(FORMAT OF AFFIDAVIT TO BE TYPE ON RS.10/- NON-JUDICIAL STAMP PAPER DULY ATTESTED BY A NOTARY PUBLIC/OATH COMMISSIONER/1ST CLASS MEGISTRATE)

AFFIDAVIT

		AFFIL	AVII		
I Sec. as u	nder :	Son/Daughte presently	r/Wife of residing at do hereby	Flat	No.
	1. That the Conganisation had at Floor to a	d allotted F	lat No.	ees Welfa in Bloc	re Housing k No
	2. That the or has been misple inspite of my	aced somewhe	ment Letter a re and has no	and Posse ot been	ssion slip traced out
	3. That the secsilip may kindly l	cond copy of be issued fo	Allotment Le r my record.	etter and	Possession
	4. That I do h	hereby under sed for any	take that the extraneous pu	e allotmo urpose.	ent letter
	5. That the misutilised and with the Centra Organisation imme	if traced o al Governme	llotment let ut, the same nt Employees	will be	deposited
	6. That I have the flat allott have given/creat flat.	ted to me as	stated in Pa	ara-1 abov	/e. nor I
	7. That I h Allotment Letter my flat to any ir	,Possession	Letter and c	other doc	uments of
					DEPONENT
/ERIF	FICATION				
corre	ied that the con ect to the best ealed therein.	ntents of any of my knowle	/ above affid edge and beli	avit are ef and r	true and othing is
					DEPONENT
PLACE				p	
			-		

DOCUMENTS REQUIRED FOR DUPLICATE COPY OF ALLOTMENT LETTER & POSSESSION LETTERS

- A) AFFIDAVIT
- B) INDEMNITY BOND
- C) ORIGINAL FIR/NCR
- D) BANK LOAN CLEARANCE/CERTIFICATE REGARDING DOCUMENTS WITH DEPT/BANK

PROFORMA FOR OBTAINING DUPLICATE COPY OF ALLOTMENT LETTER/ POSSESSION SLIP.

(ON NON-JUDICIAL STAMP PAPERS WORTH RS. 100/-) <u>INDEMNITY BOND</u>

This indemnity Bond is made at on this day month of year by Sh. / Smt Son / daughter / wife of Sh. / Smt , resident of in favour of Central Government Employees Welfare Housing Organisation (hereinafter referred to as "CGEWHO").
Whereas Sh. / Smt son / daughter / wife of Sh. / Smt who was allottee with registration no and has applied to the CGEWHO to issue duplicate copy of the allotment letter / possession slip in respect of the said Flat No in sector, and has filed affidavit to that effect. He had taken over possession of above-said flat from CGEWHO on
And whereas the CGEWHO has accepted his request to issue a copy of allotment letter / possession slip in respect of the said Flat No in, relying upon the statements made in the affidavit dated by me
Now, therefore, in pursuance of the aforesaid affidavit and in consideration of the said CGEWHO issuing the copy of allotment letter / possession slip in respect of the said Flat No
In witnesses whereof I the said Sh. / Smt. have executed this Indemnity Bond on the day, month and the year as in para 1 above in the presence of the following sureties who further undertake to indemnify the loss suffered by the CGEWHO which is not recoverable from the indemnifier.
Sureties Indemnifier

Dummy Form



APPLICATION FORM FOR MOHALI (Phase-II) HOUSING SCHEME

Application No.

Demond Common Board No. 1	
Demand Survey Regn. No. :	
THE CEO, CGEWHO	AFFIX
	Photograph
oth Floor, Janpath, New Delhi-110 001	here
Personal Particulars :	
. Full Name	
2. Father/ Husband's Name	
8. Whether Belongs To SC ST OTHERS 4. Whether belongs to Priority	
(Tick In Applicable Box. Attach Attested Photocopy Of the Caste Certificate, If Applicable.) (Tick in applicable box)	
5. Name of the Office & Address	
o. Name of the office & Address	
Chata Chata	
City State Talantage Training	
Pin Telephone Telephone	
S. Parent Department, If on Deputation	
7. Designation/Occupation	10.30 91
7. Designation/Occupation8(b) Grade Pay 8(c) Pay Band:	PB
9. (a) Date Of Birth 9.(b) PAN with Income Tax Authority	
10. Date Of Appointment in Central Govt. Service	
11. Date Of Retirement, (If Retired)	
12. Pension Payment Order No& Date	
(Applicable in case of retired personnel only)	
13. Address For Correspondence	
	++++
City State State	
Pin E-MAILTelephone-Landline/Mobile	
14. City Of Scheme Mohali - II 15. Type of Unit *	
For Office Use Only	
ACKNOWLEDGEMENT OF APPLICATION	
Application No	
City MOHALI - II	
Amount Received (Rs.) Regn. No. Date of Receipt For Chief Execution	ve Officer
(CGEWHO	
50000/100000	-/



Payment Particulars	s:															
16. Amount Sent		17.	Dra	ft D	eta	ils										
18. Name of Bank			Т	Т	П		T		T	T				Т	T	
Particulars of the I	Nominee	-											-			
(Please refer to par	a 33 of CGEWHO Rules)															
19. Nominee's Full	Name & Address															
							Т		_						_	
				\pm	T		T		T					$\overline{\Box}$	Ť	
							T		Ī		İ				T	
														9 1		
Relationship											No	mir	nee'	s Si	ign	ature
20. Certification (No	ot required in case of retired appli	icant of	Prio	rity	1 &	II).										
(To be Certified by the H.O.D./Administration in which the applicant is working (Score out whichever is not applicable).																
Certified that M	r/Ms	is em	ploy	ed v	vith								as_			
It is further certi	fied that Mr/Ms	is a Ce	entra	I Go	vt e	emp	loy	ee	& h	e/sl	hel	nas	bee	n a	ppo	ointed
	of the President of India and his of applicants in service and belonging to			is c	deb	ited	to	the	Co	nso	olid	ate	d Fı	und	of	India
(Required in case o	or applicants in service and belonging to	Friority	1).													
									S	ian	atu	re		-		
										.9	ata					
									N	am	e					
									C	ffic	e S	Stan	np (Sea	ıl)	
I hereby undertake Welfare Housing O	e to abide by all the rules and insurganisation.	structio	ns is	sue	d b	y th	ne (Cen	tral	G	ove	rnn	nent	Em	nplo	oyees
									_							
21. Date of Application						Signature of Applicant										
							-									