailing Address.....

Mobile No..... E-mail:.....

Date of Birth:..... Nationality:.....

Pan No:.....Aadhar No.....

Booking Details:

Unit	Unit No. allotted	Carpet Area (Sq. Mtr.)	Cost of Apartment
Apartment			

Payment Plan

- A. Down Payment Plan
- B. Development Link Payment Plan

Booking Date:

Booking Amount paid along with this application: _____

Details of costing:

Basic sales Price (BSP)	Rs.
Preferred Location Charges	Rs.
Other Charges (Please describe)	Rs.
Total Cost	Rs.

Booking Through:

Dealer

Direct

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In case of Dealer Booking:

Name & Address of Dealer:

GST Registration No of Dealer:

Company Stamp with Signature:

Note: - In case of violating any terms of the allotment or in case of cancelation 50% of the booking amount will be forfeited as administrative charges.

Name of Applicant:

Full Address:

Date:.....

Place:.....

---Draft for RERA Registration Purposes Only---