

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 wilfully 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. _____
(Signature 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 attesting Officer)

Place: _____



Date: _____

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 _____ in respect of _____
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 : _____

2.1. hereby enclose a cancelled Cheque No. _____ for verification.

Place: _____

Date No.: _____

Rank _____

Name _____

Signature of Applicant