

## DEMAND SURVEY APPLICATION FORM

Cost of application form as given in notification ( Non-refundable.)



To  
The Executive Engineer (Housing),

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application No.

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*Affix Pass port  
size photograph*

Dear Sir,

I request you for registration of my name for allotment of house / flat / plot in the  
A.P.Housing Board Scheme under \_\_\_\_\_

Locality	Category	Tentative Cost of house/flat/plot	Amount paid (EMD + application cost )	D.D. Particulars (DD No. date and bank's name) **

Name of the Applicant : \_\_\_\_\_ Male  / Female

Father's / Husband's / Guardian's Name : \_\_\_\_\_ Age: \_\_\_\_\_

Occupation \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_; Mobile No. \_\_\_\_\_; E-Mail : \_\_\_\_\_

- 1) Date of Birth / Age (enclose authenticated certificate. Persons whose :  
date of birth is not recorded anywhere shall enclose age certificate  
obtained from any Doctor)
- 2) **No House Certificate:** The applicant should not own a house / flat :  
on his / her name or in the name of spouse or minor children or other  
dependents of his / her family in the town /city where he is applying  
for allotment. In the To that effect he / she should enclose No  
House / Flat Certificate duly signed by Gazetted Officer.
- 3) Total monthly gross income through all sources (enclose : Rs.  
authenticated certificate like pay slip, IT return [Salary] etc.). In case  
of agriculture VAO/ MRO certificate is to be considered.
- 4) Whether the applicant belongs to any one of the reserved categories. If so, proof shall be enclosed.

If the applicant falls under more than one of the categories for which reservation is made, he/she shall choose only one reserved category under which he/she desires his/ her application (tick **v** whichever applicable) [as per G.O.Ms.No.63,Housing, dt.06/08/97]

Defense	SC	ST	BC	State Govt. Servants	PH	Freedom Fighters	Open category
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Note : i) SC, ST and BC applicants shall enclose a certificate to that effect issued by the MRO.  
 ii) Physically handicapped applicants shall enclose a certificate to that effect from Medical Officer (Orthopedic), Government Hospital.  
 iii) Applicants under the category of Freedom Fighters shall enclose a copy of the Pension Payment Order issued by the Government.

5) Name of the Nominee (as declared in the Nomination form enclosed) :

\_\_\_\_\_

6) Family Member Particulars :

Sl. No.	Name of the Family Member	Age	Relationship with the applicants	Occupation

**DECLARATION**

I hereby declare that the information given by me in the above application is true and correct and if it is later on noticed to be false or untrue my application under reference should be treated as cancelled by forfeiting EMD paid and if I have been successful in getting a flat on the basis of false or untrue information the allotment may be treated as *void ab-initio*.

I have read the terms and conditions for the allotment of flats by A.P. Housing Board contained herein on the regulations and the instructions to the applicants.

I agree to abide by them and such other conditions or alterations and also by the Regulations of the Authority which may be made from time to time in this regard.

Place :  
Date :

**SIGNATURE OF APPLICANT**

**AGE CERTIFICATE**

( See Column – 1 of application form )  
( To be submitted if no other certificate showing date of birth is available )

Certified that Sri / Smt. / Kum. \_\_\_\_\_  
S/o. W/o. D/o. \_\_\_\_\_ is aged about \_\_\_\_\_ years by  
appearance.

Date :  
Place :

Signature of the Doctor  
with Official Seal

**NO HOUSE CERTIFICATE**

( See Column – 2 of application form )

This is to Certified that Sri / Smt. / Kum. \_\_\_\_\_  
S/o.W/o.D/o. \_\_\_\_\_ R/o. \_\_\_\_\_ does  
not own a house / flat in the Municipal Limits of \_\_\_\_\_, either in his / her own name or in  
the name of his wife / her husband (as the case may be) or in the name of his / her minor children.

Date :  
Place :

Signature of the Gazetted Officer / Employer  
with Official Seal

**INCOME CERTIFICATE**

(See Column – 3 of application form )

This is to certify that Sri / Smt. / Kum. \_\_\_\_\_  
\_S/o. W/o. D/o. \_\_\_\_\_ is known to me personally and  
his / her total monthly income is Rs. \_\_\_\_\_ in words (Rupees  
\_\_\_\_\_).

Date :  
Place :

Signature of the Gazetted Officer / Employer :  
/ VAO / MRO in case income is from agriculture  
Full Name :  
Designation :  
Office Seal :

**CASTE CERTIFICATE**

(See Column – 5 of application form )

This is to certify that Sri / Smt. / Kum. \_\_\_\_\_ S/o.  
W/o. D/o. \_\_\_\_\_ R/O. \_\_\_\_\_  
Village \_\_\_\_\_ Mandal \_\_\_\_\_ District belongs to \_\_\_\_\_  
Caste, Sl.No. \_\_\_\_\_ in Group \_\_\_\_\_ of \* Backward Class / Schedule  
Caste / Schedule Tribe.  
Date :  
Place :

**Mandal Revenue Officer**  
with Office Seal

\* Strike off whichever is not applicable.

**PHYSICALLY HANDICAPPED CERTIFICATE**

(See Column – 5 of application form )

This is to certify that Sri / Smt. Kum. \_\_\_\_\_ S/o. W/o.  
D/o. \_\_\_\_\_ R/o.  
\_\_\_\_\_ is having \_\_\_\_\_ disability  
and is a Physically Handicapped person.

**Signature of Medical Officer**

(Must not be below the rank of Civil Assistant Surgeon)

**SERVICE CERTIFICATE**

( See Column – 3 & 5 of application form )  
( In case of State Government Employee )

This is to Certified that Sri / Smt. / Kum. \_\_\_\_\_ is working in this  
Department as \_\_\_\_\_ from \_\_\_\_\_ and  
is / her monthly salary is Rs. \_\_\_\_\_ (Gross).

Date :  
Place :

Signature of the Employer :  
Full Name :  
Designation :  
Office Seal :

**NOMINATION FORM**

(See Column – 6 of application form)

I, \_\_\_\_\_ S / D / W / of \_\_\_\_\_  
applicant of HIG/MIG house/flat at \_\_\_\_\_ hereby nominate  
\_\_\_\_\_ aged \_\_\_\_\_ years who is my \_\_\_\_\_ and whose  
address is \_\_\_\_\_  
as the person to whom the said house / flat shall be transferred / for refund of EMD in the event of my  
death. Executed by me this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

Specimen Signature / Thumb impress of Nominee

- 1.
- 2.

Witness :-

**Signature of the applicant / Allottee.**

Signature  
Full Name :  
Occupation :  
Address in full :